

PRIMARY CARE RESEARCH

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Journal Overview

The Division of Research felt it was important to create a forum for our Department to distribute information to one another about the on-goings in family medicine. The goal of

- Promote professional writing opportunity for the faculty, staff and trainees

- Promote discussions of innovative primary care ideas Promote collegially among the department Promote collaboration among the department and others outside the department
- Promote ideas for grant to increase our education and research funding Increase visibility of Family Medicine Increase support for clinical trials

- Increase awareness of our training programs
- Increase involvement of faculty, staff and trainees in education and research

This is the beginning of what hopes to be a showcase for the Department of Family Medicine to display to others the various activities that are on going within this department. Keep in mind this is a work in progress and as with everything it can and will be improved upon. Division of Research looks forward to creating something that all can be proud and welcomes suggestions.

The faculty, resident, student or staff should use the following format to submit a case report to The Primary Care Research Journal.

- Word mint / 20 words AMA or APA Format Word Document Use generic names for all medications No patient identifiers may be used Sections
- - Abstract
 - **Patient Presentation**
 - Literature Review

Review Articles: The faculty, resident, student or staff should Use the following format to submit a review article to the Family Medicine Research Journal.

- Word limit 1,500 words
- AMA or APA Format

Letters: The faculty, resident, student or staff should use the following format to submit a letter to the Family Medicine

- Word limit 500 words AMA or APA Format Word Document

Editor's Corner

This issue of the *Primary Care* Research Journal finds our PCRI/NorTex agenda packed with projects, grant development, manuscript writing, community involvement, and building relationships with new and established partners throughout the Dallas and Fort Worth area and our surrounding communi-We have hosted several ties. "firsts" within the institution since the year began. First, we hosted the official kick-off of the Primary Care Research Institute (PCRI) in early 2008 with an honorary reception for our research partners, community members, and peers. Also, the PCRI scheduled and held its first meeting with its newly formed Executive Advisory Board to establish its mission within the institution. We are continuously growing within NorTex by renewing memberships and inviting new members to join our endeavors. We are also involved in several studies. With funding being supplied from Pfizer Medical Education Group and in collaboration with PACE, we are moving forward in our efforts to conduct the first official NorTex needs assessment which will establish the current needs in the delivery of care by physicians of the network. Next, we are deeply involved in the NIH funded "North Texas Healthy Heart II" study as we continue our quest to better understand cardiovascular disparities in our country. We have received a contract from the Moncrief Cancer Foundation to conduct a study

assessing the impact of cancer screening by primary care physicians using an educational DVD intervention and thus, welcome Nicole Beltran to our team as the Moncrief study's new Research Coordinator. We will also be implementing the NorTex Registry Project (NRP) in order to establish a registry of potential participants for future NorTex studies.

While these projects are in progress, we are continuously looking to form new partnerships and collaborative efforts with our partners at Parkland Health & Hospital Systems and UT Southwestern Medical Center.

We are delighted to have successfully conducted our second Grand Rounds presentation through the PCRI. Dr. Milton Packer from UT Southwestern came to UNTHSC campus to speak on the future of clinical research. The presentation was held during our PCRI kick-off day of events with over 65 people in attendance. Thanks to all PCRI team members who helped make this day a success!

Finally, we wish to congratulate our 2008 graduating fellowship students who are completing their D.O. designation as well as our Masters program. Nashila Abdul-Rahim and Joseph Oberdorfer are the Primary Care Research Institute's newest graduates.

Congratulations to you as you complete your studies, ready for graduation, and our best wishes for success as you pursue your future endeavors!

Editor's Corner (Continued)

The PCRI/NorTex is committed to ensuring that progress continues to be made with regard to improving the health of Texas communities by conducting collaborative research. We continue to be excited about the future of our collaborative partnerships and look forward to working with you!



Richard Virgilio, DO, MS
Co-Editor
Primary Care Research Journal
Assistant Professor
UNTHSC at Fort Worth/TCOM

WELCOME NEW STAFF MEMBER & PCRI/NORTEX NEW ADDITION...



Nicole Beltran joins PCRI research team as Moncrief Cancer Study Research Coordinator

Nicole Beltran is the research coordinator for the Primary Care Research Institute/NorTex Division

of Research. She joined the team in February 2008. Nicole's field of expertise centers on the upcoming cancer education study that is being coordinated with members of Moncrief Cancer Resources. Prior to her employment at UNTHSC's PCRI/NorTex Division of Research, Nicole was employed in a research capacity at Scott & White in Temple, Texas. She brings with her excellent aptitude for research, great organizational skills and attention

to detail as well as a background in clinical research. She can be at 817-735-5194 or at e-mail address nbeltran@hsc.unt.edu.

THE PRIMARY CARE RESEARCH FELLOWSHIP GRADUATES TWO FELLOWS AT UNTHSC at FORT WORTH COMMENCEMENT

We are proud to announce that 2 of our research fellows will be graduating from the Primary Care Research Fellowship at this year's 2008 UNTHSC Commencement. These fellows have completed a tremendous task; completing their Doctor of Osteopathy and Master of Science in Clinical Research requirements in a mere 4 to 5 years. We are so proud of our graduates who will be our future leaders in clinical research. They include:

Nashila Abdulrahim, DO/MS candidate Project: Interleukin-6 and its Relationship to Coronary Artery Calcium Burden- North Texas Healthy Heart Study (Major Professor: Roberto Cardarelli, DO, MPH)

Residency: Internal Medicine, UT Houston Medical Center

Joseph Oberdorfer, DO/MS candidate Project: The avian influenza pandemic: primary care physicians' perception of preparedness (Major Professor: Roberto Cardarelli, DO, MPH) Residency: Internal Medicine, University of Iowa Hospitals and Clinics

NORTEX PROJECTS

This list represents ongoing and upcoming projects specifically considered "NorTex" studies. However, other projects that are also occurring under the Primary Care Research Institute at the

UNT Health Science Center which NorTex is part of. For example, we are currently conducting a descriptive study on Adult ADD in the probationer population (PI: Dr. Christopher Mann).

The North Texas Healthy Heart Study

The North Texas Healthy Heart Study (NIH/NCMHD 1-P20-MD001633-010003; principal investigator: R Cardarelli, assesses the relationship of various psychosocial factors and cardiovascular physiologic markers to better understand potential contributors to cardiovascular health disparities. Participants undergo an extensive interview, body measurements, blood testing, and multi-slice computed tomography of the heart to obtain calcium scores. Phase 1 of the study recruited 200 participants in only 18 weeks. success resulted in additional funding that was received in January 2007 to recruit another 200 participants. The second phase commenced at the end of January 2007 another 171 participants were recruited. The recruitment rates averaged 83% for the study. Currently, manuscripts are being prepared and conference abstracts have been submitted Investigators have already presented data at three conferences (23rd Annual Frontiers of Cardiology symposium, the Agency for Healthcare Research and Quality Practice-Based Research Networks Annual Meeting, and the American Medical Association Medical Student Conference). NorTex has received additional funding from NIH to conduct the North Texas Healthy Heart II study which will further explore how psychosocial stressors impact coronary artier plaque destabilization. This study started January 2008 and plans to recruit another 200 participants and re-invite participants from the initial cohort in years 2 and 3 of the study.

