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

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
doi:10.3121/cmr.2011.1020.c-c3-03

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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Backgound/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