models indicated illicit drug use was associated with a higher likelihood for weekly alcohol use, while being female, a higher daily opioid dose, and greater pain severity was associate with a lower likelihood of weekly alcohol use. Tobacco use, weekly alcohol use, depression symptoms, being male, and middle age was associated with a higher likelihood of illicit drug use. For aberrant drug related behaviors, drug-only use and both alcohol and drug use (compared to no AOD use) were associated with a higher likelihood of receiving opioids from friends or family in the last year, as were postive depressive symptoms and younger age. Both AOD use and depression symptoms were associated with a higher likelihood of giving opioids to others, while a high daily dose was associated with a lower likelihood of giving opioids to others, compared to the lowest dosage. Polysubstance use gender, and depression were risk factors in this sample. Post hoc analyses of primary care utilization indicated that those with high dosage opioids were more likely to have a certain threshold of primary care visits in the last year, suggesting there is an opportunity to manage these high risk patients.

Keywords: Alcohol; Drug; Behavior Change

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PS1-02:

Health Behaviors in Asian-Indian and White, Non-Hispanic Vegetarian Males in the California Men's Health Study (CMHS)

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Background: Studies show a reduced risk of chronic diseases among vegetarians. A vegetarian diet based on fruits, vegetables, and legumes is popular among Asian-Indians. The purpose of this study is to determine if race/ethnicity, Asian-Indian and white non-Hispanic (WNH), modifies the association between a vegetarian diet and health behaviors. **Methods:** Subjects are participants in the CMHS, a multiethnic cohort of 84,170 men 45-69 years of age enrolled in Kaiser Permanente Southern and Northern California (2001-02). Descriptive and multivariable statistics were used to evaluate data from a mailed survey. **Results:** Vegetarians accounted for 1.4% (736/51,901) of WNHs and 20.4% (124/602) of Asian-Indians. Age was not associated with diet among Asian-Indians, but among WNHs, vegetarian diet was associated with younger age (< 55) (45.1% vs. 31.6%, $p < 0.001$). Overall, vegetarians reported higher educational attainment, with at least a college degree compared to non-vegetarians (73.1% vs. 52.8%, $p < 0.001$). All Asian-Indian vegetarians were first generation immigrants, with a majority residing in the U.S. < 15 years (77.4%). In the WNHs, vegetarians were more likely to self-report a healthy weight (51.5% vs. 24.7%, $p < 0.001$) and less likely to self-report a CVD event (8.2% vs. 11.5%, $p < 0.05$). However, among the Asian-Indians, there were no differences in BMI or self-reported CVD events. Vegetarians in both groups more often consumed a lower fat diet compared to non-vegetarians [Adjusted Odds Ratio (AOR) = 3.22 (2.80-3.71)]. Vegetarians reported consuming more fruits and vegetables; however a significant difference wasn't detected among Asian-Indians. Further, WNH vegetarians reported less sedentary activity [AOR = 0.65 (0.54-0.78)] and more moderate/vigorous physical activity [AOR = 1.87 (1.55-2.25)] than WNH non-vegetarians, however this was not the case among Asian-Indians. Vegetarians in both groups were less likely to report alcohol use or current/ever smoking compared to non-vegetarians. **Discussion:** Compared to non-vegetarians, vegetarians more often reported healthier behaviors including a lower fat diet, higher fruit and vegetable intake, more physical and less sedentary activity. In the Asian-Indian population, these differences were not statistically significant, suggesting that vegetarianism may reflect culture and traditional practice rather than being motivated by a healthy lifestyle.

Keywords: Health Behaviors, Asian-Indian; Behavior Change

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PS1-03:

A Culturally-tailored Weight-loss Intervention for Obese Mexican-American Women

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Background/Aims: Mexican-American women are at particularly high risk for obesity and associated comorbidities. This pilot study tested the feasibility of a culturally-tailored weight-loss intervention aimed at obese Spanish-speaking Mexican-American women. **Methods:** The intervention consisted of 6 months of weekly sessions followed by 6 monthly sessions. All sessions were 90-minutes long and conducted in group format, in Spanish. Cultural adaptations included: women only groups, minimum of written materials, focus on Mexican traditions and health beliefs, intensive skill-building tasks around food measurement. This study had a truly open-door policy, with a minimum criteria for inclusion that did not screen out individuals generally considered poor candidates for retention in research studies. **Results:** Recruitment exceeded expectations, with 47 participants enrolling in the study. Mean weight loss at 6 and 12 months was 5.3 and 7.1 kg, with a mean reduction in BMI of 2.8 at 12 months. At 6 months, there was a significant reduction from baseline levels in total daily energy intake (mean reduction = 899 kcal), percentage of calories from fat (mean reduction 5.4%), and total sugar intake (mean reduction 29%). There were significant increases in percent of calories from protein and number of vegetable servings. **Discussion:** It is feasible to implement culturally appropriate behavioral interventions for obesity treatment. Our experience suggests the need to implement culturally sensitive intervention formats and alternative gold standards for retention success in "real life" settings with minority populations. Potential directions and options for dissemination of this intervention program will be discussed.

Keywords: Weight-loss; Hispanics; Behavior Change

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PS1-04:

Change in Adherence to Antiretrovirals After Initial Use of an Electronic Shared Medical Record Among HIV-infected Individuals

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Background/Aims: Patient web sites with shared medical records (SMR) allow patients to communicate with providers, view results of medical tests, refill prescriptions, and schedule appointments. We aimed to determine whether use of the SMR changed adherence to antiretroviral therapy (ART) in HIV-infected individuals. **Methods:** We identified all HIV-infected adults who used the SMR one or more times within two years of initial rollout in two large integrated healthcare systems: Kaiser Permanente Northern California and Group Health Cooperative. The study population included enrollees with continuous membership during a 30-month period spanning 12 months prior to initial SMR use to 18 months after initial SMR use. The primary outcome was change in ART refill adherence comparing the 12-month period prior to initial SMR use with the 12-month period starting 6 months after initial SMR use to allow for SMR adoption; differences over time were evaluated by paired t-test. Next, using linear regression adjusted for age, sex, and health plan, we compared changes in adherence for users followed for at least 36 months after SMR rollout with changes for age- and sex-matched non-users over the same time span; non-users were assigned a random reference date. Finally, among users, we evaluated whether age, sex, race/ethnicity, HIV risk, health plan and an AIDS diagnosis influenced changes in adherence. **Results:** We identified 1,663 HIV-infected SMR users during follow-up, including 1,475 users with 36 months follow-up after roll-out; 1,036 individuals who did not use the SMR during 36 months post rollout were also identified. Among users, mean adherence did not change before (90.4%) and after (90.2%) SMR use (P=0.52). In contrast, among non-users, mean adherence declined over time by 2% from 88% to 86% (P=0.001 compared with users). Among users, only sex of all factors evaluated was associated with changes in adherence with an increase of 2.5%