The relationship of visceral fat to lipid and inflammatory cardiovascular risk factors

This sub-study of the North Texas Healthy Heart Study (UNTHSC EXPORT Center Intramural grant; principal investigator: J. Carroll) assesses racial/ethnic differences in central fat distribution and the relationship to lipid and inflammatory cardiovascular risk factors. In addition to the testing described above,

participants also undergo an abdominal computed tomography to obtain internal adipose measurements. The recruitment successes mirror those described above in the North Texas Healthy Heart Study.

Communities, Communication, and Health Study

This study assessed the impact of interpersonal processes of care on adherence to highly active antiretroviral therapy (HAART) regimens and perceived general health. Significant disparities exist in HIV/AIDS morbidity and mortality despite an overall decline in the past decade. Some have postulated that the physician-patient relationship may influence patient behavior, such as adherence to prescribed therapy, and impact health. The preliminary study results suggest an association between interpersonal processes of care domains and perceived general health. A total of 110 participants with HIV and/or AIDS were recruited from an affiliated NorTex clinic. All participants underwent an extensive interview using validated instruments. Health status was ascertained using a selfreported single-item indicator that has been shown to be a reliable predictor of future population mortality: "In general, would you say your health is: excellent, very good, good, fair, or poor?" In addition, the Interpersonal Processes of Care instrument was used to assess various domains of the physician-patient encounter from the patient's perspective. The study is a collaborative project with the Tarrant County Public Health Department. It recruited 105 participants in only 20 weeks. Currently, all data are being analyzed and plans are being made for conference presentations, manuscript development, and grant applications.

The Cancer Education Initiative Project

This study is funded by Moncrief Cancer Resources with the aim to conduct a clustered randomized controlled trial in assessing the impact of an educational DVD intervention which reviews the most current cancer screening guidelines. This project will involve 10 clinics and 300 medical chart reviews.

PCRI/NorTex Projects (Continued)

NorTex Needs Assessment

NorTex has secured funding from Pfizer Medical Education Group to conduct a needs assessment among its clinics to establish the health care needs of its population. Each clinician will be asked to review 5 random charts to assess practice patterns in cardiovascular care, pediatric care immunizations, and cancer screening. The goal is to recruit 250 clinicians to participate in this study. Each clinician will be reimbursed for their time and effort.

North Texas Participant Registry Project (NRP)

This project will aim to involve all NorTex clinics to enroll patients into the NRP. This voluntary project will have front desk personnel hand out 3X5 cards to all patients checking in for their appointments. This card will have detailed information about the project

on one side of the project and collect demographic and medical histories on the other side. Patients will then give the cards back to the front desk personnel if they decide to participate. This information will provide NorTex researchers the ability to contact potentially eligible participants for future projects. We hope to grow this database to 10,000 in the first several years.

The Clinical Demographic Survey

This study (principal investigator: R Cardarelli) involves ongoing collection of demographic data and site information for each NorTex member and member clinic. These data allow us to query information about members and clinics that may have an interest in and the resources to participate in any proposed study.

FUTURE STUDIES

Clinical Translational Service Award – NorTex as partner	Milton Packer, MD (PI) R. Cardarelli (NorTex)	NIH	TBD/ 5 year grant
Spinal Manipulation and Chronic Low Back Pain: A NorTex PBRN Cohort Study	Cardarelli R Licciardone JC Hilsenrath P	NIH (R21)	\$574,629 (November 2007)
NorTex Health Disparities Conference	Cardarelli R.	AHRQ	\$38,369/ 1 year (Dec 2007)
Racism and Blood Pressure Control Among Hispanics	Cardarelli R Cardarelli K Fulda KG	NIH (R21)	\$365,925 (July 2008)
Patient Communication, Psychosocial Factors, and Mammogram Screening Among Asymptomatic African Ameri- can Women	Cardarelli R Cardarelli K Lurie S	Komen Foundation	\$298,828 (2008)
Patient Communication, Psychosocial Factors, and Mammogram Screening Among Asymptomatic African Ameri- can Women	Cardarelli R Cardarelli K Lurie S	Komen Foundation	\$298,828 (2008)

PCRI/NORTEX EXPANDS PBRN

The PCRI is proud to announce the expansion of the institute's Primary Care Practice- Based Research Network (PBRN) NorTex! Beginning in March, our senior project coordinator Anna Espinoza and research coordinator Nicole Beltran set out to recruiting new members to join our collaborative effort to translate primary care research into clinical practice. As a result, NorTex is pleased to welcome 12 new clinics to further extend our network and heighten our ability to improve the health outcomes of the north Texas community. These clinics represent internal medicine and family medicine clinics in the Dallas/Ft. Worth Metroplex. Each new member brings a unique array of interests and experience to our flourishing collaboration. These areas include diabetes, cholesterol, hypertension, sports medicine, musculoskeletal medicine, pulmonary diseases, wellness medicine, cancer screening, obesity, and many more. As our collaboration thrives we want to emphasize the importance of establishing and maintaining relationships with our fellow researchers and clinicians to develop areas of research that reflect the needs and interests of the North Texas area and throughout the state.

THE NORTEX NEEDS ASSESSMENT PROJECT RECEIVES \$71,000 FROM PFIZER MEDICAL EDUCATION GROUP

The Primary Care Research Institute/ North Texas Primary Care Research Network (NorTex) and the Office of Professional and Continuing Education at UNT Health Science Center collaborated to secure funding from Pfizer Medical Education Group to implement and conduct the NorTex Needs Assessment Project. The project will assess how the North Texas clinical community is managing patients in the areas of pediat-

ric care, cardiovascular disease, cancer screening, and immunizations. The project will involve 250 physicians and over 1,200 chart reviews. In addition, the project will assess the beliefs, attitudes, and knowledge of physicians in the aforementioned areas. The results of the project will allow us to identify strengths and weakness of care among NorTex member clinics, develop patientlevel and clinical-level interventions, and ultimately improve the care that is provided by Nor-Tex physicians. Another goal of the project is to better understand incentivizing factors that drive physicians to participate in continuing medical education and self-assessment activities. This project is a NorTex collaborative effort between UNT Health Science Center/ Primary Care Research Institute, Cook Children's Health System, John Peter Smith Community Health Centers, and Parkland Health and Hospital System Community Oriented Primary Care Centers.

2008 AFRICAN AMERICAN HEALTH EXPO

Lorna Brooks, Research Coordinator for the Primary Care Research Institute, PCRI/NorTex, served as the institute's liaison for the NORTEX Healthy Heart II Study at the community's recent 2008 African-American Health Expo.

Recruiting for the African American Health Expo was her first introduction to the community-sponsored event in a professional research networking capacity. The purpose of Lorna's attendance was to explain the PCRI/NorTex and its ongoing research studies to interested individuals while recruiting potential participants for current and future research endeavors.

Various Tarrant County services from medical to children's activities were present. Together with representatives from the Department of OMM, Clinical Research, and Congressman Michael Burgess; the day proved to be a successful interaction and exchange of ideas.



Lorna Brooks at 2008 African American Health Expo

PCRI KICKOFF CELEBRATION

The Primary Care Research Institute (PCRI) had an official kickoff celebration on February 26, 2008. It was an exciting day for the PCRI staff and faculty. The day started with our second PCRI Grand Rounds, included our first Executive Advisory Board meeting, and ended with an evening of celebration with our friends and colleagues.

