IRB Administrators and Directors will be reported on as well. **Results:** Data are in the process of collection, and will be reported on at the March 2011 HMORN Conference in Boston. **Conclusions:** In order to maintain and improve efficiency and effectiveness, as well as meet the turn-around times of funding agencies, it is imperative that multi-site research review strives to continuously improve quality without sacrificing the imperative to conduct rigorous ethical and regulatory reviews of proposed research. The processes established in the HMORN work toward this goal, and require the cooperation of the Network-wide research enterprise.

Keywords: Multi-site research, Institutional Review Board, Clinical trial
doi:10.3121/cmr.2011.1020.ps1-03

PS1-43:

Pilot Study of the Preparing for the Best Transitional Care Preparatory Intervention

Hania Wehbe-Janeek, PhD^{1,2}; Erica McMahon, BS¹; Angela Hochhalter, PhD^{1,2}; Lisa Sklar, DO^{2,3}; Colleen Colbert, PhD²

¹Scott & White Healthcare; ²Texas A&M Health Science Center, College of Medicine; ³Scott & White Memorial Hospital

Background/Aim: Inadequate patient engagement and other factors put many older adults at high risk for adverse events during hospital-to-home transitions. Nearly half of all hospitalized consumers experience one or more medical errors following hospital discharge and almost 25% experience an adverse event related to these errors. However, through interventions that address these transitions from hospital to home and their potential risks, many of these errors can be prevented. Currently, most patient-directed care transition interventions are initiated during hospital stays. By actively involving older adults in a patient engagement intervention prior to hospitalization, skills can be learned that could reduce their risk of an adverse event occurring during the hospital-to-home transition. **Method:** This is a pilot study of the feasibility and efficacy of a new intervention for older adult patients. Standardized clinicians (SCs) will participate in scenarios designed to teach and assess older adults' skills for actively participating in hospital-to-home transitions. Patients 65 and older will be recruited from the Scott & White Healthcare system. Participants will take part in a simulated transition from hospital to home with the SCs, followed by a debriefing session. Participants will then attend a workshop that will introduce intervention tools and role play activities to facilitate active engagement in hospital-to-home transitions. The workshop will be followed by additional simulation scenarios. Three months later, participants will return to complete a follow-up scenario session where simulation scenarios will be experienced again. The retention of transition-related behaviors learned in the first session will be evaluated. Impact of the intervention will be evaluated using self-report measures, observed transition-related behaviors during simulated scenarios, and qualitative reports of SCs. The intervention group will be compared to a non-intervention control group. **Expected Results:** Participants are expected to demonstrate more transition-related health behaviors (e.g., asking relevant questions at discharge, reconciling medications, and documenting goals) after training compared to pre-training. Behaviors are expected to persist after three months. SCs are expected to report benefits of the SC experience in addition to suggestions for improving the value of the intervention experience both for participants and for SCs.

Keywords: Transition, Intervention

doi:10.3121/cmr.2011.1020.ps1-43

PS1-02:

Differential Impact of Caregiving Satisfaction and Stress on Changes in Caregivers Self-Reported Health Status: Findings from REACH-II Intervention

Rashmita Basu, PhD¹; Angela Hochhalter, PhD¹; Alan Stevens, PhD¹

¹Scott & White HealthCare

Background/Aims: Caregiving for a person with dementia is stressful and challenging. Caregiving stress and burdens may have significant negative

impact on caregivers (CG) self-reported health status. Despite caregiving stress and burdens, caring is also rewarding and important work for many CGs. The net impact of these positive and negative aspects of caregiving on CGs health is largely unknown. The objectives of this study are to (a) to examine the net impact of positive aspect of caregiving (PAC), depression, stress and burdens on changes in CGs self-reported health status, and (b) how this impact varies by race and ethnicity. **Methods:** Six-hundred and forty five caregivers (212 Hispanic, 219 White, and 214 Black or African-American) participated in the REACH-II study, a multisite psycho-educational caregiving intervention trial. CGs were randomly assigned into the REACH II intervention or a minimum contact control group. CGs in the intervention group received nine in-home (1.5 hours each), and 3 telephone (half hour each) sessions over a 6-month intervention period. This study examined the change in caregivers' health status from baseline to six-month follow-up for both the intervention and the control group. Health status was defined as a binary variable indicating whether a caregiver's health status improved, remained the same, or decreased. Two primary independent covariates were the Zarit burden score (self-reported physical and emotional stress), and the positive aspect of caregiving (PAC) score (based on self-reported reward and satisfaction derived from caregiving). We used logistic regression with Generalized Estimation Equation (GEE) method to account for correlation between responses of same caregiver at baseline and follow-up. PROC GENMOD was used to estimate the model in SAS. **Results:** Preliminary results indicate that higher caregiving burden was associated with a lower probability of improvement in CGs self-reported health status (2%) while, higher the PAC score among caregivers was associated, with higher likelihood (4%) of improvement in health status for the intervention group than the control group. We did not find any significant impact of race/ethnicity on changes in CGs self-reported health. **Conclusions:** The findings support the conclusion that both negative and positive aspects of caregiving are important and influence overall change in CGs self-reported health status.

