of education, with 33% of those in the low education tertile, but only 9.0% of those in the high education tertile, reporting HS education or less. Unadjusted oral and print health literacy scores differed significantly ($p < 0.01$) across the tertiles – ranging from 73.8 and 77.7 in the low education tertile to 82.4 and 86.9 in the high education tertile. Adjusted for participant age, gender, and race, self-reported education of HS or less was significantly, negatively associated with mean oral and print literacy; however, the area-based percent of adults with HS education or less was not. **Conclusions:** In the absence of individual-level data on formal education, area-based measures of formal educational may be a useful proxy for selecting adults with a range of oral and print health literacy into a study. Individual-level formal education, however, is a stronger correlate of literacy.

Keywords: Health literacy, Geocoding, Socioeconomic status

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PS2-22:

The Association of Neighborhood Deprivation, Subjective Social Status and C-reactive protein among Pregnant African American Women

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Background/Aims: Chronic stress may lead to a dysfunctional inflammatory response, producing adverse health conditions such as cardiovascular disease (CVD). Increased C-reactive protein (CRP), a marker of systemic inflammation, is associated with prematurity and psychosocial stress during pregnancy. Residents in disadvantaged neighborhoods and with decreased socioeconomic status (SES) have higher social strain and experience more chronic stress. However, the relationship between social strain and inflammatory markers in pregnant women is unknown. African American's demonstrate more inflammation than other racial groups. The purpose of this study was to determine if there was an association between social strain (socioeconomic and neighborhood stress) and CRP among pregnant African American women. **Methods:** This descriptive-correlational study was conducted between February 2009 and June 2010 with 203 African American women in the 2nd trimester of pregnancy. Social strain was measured using: MacArthur Scale of Subjective Social Status (self-reported) and the Messer Index of Neighborhood Deprivation (census-level). CRP was measured using standard methods. Body Mass Index (BMI), a possible confounder in the social strain/CRP relationship, was calculated using self-reported height and pre-pregnancy weight. Linear regression models were fit to estimate the association of social strain (i.e., neighborhood deprivation and subjective social status) with log adjusted CRP. **Results:** Participants were young ($M=26.2$; $SD=6.0$), mostly high school graduates ($M=13$ years $SD=1.72$), predominantly low-income ($M=31,781$) and obese (mean $BMI=30.1$). The mean log adjusted CRP was 1.15; $SD=0.98$ suggesting a moderate risk. Neighborhood deprivation scores ranged from -1.1 to 3.3 with a mean of 0.82 ± 0.99 , suggesting relatively deprived neighborhoods. The mean SSS score was 5.4 ($SD=2.0$) suggesting that participants felt equal in social status to their community. Neither neighborhood deprivation nor SSS was associated with CRP ($p=0.686$ and $p=0.778$) after adjusting for age, education, income, and BMI. Women with higher pre-pregnancy BMI were more likely to have higher CRP levels ($p < 0.0001$). **Conclusions:** BMI confounded the social strain/CRP relationship. Increased BMI is associated with decreased SES and neighborhoods where energy-dense foods predominate. Future research should examine other neighborhood factors that increase BMI, psychosocial factors which could mediate the stress inflammation pathway as well as examining other inflammation markers among disadvantaged groups.

Keywords: Chronic stress, Inflammation, Neighborhood deprivation

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Health Care Policy & Reform

PS2-17:

Development and Implementation of a Goal-Setting Tool for Managers

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Background/Aims: Geisinger's Henry Hood Center for Health Research houses the Geisinger Center for Health Research and the Geisinger Center for Clinical Studies, established in 2003 and 2006, respectively. The Centers experienced rapid growth, from 4 employees in 2003 to 60 in 2010. In response, we sought to build professional development resources for the expanding staff. The aim of this project was to develop a tool to be used during the annual review process for personal career growth, goal-setting, and self evaluation, and also as a resource for employee evaluations. The tool focuses on job-specific behavioral core competencies. **Methods:** Our task force developed a worksheet targeting four categories of job-specific core competencies for success and growth: behavior, communication, management, and organization. Each core competency included five sub-categories with definitions and examples. For each goal, a growth target (individual, department-specific and organizational) was also assigned. The Goal-Setting Tool was introduced to project managers and project coordinators one month prior to the annual review process. While developing their goals, employees were instructed to assign a competency and a growth target focus to each goal. While it was encouraged that all 5 competencies and all 3 growth areas be addressed, this was not required. Before and after completing their goals, employees were also asked to complete a questionnaire regarding whether/how they anticipated this tool would help or had helped in the goal setting process. **Results:** All project managers and project coordinators used the new tool in their annual goal setting process. Among those who completed the questionnaire, no observable differences were noted in the pre- and post-tool implementation periods, suggesting that employees' expectations regarding the utility of this tool were met. From a manager's perspective, the new tool was helpful, as it facilitated the goal-setting process and encouraged employees to consider career options, such as career growth and opportunity, educational needs, and their contribution to the overall success of the organization. **Conclusions:** The tool was successfully implemented and we plan to expand implementation of the tool to junior research staff. A modified version of the tool may be introduced institution-wide.

Keywords: Research administration, Personnel management in healthcare

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Health Informatics

PS1-36:

The Collaborative Research Library: Creative Strategies for the Advancement of Scholarship

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Background/Aims: Massive technological changes in the area of research, knowledge production, publishing and communication are transforming the way researchers work. Spurred by technology, research is increasingly done as data-driven cooperative projects that involve teams in different locations, institutions, and even disciplines. As the pace of change accelerates, the need for new kinds of library collaborations and cooperative working arrangements becomes increasingly apparent. Information services need to be accessible on the move, in real time, and everywhere. Current trends indicate that research libraries are expanding their roles to become partners in a broader range of scholarly activities and offering new options for how scholarly work proceeds throughout the course of the research life cycle. **Methods:** Research libraries are determining areas of need across institutions in relation to scholarly activities and identifying logical partners with shared values, missions and goals in meeting those needs. These partnerships will produce services that lend support to and engagement between information professionals and researchers. **Results:** Collaborative approaches are being applied to new library activities both with regard to traditional operations as

well as emerging functions. These transformational trends can be summarized as the use of evolving collaborative technologies and social networks, development of tools to support mobile access, an emphasis on instructional technology services and information literacy, the promotion of embedded librarians as members of research teams, reconfiguration of library space to support learning and research, digitalization of shared library collections, the assumption of leadership in scholarly communication and publication issues, and the development of services supporting data management and curation. **Conclusions:** With the advent of digital technologies, libraries are proving to be successful partners and influential leaders in the research process. Emerging resources and services will continue to create new opportunities, challenges and expectations and will foster innovation and improvement in research performance and effectiveness.

Keywords: Information technology, Collaboration, Research libraries
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C-C4-01:

Rapid Exploration of Large Clinical Text Corpora for Information Extraction Feasibility Studies

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Background/Aims: Large amounts of information are “buried” in unstructured clinical text such as chart notes, pathology reports and radiology reports. Through electronic medical record systems, much of this text is available for computer-aided analysis. Determining the specific language used in clinical text to express content of interest is an important early step in text-mining efforts. **Methods:** We copied ~29.2 million clinical documents from our Epic Clarity database and other data sources to a secure SQL Server 2008 database, adding a full-text index to the textual content. Details will be discussed. To query and view clinical text we developed a Clinical Text Explorer application using Microsoft Access. None of the clinical text documents are de-identified; IRB approval is required for use. Features include: intuitive interface for testing and refining search schemes; quickly returns chart documents containing specified text; user can review either random or “best match” samples of documents to inform estimates of sensitivity and specificity of the search; highlighting marks facilitate visual scanning for terms of interest. **Results:** Clinical Text Explorer allows researchers to quickly and easily identify patients who could not have been identified reliably by searching only on structured data. The following example describes the iterative process of defining the best search terms to find records mentioning results of the Oncotype DX test for breast cancer. In less than an hour we determined that the search “oncotype dx” was too narrow, while “oncot*” was too broad (drawing in records with words like “oncotech”). The search “oncotyp*” was the most comprehensive without losing specificity. When limiting the search to test results, we found that adding the additional criterion that “oncotyp*” occur near “score” eliminated most irrelevant documents, while adding “recurrence” narrowed the results too far. This search returned substantially more records than were discovered by searching structured data from lab results alone. **Conclusions:** The ease with which complex searches over large amounts of clinical text can be executed by this application eliminates barriers to text exploration posed by conventional methods such as regular expressions in SAS, allowing the domain expert (epidemiologist, physician, chart abstractor, etc.) to directly evaluate the results and refine the search.