The afternoon started with Grand Rounds featuring Milton Packer, MD. Dr. Packer is the Chair of the Department of Clinical Sciences and the Principal Investigator of the new NIH Clinical and Translational Science Award at the University of Texas Southwestern Medical Center in Dallas, TX. Dr. Packer provided a thought provoking lecture on translational research, changes in clinical research, and the future of clinical research.



Dr. Milton Packer at PCRI Grand Rounds

After Grand Rounds, the first meeting of the PCRI Executive Advisory Board was held. We are lucky to have such a dedicated group of leaders in Tarrant and Dallas counties collaborating to help us achieve our goals.

The members of PCRI Executive Advisory Board include Keith Argenbright, MD, Director, Moncrief Cancer Center; Mark DeHaven, PhD, Director, Division of Community Health Sciences, UT Southwestern Medical Center; Glenn Dillon, PhD, Associated Vice President of Research, UNTHSC; John Fling, Department of Pediatrics, Texas College of Osteopathic Medicine, UNTHSC; Richard Kurz, PhD, Dean, School of Public Health, UNTHSC; John Licciardone, DO, MS, MBA, Director, Osteopathic Research Center, UNTHSC; James Marshall, MD, Director of Research, Cook Children's Health System; Billy Moore, PhD, Senior Analyst, Parkland Hospital & Health System; Elizabeth Palmarozzi, DO, Chair, Department of Family and Community Medicine, Texas College of Osteopathic Medicine, UNTHSC; Monte Troutman, DO, Department of Internal Medicine, College Osteopathic Texas of Medicine, UNTHSC; and James Walton, DO, Chief Equity Officer, Baylor Health System.



Executive Advisory Board Meeting

The day ended with the PCRI Kickoff Celebration during which we celebrated the beginning of our journey with friends and colleagues. There was a strong turnout of individuals representing various community organizations throughout the Dallas/Fort Worth metroplex. It is exciting to see so many different people and organizations come together for one cause!

Thank you to all of our PCRI colleagues and partners. We look forward to working with each of you as we strive to improve the health of our community.



Parkland's Billy Moore speaking at PCRI Kickoff Event

HOSPITAL INFLUENCES ON BREASTFEEDING PRACTICES

Tarrant County Public Health and the Primary Care Research Institute are collaborating to identify barriers to breastfeeding among WIC mothers in Tarrant County. Ann Salyer-Caldwell, MPH, RD, LD, Associate Director of Community Health Promotion at Tarrant County Public Health, is leading the project. The goals of the project are to not only identify barriers to breastfeeding, but also to identify variations in breastfeeding practices among new mothers based on the hospital of birth in Tarrant County. Results from this project will provide valuable information for Tarrant County hospitals to revisit breastfeeding policies.

The benefits of breastfeeding are vast and well-Research indicates that breastfeeding helps to prevent conditions including, but not limited to, some infectious diseases, allergies, otitis media, and childhood diabetes. The International Lactation Consultant Association (ILCA) recommends that all mothers breastfeed exclusively for at least the first six months of their infant's life.1 The ILCA also recommends that breastfeeding should begin as soon as the baby is ready and that a baby should nurse as often and for as long as they want. Initial breastfeeding should not be forced into a set schedule. For this ideal situation to occur, women need to be taught the benefits of breastfeeding as well as the basic skills of breastfeeding. The ILCA further proposes that providing an optimal breastfeeding environment and teaching these skills and knowledge are the responsibility of the professional staff overseeing care for the mother and infant. In effect, the ILCA suggests that institutions are responsible for both ensuring their staff is knowledgeable and welltrained in breastfeeding and for collecting data on breastfeeding success rates.

In Tarrant County, in July 2007, of the 14,071 infants served by Women, Infant and Child program (WIC), only 305 were exclusively breastfed.² An infant feeding survey of WIC clients in 2006 revealed that 45.9 percent of women breastfed for six months or less while 26.8 percent never breastfed. The top three responses for discontinuing breastfeeding were "breast milk alone did not satisfy your baby" (30.4%), "you thought you were not producing enough milk" (29.7%), and the "baby had difficulty nursing" (20.3%). Thorough education and support may have prevented or alleviated some of these concerns. Seventy-four percent of the survey respondents indicated that they were given information about breastfeeding in the hospital; however, only 56.8 percent responded that the hospital staff helped them learn how to breastfeed. Additionally, only 30.8 percent responded that their baby had only breast milk in the hospital.

In August of 2007, Tarrant County Public Health (TCPH) was approved to be enrolled in the City-MatCH DaTA Institute program. CityMatCH is hosted at the University of Nebraska Medical Center Supported in part by Grant No. # S U93 MC00120-13 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services. The DaTA Institute model promotes the translation of data to action, which is essential for making a measurable difference in the health and wellbeing of women, children and families. The proposed project will enable TCPH to collect relevant information on breastfeeding practices at the individual and hospital level to provide a strong foundation for policy change and education on breastfeeding practices at local hospitals under the guidance of DaTA Institute.

Currently, data collection is complete and data analysis is in process. A total of 312 surveys were completed by WIC participants from 4 WIC clinics

throughout Tarrant County. Participants were all mothers of children between 6 and 12 months of age. Of the 312 completed surveys, 168 (53.8%) were completed in English and 144 (46.2%) were completed in Spanish. Further results will follow.

- World Breastfeeding Week (WBW) 2007 Action Folder. http://worldbreastfeedingweek.org/pdf/wbw07_af_eng.doc.
 http://worldbreastfeedingweek.org/pdf/wbw07_af_eng.doc.
 http://worldbreastfeedingweek.org/pdf/wbw07_af_eng.doc.
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 http://wor
- Breastfeeding Beliefs, Attitudes, and Practices in the Texas WIC Population.
 http://www.dshs.state.tx.us/wichd/nut/pdf/
 InfantFeedingPracticesSurvey.pdf
 Accessed on Nov 28, 2007.

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Tarrant County Public Health Influenza Surveillance Program October, 2007 – March, 2008

Liz Izaguirre, BS¹; Anita K. Kurian MBBS, DrPH²

Program Introduction

The Tarrant County Public Health Influenza Surveillance Program is a grant-funded initiative aimed at improving influenza detection capabilities within the county, particularly in view of the looming threat of pandemic influenza. Currently, the program seeks to obtain baseline measurements of seasonal influenza patterns within Tarrant County in order to better detect and respond to an "unusual" influenza event. A widerange of medical (hospitals, clinics, and long-term care facilities) as well as community (businesses, school districts, and universities) partners have joined forces with Tarrant County via this program.

Surveillance Overview

According to data collected thus far during the 2007-2008 influenza season, influenza activity levels within Tarrant County peaked during CDC Week 06 (February 03 – February 09, 2008), approximately one week later than Texas levels. Compared to state reports, Tarrant County influenza activity levels continue to remain below those of the state. Additionally, average percent absenteeism reported by independent school districts within Tarrant County fall well beneath the 30 percent threshold for school closures (Figure 1). A peak in school absenteeism occurred in November due to the Thanksgiving holiday. All schools in Tarrant County closed at the end of December (Winter Break) and again in the middle of March (Spring Break) resulting in no absenteeism data for those two weeks.

An upward trend in influenza-like illness (ILI) cases existed through the month of February, after which a large drop in cases occurred. While children 0-4 years of age accounted for almost half of reported ILI cases during the beginning of the influenza season, counts for individuals aged 25-64 years surpassed this previous age group by January and continued to climb through the month of February. Although ILI counts across all age groups dropped dramatically during March, levels remained highest among this third age group (Figure 2).