Keywords: Dementia caregiving, Self-reported health, Intervention

doi:10.3121/cmr.2011.1020.ps1-02

Mega-Epidemiology and Genetics

PS1-24:

Modeling the Relationship Between Self-Reported Urinary Incontinence Data and Diagnoses in an Electronic Health Record

Marc Lichtenfeld, PhD¹; Haiyan Sun, MS¹; Annemarie Hirsch, MPH²; Megan Pflieger, MPH¹; Judith Reardon, BA¹; Ryan Kissinger, AAC¹; Walter Stewart, PhD, MPH¹; Vatché Minassian, MD, MPH¹

¹Geisinger Health System; ²The University of Ohio State

Background/Aims: Self-reported data from large longitudinal mailed surveys provide data on disease symptoms in a population of interest. However, such studies do not give researchers an indication of whether patients have clinically significant symptoms. Access to electronic health record (EHR) data of a survey population provides diagnoses on subjects who have sought medical care. The General Longitudinal Overactive Bladder Evaluation (GLOBE) is a population-based study designed to collect longitudinal data on symptoms associated with urinary incontinence (UI). We used self-reported data from the GLOBE study to predict clinical UI based on ICD-9 diagnoses codes for all types of UI in the Problem List in the EHR. **Methods:** We mailed baseline surveys to a random sample of 8,077 (3,648 baseline responses) female primary care patients aged 40+ years from a population of more than 400,000 patients. The surveys were completed by patients between March and May of 2006 while the clinical data collected from the EHR dated between 9/2/2002 and 6/1/2007. Using data from these two sources we created a model to predict which patients had a UI diagnosis in the EHR (dependent variable). Independent variables included age, age2, and Charlson index (from the EHR), and UI severity (range of 0-9), urine loss behavioral adaptations, duration of urine loss symptoms, marital status, education, BMI, and parity (from the survey). **Results:** The mean age of participants was 59.04 (SD +/-13.13). The mean BMI and median parity were 28.51 (SD +/- 16.53) and 2.22 (SD +/- 1.41) respectively. Using a logistic

regression model, factors that were statistically significant predictors of UI diagnosis ($p < 0.01$) included UI score (OR 1.28 (95% CI 1.19-1.81)), urine loss behavior (OR 1.12 (95% CI 1.06-1.18)), Charlson Index (OR 2.22 (95% CI 1.52-3.23)) and duration of UI symptoms (OR 3.09 (95% CI 1.69-5.64)). The remaining variables (age, age², marital status, education, BMI, and parity) were not statistically significant or associated with a UI diagnosis. **Conclusions:** Self-reported UI severity, duration, behavioral change, and comorbidities increase likelihood of UI diagnosis. Understanding symptom and health characteristics of women with UI who seek care allows us to develop better tools to predict, target and potentially prevent UI.

Keywords: Urinary incontinence, Electronic health record, Survey
doi:10.3121/cm.2011.1020.ps1-24

C-A3-03:

Building a Biorepository: Lessons Learned from the Northwest Institute of Genetic Medicine

Julie Richards, MPH¹; Paula Sandler, BA¹; Gail Jarvik, MD, PhD²; Eric Larson, MD, MPH¹

¹Group Health Research Institute; ²University of Washington

Background: The establishment of large population-based biorepositories, linked to clinical and epidemiologic data, is essential for research designed to advance the field of personalized medicine. Health care delivery organizations, with electronic medical record data for large populations of patients, are in a unique position to enhance biorepository development. **Methods:** The Northwest Institute of Genetic Medicine [NWIGM] biorepository is a collaboration between the University of Washington [UW] and Group Health [GH] designed to build and pilot new infrastructure to collect high-throughput genomic data to facilitate future clinical investigation. The short-term goal is recruit 2000 GH enrollees (50-65 years old) who completed an online Health Risk Assessment [HRA]. The rationale for sampling HRA completers guarantees systematically collected demographic and medical history data will be available for future analyses. Potentially eligible enrollees are mailed an invitation and asked to indicate their interest by calling or mailing back the enclosed reply form (a second mailing is sent to non-responders). GH Research Institute staff contact interested enrollees by phone to assess interest and eligibility; those who agree are mailed a blood draw kit to take to a GH lab and consent form to mail back to the Research Institute. Participants receive a \$50 incentive. The consent form describes that DNA will be extracted from the blood sample and stored indefinitely, and will be used with data from participants' medical records (including HRA data) for the purpose of future genetic research, and designed to cover a broad range of possible future analyses. **Results:** Developmental work began in September 2008—including protocol and consent development, and “gate-keeping” procedures for future researchers to access biorepository data. Data collection began in November 2009 after a longer than expected contract negotiation process between UW and GH, specifically data sharing and control issues. To date, 1246 of 3,100 invited enrollees (40%) have agreed to participation by phone and 1120 have enrolled. **Conclusions:** Enrollment in the NWIGM biorepository has been higher than expected from this sample of 50-65 year old HRA completers. Researchers will meet the short-term recruitment goal, demonstrating efficient infrastructure is in place to continue building this population-based biorepository.

