

THE INFLUENCE OF HEALTH POLICY ON SMOKING RATES: A NATURAL EXPERIMENT. *A B Araujo, G S Miyasato, D E Levy, J B McKinlay (New England Research Institutes, Watertown, MA 02472)

Cigarette smoking is the leading cause of preventable death in the US. In 2006, Massachusetts mandated a tobacco cessation treatment benefit (pharmacotherapy/counseling) with minimal copay for all MassHealth (MA state Medicaid program) members ≥ 18 years. Prior to this, MassHealth provided no cessation benefit. We assessed the impact of this change on smoking rates in a population-based study. The Boston Area Community Health (BACH) Survey is a longitudinal study of 5503 Boston residents. Assessments were conducted before (2002-05) and after (2006-10) the change in benefits. Subjects were asked about insurance coverage, and MassHealth members during both assessments were the "exposed" group. An independent group of subjects with low socioeconomic status (SES, defined by income and education) observed at both assessments served as the comparison ("non-exposed") group. We examined quit rates and smoking exposure among these two groups. There were 1,029 MassHealth members and 456 subjects with low SES. Baseline smoking prevalence and mean number of years smoking were 39.7% and 17.9 years (MassHealth) and 22.8% and 20.0 years (low SES) ($p < .001$ and $p = .312$, respectively). The quit rate among MassHealth members was 13.6%, which was 7.1% ($p = .869$) higher than the quit rate of 12.7% among low SES subjects. The two groups reduced smoking by a half-pack at similar rates (11.8%, 11.6%). At baseline, MassHealth members smoked an average of 0.71 packs per day, versus low SES subjects who smoked 0.96 packs per day ($p = .044$). At follow-up, MassHealth members smoked 0.70 packs per day compared to 0.90 packs per day among low SES subjects ($p = .397$). Introduction of mandatory insurance coverage for smoking cessation appears to have a minimal short-term impact on quit rates or reduction of exposure. Supported by Award Number U01DK056842 from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) (NIH). Content is solely the responsibility of the authors and does not necessarily represent the official views of NIDDK or NIH.

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FACTORS CONTRIBUTING TO THE UPTAKE OF ROUTINE PEDIATRIC VACCINATIONS AMONG INFANTS. *B A Collisson, S W McDonald, S C Tough (University of Calgary, Calgary, AB, Canada)

Background: Children who are not adequately immunized are at risk of disease specific illness, hospitalization, disability, and death. In a country where preschool immunization strategies are publicly-funded and supported by public awareness campaigns, improving immunization rates constitutes a national priority. This study identifies the factors contributing to the vaccination status of four-month-olds in Calgary, Canada. Methods: Data were analyzed from the All Our Babies Study (2008-2010), a population based prospective birth cohort investigating factors related to maternal mental and physical health and infant outcomes. Participants completed 2 questionnaires during pregnancy and 1 at 4 months postpartum. Results: Of 1175 women, 91.8% had vaccinated their infants, 8.2% had not. Factors significantly associated with vaccinations included mother having a physician ($P = 0.045$), baby having a physician, ($P < 0.001$), baby having received a checkup since leaving the hospital ($P < 0.001$) and maternal consultation of a parenting resource book ($P < 0.001$). Socioeconomic and sociodemographic factors were not associated with vaccination adherence. Conclusions: Maternal use of existing health and wellness services and supports both preceding and during infant vaccination eligibility is significantly associated with uptake of routine pediatric immunizations. These results suggest those who are already engaged with health services and supports are more likely to comply with vaccination guidelines than mothers who are not. Improving immunization rates may require identification of barriers to engagement with primary care services, regardless of family economic profile.

UNMET MENTAL HEALTH CARE NEEDS AMONG WORLD TRADE CENTER DISASTER SURVIVORS. *R M Brackbill, S D Stellman, H P Nair, M Farfel (New York City Dept. of Health and Mental Hygiene, New York, NY 10013)

Post-traumatic stress disorder (PTSD), depression and anxiety are common among persons exposed to the 9/11 World Trade Center (WTC) disaster. It is important to understand factors underlying unmet mental health care needs (UMHC) and barriers to care in this population in order to increase access to mental health care. Methods: We studied 46,602 participants in the WTC Health Registry first follow-up (2006-7) survey, which included questions on perceived lack of care and barriers to needed care, diagnosed conditions in the past 12 months, and a screen for probable PTSD. Logistic regression was used to examine factors associated with UMHC. Results: 18% reported unmet health care need in the past 12m; of these 28% (2418) reported an unmet need for mental health care or counseling whether or not they were receiving mental health services. Those most likely to report UMHC were young adults (18-24 yrs) (adjusted Odds Ratio (aOR) = 5.0, 95% confidence interval (CI) 3.3-7.4), persons with annual household income $< \$25,000$ (aOR = 1.7, 95% CI, 1.4-2.0) and no social support (aOR = 1.9 CI-1.5-2.3). Other risk factors were 14 or more days of poor mental health in the past 30 days (aOR = 3.2, 95% CI, 2.9-3.6) and having probable PTSD or a previously diagnosed mental health condition (aOR = 5.2, 95% CI, 4.6-5.8). No association was found between having any chronic physical condition and UMHC. The two most frequently reported barriers to mental health care were lack of money (51%) and insurance (41%). Conclusion: These findings are highly important to Registry's treatment referral program that employs personalized outreach to encourage enrollees with UMHC to seek care with no out-of-pocket costs at WTC Centers of Excellence.

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USE OF ACADEMIC DETAILING TO INFLUENCE THE PRESCRIPTION PATTERNS OF FAMILY PHYSICIANS IN PRIMARY CARE - A SYSTEMATIC REVIEW. *H Chhina, V Bhole, D Lacaille (Arthritis Research Center of Canada, University of British Columbia, Vancouver, BC, Canada)

Introduction: Academic detailing (AD) or Educational outreach visits (EOV) have been widely used to influence the behaviour of health care professionals. Previous studies suggest that dissemination and uptake of guidelines by interactive techniques like AD is more effective than traditional methods. Objective: To synthesize current knowledge on effectiveness of AD in influencing drug prescription patterns of family physicians (FPs). Methods: A mapped search of MEDLINE, EMBASE, CENTRAL and Web of Science from 1983 to 2010 for epidemiologic studies of AD was conducted. Inclusion criteria were: 1) randomized control trial (RCT) or observational study with a control group; 2) drug prescribing as the targeted behaviour; 3) AD as the intervention; and 4) FPs in a primary care setting as participants. Results: The search strategy resulted in 570 studies, of which 271 were forwarded to abstract review and 24 studies forwarded to full manuscript review. Overall, 11 RCTs and 4 observational studies were included in the final review. 8 out of 11 RCTs and 3 out of 4 observational studies showed a positive effect of AD intervention on drug prescription patterns (i.e. a change in prescription pattern consistent with the treatment recommendation included in the AD). In these studies, the difference in relative change in prescription rate in AD group compared to control group (i.e. AD - control group) varied from 3.29% to 77.89%. Relative change was calculated as $[(\text{post} - \text{pre})/\text{pre}] * 100$ for both AD and control groups. Conclusion: AD is an effective strategy to influence the prescription patterns of FPs in primary care.