Figure 1

Percent ILI of Total Patients Seen by Sentinel
Providers in Tarrant County vs. Texas Compared to
Percent School Absenteeism in Tarrant County for
October, 2007 – March, 2008

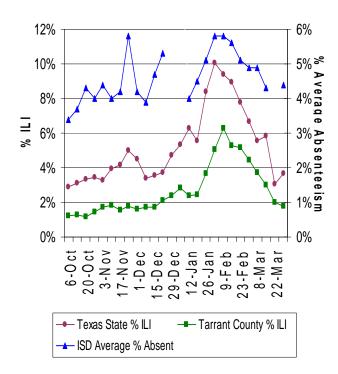
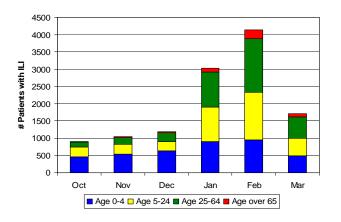


Figure 2

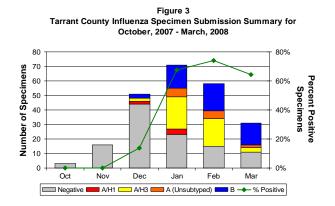
Number of ILI by Age Group Reported by Tarrant County Sentinel

Providers for October, 2007 – March, 2008



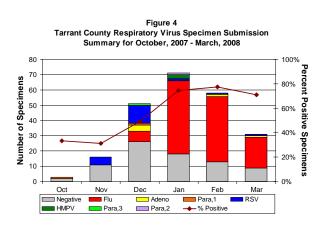
Influenza Specimen Collections

Tarrant County Public Health laboratory-confirmed influenza did not appear in the county until the month of December (Figure 3). Approximately 51% of all respiratory specimens submitted to Tarrant County to date tested positive for influenza (A/H1, A/H3, A (unsubtyped), or B) via RT-PCR. As with ILI counts, the highest percentage of specimens testing positive for influenza occurred during the month of February. While influenza A/H3 comprised the majority of positive specimens through the early part of the season, most specimens submitted in March tested positive for influenza B.



New Initiatives

TCPH launched a new initiative this influenza season to perform targeted respiratory specimen collections based upon a weekly analysis of "ILI hot zones" as determined by hospital emergency department admittance data. Approximately 66% of all specimens submitted to Tarrant County tested positive for one of five respiratory viruses: influenza, adenovirus, parainfluenza, RSV, and metapneumovirus. During the late fall and early winter, most positive specimens returned results for RSV. However, beginning in January and continuing through March, analysis revealed that the overwhelming majority of positive samples contained the influenza virus (Figure 4).



Additionally, seven independent school districts and one private school participated in the initiation of the internet-based School Health Surveillance System. The program's goal focuses on shifting the collection of school absenteeism data from the district-level on a weekly basis to a daily collection of information from individual schools. Building upon current partnerships, we hope to expand this program further the next academic school year.

Year-Round Surrveillance

One unique feature of the Tarrant County Public Health Influenza Surveillance Program is its conduction of year-round pandemic influenza surveillance coupled with respiratory virus surveillance (as compared to the CDC-specified seasonal influenza surveillance season which runs from October through mid-May). Additionally, the active surveillance portion of the program has been expanded to include year-round respiratory virus specimen collections. For updates on influenza activity within Tarrant County, visit http://www.tarrantcounty.com/flu. Additionally, if your facility would like to participate in our program, please contact Liz Izaguirre, TCPH Influenza Surveillance Coordinator, via phone at (817) 321-5321 or e-mail at memahon@tarrantcounty.com

MENTAL HEALTH SCREENING AND TREATMENT INITIATIVE

The Mental Health Screening and Treatment Initiative (MHSTI) is a special project created by investigators of the Primary Care Research Institute at The University of North Texas Health Science Center at Fort Worth (PCRI-UNTHSC) working in collaboration with administrators at the Tarrant County Treatment Alternatives to Incarceration Program (TC-TAIP). The goals of The MHSTI project are to characterize the prevalence of mental health pathology in the TC-TAIP probation population, to provide routine mental health screenings and to provide treatment services for TC-TAIP probationers with untreated mental illnesses and co-occurring disorders.

Background

TC-TAIP Licensed Chemical Dependency Counselors perform substance use disorder assessments for about 500 Tarrant County probationers every month. About 60% of these probationers suffer from a substance use disorder that needs treatment [1]. Probationers entering treatment for substance use disorders are a very

high-risk population for having comorbid untreated mental illnesses. Research suggests that 70 to 80% of individuals entering substance abuse treatment have one or more comorbid psychiatric disorders [2, 3,4]. TC-TAIP Probationers are not currently screened for untreated mental illnesses or co-occurring disorders. The prevalence and characteristics of TC-TAIP probationers suffering from untreated mental illnesses and co-occurring disorders is not known.

Pilot Study

A pilot study was completed in January 2008 to document the prevalence of untreated Bipolar Disorder (BD) and adult Attention Deficit Hyperactivity Disorder (adult ADHD) in the TC-TAIP population. 145 TAIP probationers 18 years of age or older were invited to take the 93 question study survey. The survey included the 18 question Adult ADHD Self-Report Scale-Version 1.1 (ASRSv1.1) to screen for adult ADHD and the 17 question Mood Disorder Questionnaire (MDQ) to screen for BD. Completed surveys from 135 adult probationers were used for data analysis. Prevalence: 63 of 135 (46.7%) TAIP probationers were adult ADHD or BD positive (screened positive or had a prior diagnosis of adult ADHD or BD). 19 of 135 (14.1%) were adult ADHD positive, 22 of 135 (16.3%) were BD positive and 22 of 135 (16.3%) were both adult ADHD and BD positive. Untreated: 18 of 19 (94.7%) adult ADHD positive probationers were receiving no treatment for ADHD and 20 of 22 (90.9%) BD positive probationers were receiving no treatment for BD. 14 of 22 (63.6%) of the ADHD and BD positive probationers were receiving no treatment. Interpretation: This study revealed very high prevalence rates of adult ADHD and BD (and comorbid ADHD and BD) in the TC-TAIP probation population. The prevalence estimates reported for BD may be a slight overestimate of the true prevalence rate of BD as the MDQ has demonstrated a modest sensiprevalence estimates reported for adult ADHD, however, may underestimate the true prevalence rates of adult ADHD in the TC-TAIP population as the ASRS-v1.1 has demonstrated a sensitivity of 68.7% and a specificity of 99.5%. An impressive 63 to 95% of ADHD or BD positive TC-TAIP probationers were not taking any medication for their disorders at the time of the survey.

Prevalence Study

PCRI Investigators have designed a more comprehensive survey to fully describe the prevalence and characteristics of TC-TAIP probationers suffering from untreated mental illnesses and co-occurring disorders. The survey design is complete and awaiting submission for UNTHSC IRB approval. Enrollment of an estimated 1000 TC-TAIP probationers will commence after IRB approval is obtained. Information obtained from this study will allow PCRI Investigators to fully describe the looming problem of untreated mental illnesses and co-occurring disorders in the TC-TAIP probation population. Information from this study survey will also allow PCRI Investigators to analyze untreated mental illnesses and co-occurring disorders as predictors of time spent on probation or incarcerated.

