



# 3. Quality Improvement Interventions To Address Health Disparities

## Closing the Quality Gap: Revisiting the State of the Science



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Practice

### **3. Quality Improvement Interventions To Address Health Disparities**

#### **Closing the Quality Gap: Revisiting the State of the Science**

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**Contract No. 290-2007-10065**

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**AHRQ Publication No. 12-E009-EF**  
**August 2012**

This report is based on research conducted by the Vanderbilt University Evidence-based Practice Center (EPC) under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. 290-2007-10065). The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. Therefore, no statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.

The information in this report is intended to help health care decisionmakers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of health care services. This report is not intended to be a substitute for the application of clinical judgment. Anyone who makes decisions concerning the provision of clinical care should consider this report in the same way as any medical reference and in conjunction with all other pertinent information, i.e., in the context of available resources and circumstances presented by individual patients.

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None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

**Suggested citation:** McPheeters ML, Kripalani S, Peterson NB, Idowu RT, Jerome RN, Potter SA, Andrews JC. Quality Improvement Interventions To Address Health Disparities. Closing the Quality Gap: Revisiting the State of the Science. Evidence Report No. 208. (Prepared by the Vanderbilt University Evidence-based Practice Center under Contract No. 290-2007-10065.) AHRQ Publication No. 12-E009-EF. Rockville, MD: Agency for Healthcare Research and Quality. August 2012. [www.effectivehealthcare.ahrq.gov/reports/final.cfm](http://www.effectivehealthcare.ahrq.gov/reports/final.cfm).

## Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. The reports and assessments provide organizations with comprehensive, science-based information on common, costly medical conditions, and new health care technologies and strategies. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses when appropriate prior to developing their reports and assessments.

In 2004, AHRQ launched a collection of evidence reports, *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies*, to bring data to bear on quality improvement opportunities. These reports summarized the evidence on quality improvement strategies related to chronic conditions, practice areas, and cross-cutting priorities.

This evidence report is part of a new series, *Closing the Quality Gap: Revisiting the State of the Science*. This series broadens the scope of settings, interventions, and clinical conditions, while continuing the focus on improving the quality of health care through critical assessment of relevant evidence. Targeting multiple audiences and uses, this series assembles evidence about strategies aimed at closing the “quality gap,” the difference between what is expected to work well for patients based on known evidence and what actually happens in day-to-day clinical practice across populations of patients. All readers of these reports may expect a deeper understanding of the nature and extent of selected high-priority quality gaps, as well as the systemic changes and scientific advances necessary to close them.

AHRQ expects that the EPC evidence reports will inform consumers, health plans, other purchasers, providers, and policymakers, as well as the health care system as a whole, by providing important information to help improve health care quality.

We welcome comments on this evidence report or the series as a whole. Comments may be sent by mail to Shilpa Amin, M.D., M.Bsc., FAAFP, at: Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, or by email to [epc@ahrq.hhs.gov](mailto:epc@ahrq.hhs.gov).

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## Acknowledgments

We are indebted to an exceptional group of colleagues who made this report possible. Each step of a systematic review draws on the skills and attention of an entire team. The authors gratefully acknowledge the following individuals for their contributions to this project:

Dr. Adeola Davis and Ms. Rachel Walden were instrumental in completing evidence tables.

Mr. Jeff Seroogy, Ms. Kathy Lee, Ms. Sanura Latham, and Mr. Yichuan Wang assisted with formatting tables and entering data.

Dr. Chandra Osborn and Ms. Kathryn McDonald offered key input and feedback on the protocol and conceptual framework for the report.

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# Quality Improvement Interventions To Address Health Disparities

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### Structured Abstract

**Objective.** This review evaluates the effectiveness of quality improvement (QI) strategies in reducing disparities in health and health care.

**Data Sources.** We identified papers published in English between 1983 and 2011 from the MEDLINE® database, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Web of Science Social Science Index, and PsycINFO.

