the ethnic/racial composition of the PCP and community samples showed that once these differences were controlled, PCPs showed less pro-White bias than the community members. Both groups reported little explicit bias (Cohen's d=0.04), with most participants reporting they felt similarly toward the ethnic/racial groups. **Conclusions:** Numerous studies have shown that implicit ethnic/racial attitudes in the U.S. generally favor Whites over other ethnic/racial groups. The current study finds that implicit attitudes among PCPs and community members in the Denver metro area are no exception. Despite these general trends, this study also shows that people are not all the same, with some individuals demonstrating strong pro-Latino or pro-African American bias while others show strong pro-White bias. Phase two of the study will begin to investigate whether such biases are related to patient care and hypertension control.

Keywords: Attitudes, Ethnic/Racial

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PS2-36:

Population-based Evaluation of Patients with Methicillin-resistant *Staphylococcus aureus* (MRSA) Infection in Relation to Animal Feeding Operations in Pennsylvania

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Background/Aims: New MRSA strains and epidemiologic patterns of infection have emerged in the past decade, with community-associated patterns now dominant. In Europe, these new community strains have been linked to animal feeding operations (AFOs), raising concerns about the widespread use of non-therapeutic antibiotics in animal feeds. No prior population-based studies have evaluated the risk of MRSA infection in relation to AFOs in the U.S. **Methods:** We used Geisinger Clinic electronic health record data from 2001 to February 2010 on all primary care patients (n = 440,000). Three groups of patients were identified using specific ICD-9 codes: (1) Community-onset MRSA (CO-MRSA) without risk factors (i.e., infection diagnosed as an outpatient, no antibiotics or hospitalizations in the prior year, no household contacts, no history of MRSA colonization); (2) Hospital-onset MRSA (HO-MRSA) with risk factors (i.e., diagnosed in the hospital with at least one MRSA risk factor); and (3) Skin infection (e.g., cellulitis, carbuncle, skin abscess) without MRSA infection or colonization history and without MRSA risk factors. MRSA cases were frequency-matched to controls with no history of MRSA or risk factors. Information on concentrated animal feeding operations (CAFOs) were obtained from the Pennsylvania Department of Environmental Protection, and included data on animal species (e.g., swine, dairy cattle, chickens), counts, animal equivalent units (AEUs), farm acreage, and manure generated, exported, and stored. Measures of density (e.g., AEUs per sq. mi. in township) and accessibility (e.g., distance from residence to nearest CAFO, gravity models) were derived and used in logistic regression models comparing the four groups. **Results:** A total of 1926 MRSA cases were identified from 2003 to 2010. Of these, 1058 (55%) were identified in outpatient records, 530 (28%) from inpatient records, and 290 (15%) from medication orders. Inpatient cases increased from 2 in 2003 to 88 in 2005, remained at the same frequency through 2008, and then increased to 116 in 2009. In contrast, outpatient cases increased steadily from 4 in 2003 to a peak of 325 in 2008. **Conclusions:** The data clearly show a steady increase in the incidence of CO-MRSA in this region. Relations with AFOs will be presented and discussed.

Keywords: Methicillin-resistant *Staphylococcus aureus* (MRSA), Community-onset, Animal feeding operations

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C-C3-02:

Developing a Culturally Appropriate Weight-Loss Intervention Program for Spanish-Speaking Mexican-American Women

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Background: In the USA, 77% of Hispanic women age 20 and older are classified as overweight or obese. There is evidence that Hispanics tend to be less successful than non-Hispanic whites in standard weight-loss interventions. This study assessed the feasibility of a culturally-tailored behavioral weight-loss intervention specifically designed for Spanish-speaking women of Mexican origin. **Methods:** This 6-month intervention consisting of weekly sessions was based on approaches previously used successfully with English-speaking participants in the PREMIER and Weight Loss Maintenance trials. Cultural adaptations were implemented throughout the program based on information derived from focus groups, available literature, and a multidisciplinary team that included Mexican experts in behavioral interventions and nutritional anthropology. The intervention was conducted entirely in Spanish. Beyond language, specific cultural adaptations included: 1) "Grupos de mujeres" ("women-only" groups) of a wide range of age—covering topics central to the immigration experience (e.g., the loss of social networks, differing body-shape ideals in Mexican and American cultures, and the pressure of maintaining Mexican traditions while adopting "American ways"). 2) Focusing on staple foods in the Mexican diet: returning to a traditional diet, how to make healthy choices. 3) Providing basic instruction on nutrition, and hands-on training on standard food measurement for portion control. 4) Addressing Mexican folk remedies and traditional beliefs regarding food and diet (e.g. "hot" and "cold" foods, "empacho," etc.). 5) Developing food-intake journals for people of limited literacy. **Results:** The recruitment strategies used resulted in a significantly larger-than-expected response. There were 47 participants in the study. Thirty-one participants completed the intervention and had main outcome data available. Participants did not complete the intervention because they became pregnant (2), had unexpected changes in school schedules (2), relocated to Mexico due to immigration problems (3), needed to follow agricultural work (6), unknown reasons (3). After 6 months, average weight decreased by 7.26 kg (16 lb), p< .0001. **Conclusions:** Mexican-American women have previously been underrepresented in weight-loss interventions; however, this study suggests that culturally-congruent recruitment methods can successfully attract this population to lifestyle intervention programs, and that carefully-tailored culturally adapted weight-loss interventions are feasible and potentially effective among Spanish-speaking Mexican-American women.

Keywords: Hispanic, Weight loss

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C-C3-03:

Using Area-Based Measures in the Absence of Individual-Level Measures to Target Enrollment into a Study

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Background: Targeting enrollment into studies on participant characteristics is increasingly possible within HMOs given improved computerized collection of individual characteristics. Some gaps remain – particularly with respect to socioeconomic status (SES). In the absence of individual-level SES data, selecting participants on area-based SES measures may be more efficient than selecting participants on simple random samples. We describe the use of an area-based measure of formal education for targeting enrollment of adults into an intervention to design and evaluate oral and print health literacy. **Methods:** Kaiser Permanente Georgia is one of 3 sites participating in a CRN study on health literacy. We enrolled 40-70 year olds with low, middle, and high levels of health literacy by selecting random samples within census tracts stratified according to percents of adults with a high school (HS) education or less obtained from US Census Summary File 3 records. Census tracts were stratified into tertiles of high percents (i.e. low education tertile), moderate percents, and low percents (i.e. high education tertile). **Results:** Sampling achieved approximately equal representation of each tertile: 34% (84 of 250) from the low education tertile, 31% (77 of 250) from the middle tertile, and 36% (89 of 250) from the high education tertile. Self-reported education varied significantly (p<0.01) with the area-based measure