Screening and Treatment Program Development

PCRI Investigators created a Mental Health Screening Survey in pencil and paper as well as in a computer-assisted survey format. It is designed to be used as a generalized mental health screener in offender populations for untreated mental illnesses and co-occurring disorders. The Mental Health Screening Survey is designed to categorize all probationers into one of ten different referral categories according to each probationer's individualized assessment/treatment needs. PCRI Investigators are meeting regularly with TC-TAIP administrators to perfect this screening instrument. Future goals include working with TC-TAIP administrators to build a secondary assessment/treatment team and develop a

referral infrastructure for probationers with newly detected untreated mental illnesses and co-occurring disorders.

- 2. Dennis, M.L., Y.F. Chan, and R.R. Funk, Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. Am J Addict, 2006. 15 Suppl 1: p. 80-91.
- 3. Drug and Alcohol Services Information System (DASIS). Admissions with Co-Occurring Disorders: 1995 and 2001. Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Available at: http://www.oas.samhsa.gov/2k4/dualTX/dualTX.htm. Accessed March 26, 2008.
- 4. Ditton, P., Bureau of Justice Statistics Special Report: Mental Health and Treatment of Inmates and Probationers. 1999, U.S. Department of Justice Office of Justice Programs. Available at http://www.ojp.usdoj.gov/bjs/abstract/mhtip.htm. Accessed April 1, 2008.

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CURRENT DECLINE IN PRIMARY CARE AS SELECTION FOR MEDICAL SCHOOL GRADUATES

The United States is realizing a shortage of primary care health providers for its growing population. This is certainly true for family medicine specialty and geriatric sub-specialty. The approach to solving this problem has been to increase the number of medical schools and class sizes of current medical schools. This is a common over-simplistic attempt at solving a much deeper and complex problem than is often recognized. Rather than increase medical school class sizes to proportionally increase primary care providers, we will most likely see an increase in sub-specialty providers. A way to make family medicine and sub-specialty training in programs that meet a primary care need such as geriatrics more appealing is essential. This is the cure for the problem.

The most recent residency matches for primary care reveal a downward trend. Many family medicine programs did not even match half of their available training positions.

Medical students need to have their attention and desire to train in a primary care setting increased at the

medical school level. We propose the creation of innovative approaches to improve family medicine training through increasing opportunities to participate in research that are truly integrated into a training program. There also needs to be academic training built into family medicine to increase exposure of residents to curriculum development, teaching, and formal graduate degrees such as MS, MPH, PhD, DrPH, MBA, and MMM.

These opportunities will not only increase the clout and prestige of fields such as family medicine and geriatrics but train the next generation of educators for pre and post doctorate training.

RESEARCH APPRECIATION DAY ABSTRACT SUBMITTALS

Research Appreciation Day has come and gone with a collective "bang" and the PCRI/NorTex is pleased to share the abstracts presented during RAD by various research collaborators for perusal. *Please see the abstracts below:*

Having a Personal Healthcare Provider is the Greatest Predictor of Colorectal Cancer Test Use

(1) Colorectal cancer, (2) Screening, (3) Primary Care

Roberto Cardarelli, D.O., M.P.H, Assistant Professor/Director, University of North Texas Health Science Center at Fort Worth, Primary Care Research Institute, Fort Worth, Texas Jennifer E. Thomas, B.S., Research Assistant, University of North Texas Health Science Center at Fort Worth, Primary Care Research Institute, Fort Worth, Texas

Short Description: Having a primary care health

care provider is the most important factor to adequate colorectal cancer test use when health insurance status, education, income, and race/ethnicity is taken into account.

Purpose: The purpose of this study was to assess the relationship between having a personal healthcare provider and adequate colorectal cancer (CRC) testing after controlling for age, gender, race/ethnicity, education, income, and health insurance status, using a dataset involving all 50 states.

Methods: Cross-sectional study data were obtained from the 2004 Behavioral Risk Factor Surveillance System. Only respondents 50 years of age and older were included since CRC screening is recommended for this age group. Associations of having a personal healthcare provider, age, gender, race/ethnicity, education, income, and health insurance status on CRC testing were examined. Respondents were dichotomized as "adequately tested" or "not adequately tested". Multiple logistic regression was performed using complex samples techniques.

Results: Of the 149,731 respondents, 13,966 (9.3%) reported having no personal healthcare provider. Having a personal healthcare provider significantly predicted adequate CRC testing in both the univariate (OR = 4.13, 95% CI 3.72-4.59) and multivariate models (OR = 3.00, 95% CI 2.66-3.38). In the final model, age, gender, race/ethnicity, education, income, and health insurance were also all significantly associated with adequate CRC testing.

Conclusions: Having a personal healthcare provider was significantly associated with adequate CRC testing, even after controlling for potential confounders. Future research should further explore this relationship as well as the effect of having a personal healthcare provider on other types of preventive services.

<u>Interleukin-6 and its Relationship to Coronary Artery Calcium Burden – North Texas Healthy Heart Study</u>

(1) interleukin-6, (2) coronary artery calcium, (3) atherosclerosis

Nashila AbdulRahim, BS; Primary Care Research In-

stitute, Fort Worth, TX 76107 Roberto Cardarelli, DO, MPH; Primary Care Research Institute, Fort Worth, TX 76107 Sejong Bae, DrPH; UNTHSC School of Public Health, Fort Worth, TX 76107 Kimberly Fulda, DrPH; Primary Care Research Institute, Fort Worth, TX 76107 Kathryn Cardarelli, DrPH; Primary Care Research Institute, Fort Worth, TX 76107 Ana Chiapa, MS, MPH; Primary Care Research Institute, Fort Worth, TX 76107 Mayra Rodriguez, BS; Primary Care Research Institute, Fort Worth, TX 76107

Short Description: Cardiovascular disease (CVD) is a serious health concern in the United States affecting millions of people. Atherosclerosis is highly associated with increased levels of inflammatory markers in its initiation and progression as a chronic disease. Coronary artery calcium burden is another process behind atherosclerosis. We investigated a possible association between one inflammatory marker, interleukin-6, and coronary artery calcium build-up. Health care providers need a reliable marker of early CVD. Thus, understanding a possible relationship of inflammation to the development of atherosclerosis can potentially help researchers and clinicians better diagnose and target treatment.

Purpose: Cardiovascular disease (CVD) is a serious health concern in the United States affecting millions of people. Atherosclerosis is highly associated with increased levels of inflammatory markers in its initiation and progression as a chronic disease. Several studies have investigated markers thought to be involved in the pathological processes behind CVD. Interleukin-6 (IL-6), a peripheral cytokine, activates leukocyte and endothelial cells in the presence of inflammation and promotes assembly of C-reactive protein and other acutephase reactants. Over the past several years, investigators have also researched coronary artery calcium scanning to determine a more inclusive cardiac risk profile. The link between the pathologic process of coronary artery calcium buildup and the

inflammatory markers for diagnostic purposes of asymptomatic CVD is still missing. We investigated a possible association between these two main processes behind the origin of atherosclerosis.

Methods: Three hundred and forty four patients were recruited from eleven clinics of the North Texas Primary Care Practice-Based Research Network. High sensitivity serum assays were used to measure IL-6 concentrations. Multi-slice computed tomography was used to calculate coronary calcium scores and the results were dichotomized as zero (no atherosclerosis) or greater than zero (atherosclerosis). Logistic regression was performed to calculate odds ratios (OR) and 95% confidence intervals (CI).