**Review Methods.** All abstracts and full-text articles were dually reviewed. Studies were eligible if they reported data on effectiveness of QI interventions on processes or health outcomes in the United States such that the impact on a health disparity could be measured. The review focused on the following clinical conditions: breast cancer, colorectal cancer, diabetes, heart failure, hypertension, coronary artery disease, asthma, major depressive disorder, cystic fibrosis, pneumonia, pregnancy, and end-stage renal disease. It assessed health disparities associated with race or ethnicity, socioeconomic status, insurance status, sexual orientation, health literacy/numeracy, and language barrier. We evaluated the risk of bias of individual studies and the overall strength of the body of evidence based on risk of bias, consistency, directness, and precision.

**Results.** Nineteen papers, representing 14 primary research studies, met criteria for inclusion. All but one of the studies incorporated multiple components into their QI approach. Patient education was part of most interventions (12 of 14), although the specific approach differed substantially across the studies. Ten of the studies incorporated self-management; this would include, for example, teaching individuals with diabetes to check their blood sugar regularly. Most (8 of 14) included some sort of provider education, which may have focused on the clinical issue or on raising awareness about disparities affecting the target population. Studies evaluated the effect of these strategies on disparities in the prevention or treatment of breast or colorectal cancer, cardiovascular disease, depression, or diabetes. Overall, QI interventions were not shown to reduce disparities. Most studies have focused on racial or ethnic disparities, with some targeted interventions demonstrating greater effect in racial minorities—specifically, supporting individuals in tracking their blood pressure at home to reduce blood pressure and collaborative care to improve depression care. In one study, the effect of a language-concordant breast cancer screening intervention was helpful in promoting mammography in Spanish-speaking women. For some depression care outcomes, the collaborative care model was more effective in less-educated individuals than in those with more education and in women than in men.

**Conclusions.** The literature on QI interventions generally and their ability to improve health and health care is large. Whether those interventions are effective at reducing disparities remains unclear. This report should not be construed to assess the general effectiveness of QI in the health care setting; rather, QI has not been shown specifically to reduce known disparities in health care or health outcomes. In a few instances, some increased effect is seen in

disadvantaged populations; these studies should be replicated and the interventions studied further as having potential to address disparities.

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# Executive Summary

## Background

Health care disparities are the differences or gaps in care experienced by one population compared with another.<sup>1</sup> Disparities have been noted in health outcomes, including clinical outcomes such as mortality, process measures in the health care system, and disease prevalence. By definition, a disparity in health care quality or health outcomes is not due to differences in the health care needs or preferences of the patient but to other factors.<sup>2</sup> Such differences in health outcomes and their determinants are associated with certain social conditions and demographic attributes.<sup>3,4</sup>

Disparities that occur between identified populations are described by attributes such as race, ethnicity, language, sex, insurance status, socioeconomic status, and health literacy. These attributes and the disparities that may be associated with them are not mutually exclusive, and populations with disproportionately poor health outcomes often share multiple indicators of disparity. Despite what is known about disparities, it is not clear what strategies have the potential to improve the quality of care effectively and to reduce inequities for segments of the population.<sup>2</sup>

Quality improvement (QI) is a multidisciplinary, systems-focused, data-driven method of understanding and improving the efficiency, effectiveness, and reliability of health processes and outcomes of care. The QI process is designed to raise the standards of the delivery of preventive, diagnostic, therapeutic, and rehabilitative measures to maintain, restore, or improve the health outcomes of individuals and populations. Given the potential for QI strategies to improve the quality of care across the population, interest has developed in whether they might be used to reduce specific disparities, potentially by having an amplified effect among disadvantaged groups.<sup>5</sup>

For this report, we defined a QI intervention as a change process in health care systems, services, or suppliers for the purpose of increasing the likelihood of optimal clinical quality of care, measured by positive health outcomes for individuals and populations. An intervention could also be described as a strategy aimed at reducing the quality gap (the difference between health care processes or outcomes observed in practice and those potentially obtainable based on current evidence-based knowledge) for a group of patients representative of those encountered in routine practice.<sup>5</sup>

## Objective

This review evaluates the effectiveness of QI interventions in reducing disparities in health and health care.