Keywords: Abstraction, Electronic medical record
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PS1-19:

Using Electronic Data Extraction to Identify Subjects with Metabolic Syndrome: A Validation Using Manual Chart Review

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Background/Aims: Metabolic syndrome (MetS) increases risk for developing serious health conditions, but MetS is rarely recorded as a diagnosis in clinical practice. The purpose of this study was to compare an electronic data extraction process to a manual chart review in identifying patients with MetS. **Methods:** Electronic health records (EHR) of 48 randomly selected Geisinger Rural Aging Study (GRAS) participants (24 males, 24 females; age =65) were selected for review. A trained auditor collected information for each participant on biochemical measurements (including triglycerides, HDL-cholesterol, glucose); blood pressure and measured height and weight. MetS was defined as having three of the five criteria based on ATP III guidelines. However, since waist circumference was not available for all participants, BMI >30 kg/m² was used. Records were reviewed for a 48-month period, starting at date of GRAS study entry. Demographics, diagnosis codes, laboratory data, past medical history, medications, progress notes, and physician comments were included in the audit. Independently, an electronic data extraction of the EHR was used to identify subjects with MetS. Rates of agreement between the manual chart review and data extraction process were calculated. Discrepancies were examined for sources of disagreement and statistical agreement was assessed with Cohen's Kappa. **Results:** As expected, very few subjects with an ICD-9 diagnosis code for MetS were identified (n=2). The manual chart review identified 27 subjects (56%) that met criteria based on ATP III guidelines. The independent electronic process identified 25 of these 27 subjects as having MetS and found an additional 2 subjects (inadvertently missed during manual chart review). The two cases that were missed using the electronic process had abnormal glucose values that were not available from the electronic data extraction. Agreement between the two methods was almost perfect (kappa=0.92). **Conclusions:** This validation study demonstrates that an electronic data extraction process for identifying MetS has substantial agreement with the gold standard, a manual review of health records for clinical data. This process has the advantage of quickly querying large amounts of data that may be missed by manual chart review and can aid in collection of data for health outcomes research.

Keywords: Electronic data extraction, Metabolic syndrome
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PS1-39:

The Kaiser Permanente Northern California Oracle Research Database

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NCAL developed a pilot Research Database (RDB) in KPNC that contains clinical and administrative data for the 3.3 million current and 10 million past Health Plan members in the KPNC region, with some data that spans a 40 year period. The primary reason to create such a data warehouse is that researchers are often frustrated by the difficulty of finding, extracting, cleaning, interpreting and transforming the data into useful analytical datasets. This is due to the absence of an efficient research data infrastructure that is optimized for the analytical needs of researchers. In the RDB, we have aggregated clinical data from legacy systems, the current electronic health record (EHR) system, various public use datasets, and research datasets into a research data warehouse. **Aims:** The specific aims of the project are: 1) to develop a uniform schema with consistent data definitions and coding, using standardized terminology, that will harmonize aggregated legacy and current KP electronic health records, 2) develop interfaces and extract, transform and load (ETL) processes for the KP electronic medical record system and other clinical systems that will feed data to the NRDB, 3) implement a security model that is compliant with HIPAA and State regulations and KP policies, and 4) develop federated schema with the other KP regions, so that it will be possible to do federated queries of each region's databases and aggregate the results, while enabling each region to control access to its data. **Methods:** We developed the RDB in Oracle. ETLs to various data sources were developed in SAS, Informatica and PL/SQL. **Results:** The database is available to over 150 KP researchers and programmers in the Division of Research and other KPNC researchers, who are currently engaged in over 250 research projects. The KPNC Virtual Data Warehouse (VDW) has been incorporated into the RDB as a materialized view or data mart. It is a primary example of an