Results: Overall, 122 individuals (35.5%) had a calcium score of greater than zero. For every one-unit increase in IL-6 concentration, the odds of an abnormal calcium score is 1.062 (OR: 1.062, 95% CI: 0.98, 1.15). After taking age, gender, race, smoking status, hypertension, diabetes, and cholesterol into account, a one-unit increase in IL-6 concentration is associated with 1.064 greater odds of an abnormal calcium score (OR: 1.064, 95% CI: 0.97, 1.17).

Conclusions: We found that age, gender, race, diabetes, and hypercholesterolemia are significantly associated with a greater calcium score in the coronaries. These results suggest that, after controlling for cardiovascular risk factors, the association between inflammation and coronary artery calcium approaches significance. Health care providers need a reliable marker of early CVD. Thus, understanding a possible relationship of inflammation to the development of atherosclerosis can potentially help researchers and clinicians better diagnose and target treatment.(NIH/NCMHD1-P20-MD001633-010003).

<u>Racial/Ethnic Differences in Cardiovascular</u> <u>Inflammatory Markers-The North Texas Healthy</u> Heart Study

(1) cardiovascular, (2) plaque, (3) instability Roberto Cardarelli D.O., M.P.H., University of North Texas Health Science Center, Primary Care Research Institute, Department of Family Medicine, TCOM,

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Short Description: Significant disparities in cardiovascular death rates between African Americans and whites exist. However, the prevalence of atherosclerosis is not different. The results from our study suggest that the disparities may be a result of differences in coronary plaque instability due to higher inflammatory markers among African Americans that result in catastrophic cardiac events.

Purpose: African Americans suffer from a disproportionate cardiovascular mortality rate despite similar atherosclerosis and coronary artier calcium burden rates. Evidence suggests an inflammatory process associated with coronary plaque instability and rupture resulting in catastrophic cardiac events. The purpose of this analysis was to assess racial/ethnic distributions of cardiovascular inflammatory markers.

Methods: 371 participants were recruited from 11 NorTex member clinics from April 2006 to June 2007. All participants underwent an interview, body measurements, lab analyses, and multi-slice computed tomography of the heart and abdomen. Race/ethnicity was self-reported and fibrinogen, interleukin-6 (IL-6) and cardiac sensitive Creactive protein (hsCRP) were analyzed by Quest

Diagnostics®. Only participants without active infection were used in the analyses, resulting in a final sample of 312. In addition, hsCRP levels greater than 10 was excluded since non-cardiovascular causes may increase levels. ANOVA was used to test for group differences of cardiovascular inflammatory markers and the Scheffe's method of multiple comparisons was used for post-hoc analysis.

Results: Of the 312 participants, 86 were white (27.6%), 117 were African American (37.5%), and 109 were Hispanic (34.9%). The mean fibrinogen level for the study sample was 357.9 mg/dl (SD 79.9 mg/dl), IL-6 was 2.82 pg/dl (SD 5.14 pg/dl), and hsCRP was 2.93 mg/L (SD 2.27 mg/L). African Americans had the highest mean levels for all three cardiovascular serum inflammatory markers compared to both whites and Hispanics. Fibrinogen levels for African Americans, whites, and Hispanics were 371.8 mg/dl (SD 87.51 mg/dl), 337.6 mg/dl (SD 79.1 mg/dl), and 359.3 mg/dl (SD 68.7 mg/dl), respectively (p=0.01, African Americans vs. whites). For IL-6, they were 3.44 pg/dl (SD 7.99 pg/dl), 2.02 pg/dl (SD 1.76 pg/dl), and 2.79 pg/dl (SD 1.97 pg/dl), respectively (p=0.16). Lastly, for hsCRP, they were 3.28 mg/L (SD 2.51 mg/L), 2.70 mg/L (SD 2.26 mg/L), and 2.75 mg/L (SD 1.98 mg/L), respectively (p=0.13).

Conclusions: Our results found racial/ ethnic differences in cardiovascular inflammatory markers warranting further investigation. The North Texas Healthy Heart II study is underway to assess for differences in more sensitive and downstream plaque instability markers. Future studies are needed to assess whether these differences are associated with disparities in cardiovascular mortality so appropriate targeted treatments can be developed.

<u>General Health Status and Adherence to</u> Antiretroviral Therapy

(1) medication adherence, (2) HIV/AIDS, (3) PBRN Roberto Cardarelli, DO, MPH(1) Stephen Weis, DO (2) Elvin Adams, MD, MPH(3) Debbie Radaford, MS, FNP-C (3) Isabel Vecino, MD, MHA (2) Guadalupe Munguia, MD, MPH(2) Katandria Love Johnson, MA MS-CCC SLP/ITA(1) Kimberly Fulda, DrPH (1) Ana Chiapa, MS, MPH(1) (1) Primary Care Research Institute, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas 76107 (2) Department of Internal Medicine, Texas College of Osteopathic Medicine, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas 76107 (3) Preventive Medicine Clinic, Tarrant County Public Health, Fort Worth, Texas 76104

Short Description: This project looked at how general health status affects adherence to antiretroviral medicine for individuals with HIV/AIDS. We found that individual who rated their health as fair or poor were more likely to be non-adherent to their medication.

Purpose: HAART adherence is crucial in lowering mortality associated with HIV/AIDS. General health status has been shown to predict future mortality, but no study has assessed whether it is associated with HAART adherence. The objective of this study was to evaluate the relationship between general health status (GHS) and HAART non-adherence among individuals living with HIV/AIDS while addressing confounding effects of other known factors.

Methods: A sample of 103 Caucasians, African Americans, and Hispanic/Latinos with HIV AIDS were recruited from a preventive medicine clinic at a county health department and member of the North Texas Primary Care Practice-Based Network (NorTex). Subjects underwent an interview using validated psychosocial measures and HAART adherence. Regression analyses assessed the relationship between general health status and HAART adherence while controlling for known confounding factors, including social support, sense of control, depression, perceived stress, HIV stigma, substance abuse, unfair treatment due to race.

Results: Over 70% of the participants were found to be non-adherent to their HAART regimen.

Those rating their general health as fair/poor were 4 times more likely to be non-adherent to HAART (OR, 4.34; 95% CI 1.19-15.79). This association dramatically strengthened in the multiple logistic regression model (OR, 10.96; 95% CI 1.46-82.36) after controlling for age, gender, race/ethnicity, education, unfair treatment due to race, social support, sense of control, stress, HIV stigma, depression symptomatology, and total medications.

Conclusions: General health status was the strongest predictor of HAART non-adherence, and future research is needed to assess whether this 1-question general health measure can be clinically used to improve medication adherence.

N/A

<u>Health Literacy and Adherence to Antiretroviral</u> <u>Therapy</u>

(1) adherence, (2) health literacy, (3) HIV/AIDS Kristen Lopez, BS(1) Roberto Cardarelli, DO, MPH (1) Stephen Weis, DO(2) Elvin Adams, MD, MPH(3) Debbie Radaford, MS, FNP-C(3) Isabel Vecino, MD, MHA(2) Guadalupe Munguia, MD, MPH(2) Katandria Love Johnson, MA MS-CCC SLP/ITA(1) Kimberly Fulda, DrPH(1) Ana Chiapa, MS, MPH(1) (1) Primary Care Research Institute, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas 76107 (2) Department of Internal Medicine, Texas College of Osteopathic Medicine, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas 76107 (3) Preventive Medicine Clinic, Tarrant County Public Health, Fort Worth, Texas 76104

Short Description: This research examined whether or not health literacy was associated with adherence to HAART medication among individuals with HIV/AIDS.