Keywords: Biobank, Genetics, Personalized medicine
doi:10.3121/cm.2011.1020.c-a3-03

Plenary III-04:

Media Messages and Public Perceptions of Direct-to-Consumer Genetics: Results of a Media Analysis and Focus Group Study

Alanna Kulchak Rahm, MS, PhD¹; James Dearing, PhD¹; Heather Spencer Feigelson, PhD, MPH¹; David Tracer, PhD²; Sheana Bull, PhD, MPH³

¹Kaiser Permanente Colorado; ²University of Colorado Denver; ³Colorado School of Public Health

Background: Information about genetics and the promise of genomic medicine is commonplace in the mass media. How the mass media themselves contribute – or not – to the persistence of this issue and its perception by the public is the topic of this presentation. The purpose of this study is to investigate the structural and individual perspectives on the issue of direct-to-consumer (DTC) genetics, and assess the degree of correspondence across these perspectives. **Methods:** I conducted a media analysis to determine how the issue of DTC genetics has been framed in mass media stories and the salient topics related to the issue. I conducted focus groups to determine individual knowledge, attitudes and beliefs about the issue of DTC genetics. **Results:** A final sample of 398 mass media stories of DTC genetics from Lexis-Nexis Academic archives between September 1, 2007 and September 30, 2009 were coded for salience and frames. Fourteen focus groups were conducted between October, 2009 and March, 2010 with Kaiser Permanente Colorado members and medical staff. Focus group transcripts were coded for salience and framing of the issue and compared with the media analysis results. Study results found that the issue of DTC genetics was not very important to focus group participants except as it related to the topic of breast cancer. Mass media message topics and frames showed differences over time. Focus group participants were generally negative towards the issue while the mass media was mostly positive towards DTC genetics. Focus group participants used some of the many frames to understand the issue that were utilized by the mass media to package the issue, but participants mainly framed the issue in terms of prevention and a Pandora's box, while the mass media presented the issue more in terms of progressive and discrimination frames. **Conclusions:** The mass media appears to function as a field of power for the issue of DTC genetics with the consumers in the middle of the contests. A higher-level concept of an “informed consumer” emerged from the focus groups that appears to provide consumers a degree of power in this battlefield as well.

Keywords: DTC genetics, Genetic testing, Media messages
doi:10.3121/cm.2011.1020.plenary-iii-04

C-A3-04:

The Kaiser Permanente Research Program on Genes, Environment and Health: A Resource for Genetic Epidemiology in Adult Health and Aging

Cathy Schaefer, PhD¹ and the RPGEH GO Project Collaboration^{1,2}

¹Kaiser Permanente Northern California; ²University of California, San Francisco

Aims: The Kaiser Permanente Research Program on Genes, Environment and Health (RPGEH) is designed as a resource for epidemiologic studies of genetic and environmental influences on health and disease. The resource links together clinical data from electronic health records (EHR), demographic and behavioral data from participant surveys, and data on the social and physical environments in participants' neighborhoods, with saliva and/or blood samples for deriving genetic and other data. When completed in 2013, the RPGEH is planned to include 500,000 members of Kaiser Permanente in Northern California (KPNC). Participants provide informed consent for a broad spectrum of health research and sharing of data with collaborating investigators from many institutions. **Methods:** As of October 2010, 430,000 mailed surveys and 154,000 biospecimens and consent forms had been collected from adult participants. Several collaborative genome-wide association studies that utilize RPGEH resources are underway. In September 2009, the RPGEH received an NIH grant to conduct genome-wide (675,000 SNPs) genotyping and measurement of telomere length on 100,000 participants. The average age of the participants is 65 years; approximately 24% (24,000 of 100,000) are African American, Asian, or Latino; the remaining 76,000 are non-Hispanic white. Custom microarrays have been designed to include newer SNPs from sequencing projects, high density coverage in gene regions, significant SNPs from the literature, SNPs in pharmaco-response genes, better coverage among racial-ethnic minorities, and good coverage of the entire genome. **Results:** To date, DNA has been extracted from 90,000 samples, and about 48,000 samples have been genotyped. Genotyping call rates and other measures of quality are excellent. The project will be completed in 2011. **Conclusions:** The resulting integrated