Purpose: A patient's self-reported CD4 count has been shown to be reliable and accurate when compared to medical chart reports thus allowing it to be used as a useful tool to assess one's health literacy. Patients with lower health literacy lack a comprehensive understanding about HIV related concepts. HIV/AIDS patients' health literacy level could play a large role on how adherent one is to Highly Active Antiretroviral Therapy (HAART). This study sought to investigate the association between health literacy and adherence to HAART as determined by accurate self-reported CD4 counts among those with HIV/AIDS.

Methods: Participants over the age of 18, having no current or previous diagnosis of dementia, and that had been taking a form of HAART for at least 3 months were recruited from a preventive medicine clinic at a county health department and member of the North Texas Primary Care Practice-Based Network (NorTex). Participants completed a verbal questionnaire that included various psychosocial and demographic measures. To assess health literacy, the absolute difference was taken from the patient's self-reported CD4 counts and their most recent CD4 lab count. Those with values +/- 50 cells from their most recent lab counts were considered health literate, while patients +/-51 cell counts or more were not considered health literate. Regression analyses assessed the relationship between health literacy and HAART adherence while controlling for age, gender, race, and education.

Results: Of the 125 participants in this study 39 (31.2%) were females, 28 (22.4%) were white, 58 (46.4%) were African or African American, 39 (31.2%) were other, and 50 (40.3%) had greater than a high school diploma. The average age was 42.9 (sd = 8.9) years. Fifty-one (40.8%) met the definition of health literacy, and only 37 (29.65) were adherent to their HAART medication. Health literacy was not associated with HAART adherence in either the crude (OR = 1.17; 95% CI 0.53, 2.56) or adjusted (OR = 0.92; 95% CI, 0.44, 2.48) analyses. Only age and education were significantly associated with HAART adherence.

Conclusions: No significant associations were found between participant health literacy and adherence to HAART. These findings may be due to

the small sample size. Future studies should be conducted with a larger sample size.

N/A

<u>CSHCN Access to a Medical Home: Differences by</u> <u>Income Group</u>

(1) CSHCN, (2) medical home, (3) access to care Kimberly G Fulda, DrPH (1) Kristine Lykens, PhD (2) Sejong Bae, PhD (2) Karan Singh, PhD (2) (1) Primary Care Research Institute (2) School of Public Health University of North Texas Health Science Center, Fort Worth, TX 76107

Short Description: This research examined different risk factors for having access to a medical home for children with special health care needs from different income groups. The risk factors did vary by income.

Purpose: The objective of this research study was to identify factors that affect access to a medical home for children with special health care needs and to identify how these factors vary among different socioeconomic levels.

Methods: Data were obtained from the National Survey of Children with Special Health Care Needs, 2000-2002. Survey data represented parent report responses for 38,866 CSHCN up to 17 years of age. Access to a medical home was derived using an algorithm combining 5 characteristics of a medical home established by the Maternal and Child Health Bureau. The analysis examined the relationships of demographic characteristics, geographical location of household, severity of condition, and social factors on access to a medical home. Multiple logistic regression models were constructed for 4 SES levels defined by FPL: <133%; 133-199%; 200-299%; =300%. Standardized regression coefficients were calculated to compare coefficients among SES strata. Standard errors were adjusted to incorporate sample design characteristics.

Results: Age, severity of condition, race, maternal education, insurance type/status, geographical location of the household, and language of the interview significantly predicted receiving comprehensive, coordinated care in a medical home for CSHCN in the <133% of FPL stratum. Age, severity of condition,

sex, race, relationship of the respondent to the CSHCN, and the number of kids in household significantly predicted receiving care in a medical home for CSHCN in the 133-199% of FPL stratum. Severity of condition, race, insurance type, relationship of the respondent to the CSHCN, and to the number of kids in the household significantly predicted receiving care in a medical home for CSHCN in the 200-299% of FPL stratum. Age, severity of condition, maternal education, insurance type/status, geographical location of the household, and number of adults in the household significantly predicted receiving care in a medical home for CSHCN in the highest stratum.

Conclusions: Results indicate factors affecting CSHCN's access to a medical home differed among the four income groups. Therefore, policies and program design characteristics need to reflect the varying needs of children targeted by income. N/A

<u>Acculturation and Self-Rated Health Among Hispanics-The North Texas Healthy Heart Study</u>

(1) acculturation, (2) self-rated health, (3) Hispanic KL Johnson2, A Chiapa3, M Rodriguez1, J Carroll2, K Cardarelli2, & R Cardarelli3; The North Texas Primary Care Practice-Based Research Network - NorTex; Primary Care Research Institute; The North Texas Healthy Heart Study; University of North Texas Health Science Center at Fort Worth (1Graduate School of Biomedical Sciences; 2School of Public Health; 3Texas College of Osteopathic Medicine)

Short Description: This study investigated the relationship between acculturation and self-rated general health among Hispanic adults.

Purpose: This study investigated whether lower levels of acculturation explained lower levels of self-rated health (SRH) among Hispanic adults.

Methods: Health ratings of 132 male and female Hispanics aged over 44 years were analyzed with logistic regression. Participants underwent a comprehensive interview utilizing a standardized ques-

reported single item health indicator. Health status was ascertained by dichotomizing the question, "In general, would you say your health is: excellent, very good, good, fair, or poor" (Cohen, Kamarck, and Mermelstein, 1983). In addition, physiological measurements and demographic characteristics including age, gender, body mass index (BMI), medical history, and socioeconomic status were also obtained. Univariate and multiple logistic regression were performed and all analyses were tested at the 0.05 level of significance utilizing the SPSS software.

Results: Univariate analyses revealed that acculturation was associated with self-rated health among Hispanics in that for every one point increase in the acculturation score towards Anglicized acculturation, there was a 72% increase in the odds ratio for fair/poor health. When BMI, depression score, social support, sense of control, and diabetes were controlled for, highly acculturated Hispanics were 2.5 times as likely to report fair/poor health.

Conclusions: Future research should promote the use and improvement of acculturation measures that can increase public health's knowledge of its role in Hispanic behaviors, health outcomes and health care use (NIH/NCMHD1-P20-MD001633-010003).

National Institutes of Health (NIH)

<u>Perceived Discrimination and Cervical & Breast</u> Cancer Screening Behavior

(1) Racism, (2) Cervical Cancer, (3) Breast Cancer Vishwam Pandya. Dept. of Family & Community Medicine, UNTHSC, Fort Worth, TX 76107 (2) Dr. Roberto Cardarelli. Dept. of Family & Community Medicine, UNTHSC, FW, TX 76107

Short Description: Women belonging to racial and ethnic minority groups have lower rates of cervical & breast cancer screening and higher rates of cervical & breast cancer mortality. Studies have demonstrated that stressful experiences like racial discrimination may lead to decrease in health sustaining behaviors and an increase in health-damaging behaviors.

Purpose: The purpose of the study was to determine whether experiences of racial discrimination impact cervical & breast cancer screening behavior.

Methods: Cross sectional data were obtained from the 2004 Behavioral Risk Factor Surveillance System which included the 8 states who administered the reactions to race module. We included only those women who identified themselves as non-Hispanic white, non-Hispanic African American, or Hispanic/Latino. In addition, for cervical cancer, respondents were included if they were older than or equal to 18 years and who did not have hysterectomy; similarly for breast cancer, respondents were included if they were older than or equal to 40 years. Respondents were dichotomized as "adequately screened" or "not adequately screened" separately for cervical cancer & breast cancer. Multiple logistic regression models using complex sample techniques were used to analyze data separately for cervical cancer & breast cancer. (N=12,480 & N=12,343 respectively for cervical)and breast cancer)

Results: For both cervical cancer & breast cancer analyses, individuals who reported racism tended to be younger and have no health insurance or personal healthcare provider. Similarly, greater proportion of African Americans and Hispanics reported racism compared to whites in both analyses. Whites who experienced racism were 32% less likely to have adequate breast cancer screening, although this did not hold true for African Americans or Hispanics/Latinos. After adjusting for age, income, health insurance and having a personal healthcare provider, experiencing racism was not associated with adequate breast & cervical cancer screening for any racial/ethnic group.

Conclusions: Experiencing racism was not associated with adequate cervical & breast cancer screening behavior which is consistent with the findings of previous studies. We also found other significant factors which are strongly associated

with adequate cervical & breast cancer screening behavior.

Additionally, there is necessity of investigating compensatory mechanism that enables individuals to overcome stressors like racism and develop health sustaining behavior.

N/A

Prevalence and Characteristics of Adult Probationers with Attention Deficit Hyperactivity Disorder and Bipolar Disorder in the Tarrant County Treatment Alternatives to Incarceration Program

(1) Adult ADHD, (2) Bipolar Disorder, (3) Probation Effinger, William Lantz, MSIV. DO,MS Dual Degree Medical Student Mann, Christopher, DO. Sivernel, Ron, MA, LCDC-AAC, CCRC, MAFC. University of North Texas Health Science Center at Fort Worth Primary Care Research Institute 855 Montgomery, 2nd floor Fort Worth, TX 76107

Short Description: Probationers are criminals that have been arrested and sentenced to community supervision rather than incarcerated (sentenced to jail or prison.) The Tarrant County Treatment Alternatives to Incarceration Program (TAIP) is a jail diversion program that provides screening services for probationers that may have Substance Use Disorders (SUDs) and refers them for treatment if needed. Currently, the TAIP does not routinely screen for other mental illnesses. It is very common to find persons with untreated mental illnesses among people that need treatment for SUDs. These untreated mental illnesses (if left untreated) can negatively affect successful substance abuse treatment program completion rates. This means that the TAIP program may achieve better program completion rates if untreated mental illnesses are screened for and treated along with SUDs. The goal of this study was to document that there is a large number of probationers in the TAIP population that are suffering from untreated mental illnesses. Our study did show us that this is the case and that routine screening for untreated mental illnesses is needed in the TAIP probation population. The results from this study will enable investigators to apply for funding to support developing and.

implementing a routine mental health screening program for treatable but untreated mental illnesses for all probationers in the underserved TAIP population

Purpose: To (a.) examine the prevalence of undiagnosed and untreated adult Attention Deficit Hyperactivity Disorder (adult ADHD) and Bipolar Disorder (BD) in the Tarrant County Treatment Alternatives to Incarceration Program (TAIP) probation population and (b.) to identify personal and demographic characteristics of probationers with adult ADHD and BD. Methods: 145 TAIP probationers were invited to take the 93 question study survey. The survey included the 18 question Adult ADHD Self-Report Scale-Version 1.1 (ASRS-V1.1) to screen for adult ADHD and the 17 question Mood Disorder Questionnaire (MDQ) to screen for BD. Additional questions were included to document personal and demographic characteristics of probationers. Completed surveys from 135 adult probationers were used for data analysis.

Results: Prevalence: 63 of 135 (46.7%) of the TAIP Probationers were adult ADHD or BD positive (screened positive on the ASRS-V1.1 or the MDQ or had a prior diagnosis of adult ADHD or BD). 19 of 135 (14.1%) were adult ADHD positive, 22 of 135 (16.3%) were BD positive and 22 of 135 (16.3%) were both adult ADHD and BD positive. Undiagnosed: 17 of 19 (89.5%) of the adult ADHD positive probationers had no diagnosis of adult ADHD and 21 of 22 (95.5%) of the BD positive probationers had no diagnosis of BD. Of the 22 probationers that were adult ADHD and BD positive 5 of 22 (22.7%) had a diagnosis of both disorders, 1 of 22 (4.5%) had a diagnosis of adult ADHD but not BD, 5 of 22 (22.7%) had a diagnosis of BD but not adult ADHD and 11 of 22 (50.0%) had neither. Untreated: 18 of 19 (94.7%) of the adult ADHD positive probationers were receiving no treatment for ADHD and 20 of 22 (90.9%) of

the BD positive probationers were receiving no treatment for BD. Of the 22 probationers that were adult ADHD and BD positive 2 of 22 (9.1%) were receiving treatment for both, no probationers were receiving treatment for adult ADHD but not for BD, 6 of 22 (27.3%) were receiving treatment for BD but not for adult ADHD and 14 of 22 (63.6%) were receiving no treatment.

Conclusions: This study revealed high prevalence rates of undiagnosed and untreated adult ADHD and BD. We wished to document this to justify developing and implementing a project to perform routine mental health screenings in the TAIP population and in other high-risk probation populations. Screening this underserved population for untreated but treatable mental illnesses is warranted. Novel tools that will enable counselors to accomplish this task need to be developed.

N/A

<u>Effective Recruitment Strategies – The North Texas</u> <u>Healthy Heart Study Story</u>

(1) Research, (2) Recruitment, (3) NorTex Roberto Cardarelli, D.O., M.P.H., F.A.A.F.P.; Director, PCRI Kim Fulda, DrPH; Assistant Director, PCRI Anna Espinoza, M.D.; Sr. Project Coordinator, PCRI Lorna Brooks, Research Coordinator, PCRI UNTHSC at Fort Worth Primary Care Research Institute Fort Worth, TX 76107

Short Description: Successful strategy and recruitment process of PBRN.

Purpose: NorTex enrollment process in recruiting participants for a NIH grant.

Methods: Three (3) methods were used in recruiting participants to the North Texas Healthy Heart Study: passive (flyers), active (personal recruitment at participating clinics), and referrals from physicians and participants.

Results: This project enrooled 371 participants out of 500 contacted individuals from NorTex clinics from April 1, 2006 to June 30, 2007. Phase I of the study recruited 200 participants from 350 contacted individuals in only 18 weeks from April to October 2006.

This success resulted in additional funding that was received in January 2007. Recruitment restarted in February 2007. From February to June 30, 2007, another 171 participants were drafted from 220 contacted individuals.

Conclusions: The data illustrated how effectively and rapidly NorTex recruited participants for a NIH grant.



N. AbdulRahim, R. Cardarelli, DO, W. Effinger, K. Sprawls at RAD 2008

This issue of the Primary Care Research Journal has been written in collaboration with our research partners as well as PCRI/NorTex participating clinicians.

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