## Key Questions

Key Question 1. What evidence is available about the effectiveness of quality improvement strategies to reduce differences in health outcomes associated with selected disparities in patients with key conditions?

Key Question 2. What evidence is available about the harms related to quality improvement strategies to reduce differences in health outcomes associated with selected disparities in patients with key conditions?

## **Analytic Framework**

We developed the analytic framework (shown in Figure 1 of the full report) based on clinical expertise and refined it with input from a Technical Expert Panel (TEP). The analytic framework outlines the review of the available evidence on the effectiveness of QI strategies in the reduction of disparities in health outcomes and other measures of health care delivery for selected conditions and groups.

We explicitly defined eligibility criteria using a PICOTS (population, intervention, comparator, outcome, timing, and setting) structure. Broadly, we sought studies that described a QI intervention and measured potential changes in the inequity of care between patient groups with prespecified clinical conditions.

To measure potential changes in disparity between patient groups, studies had to include a target and referent population (e.g., for income disparity studies, they should include data for low- and high-income groups). We included studies that reported outcomes in terms of health care processes, individual health outcomes, and/or adverse outcomes or harms resulting from a QI intervention.

## **Methods**

### **Input From Stakeholders**

With input from our TEP, we drafted initial Key Questions (KQs), which were reviewed by the Agency for Healthcare Research and Quality. Our TEP also provided input during the project on issues such as setting, inclusion/exclusion criteria, and refining the analytic framework.

### **Literature Search**

We searched the following databases: MEDLINE<sup>®</sup> (PubMed<sup>®</sup> interface), the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Web of Science Social Science Index, and PsycINFO (CSA Illumina interface). The search strategies for each of these databases included terms related to QI, disparity, and prespecified clinical conditions.<sup>6,7</sup>

Each search strategy used a combination of subject headings (i.e., controlled vocabulary) and keywords. (See Appendix A of the full report.) We carried out hand searches of the reference lists of recent systematic reviews related to QI studies and the reference lists of included papers.

### **Paper Selection Process**

We included studies that captured health outcome measures and/or process measures to answer KQ 1. For KQ 2, we sought studies that reported harms (e.g., negative unintended consequences, misallocation of effort, decreased patient satisfaction) of the QI intervention to individual participants. Table A summarizes the inclusion/exclusion criteria.

**Table A. Inclusion and exclusion criteria**

Category	Criteria
Population	<p>Individuals receiving health care in the United States for a prespecified clinical condition:</p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Cancer: <ul style="list-style-type: none"> <li>○ Colorectal cancer (including screening)</li> <li>○ Breast cancer (including screening)</li> </ul> </li> <li>• Cardiovascular disease <ul style="list-style-type: none"> <li>○ Congestive heart failure</li> <li>○ Coronary artery disease (including ischemic heart disease, myocardial infarction, and acute coronary syndrome)</li> <li>○ Hypertension</li> </ul> </li> <li>• Cystic fibrosis</li> <li>• Depression (major depressive disorder only)</li> <li>• Diabetes</li> <li>• End-stage renal disease</li> <li>• Pneumonia (including pneumococcal vaccination)</li> <li>• Pregnancy</li> </ul> <p>Studies had to include data on characteristics known to be associated with health disparities: race or ethnicity, socioeconomic status, insurance status, sex, sexual orientation, health literacy/numeracy, and/or language barrier.</p>
Intervention	<p>QI strategy: (1) a formal broad organizational model or (2) a change process in health care systems, services, or suppliers for the purpose of increasing the likelihood of optimal clinical quality of care.</p>
Comparator	<p>Usual care or use of an alternate strategy.</p>
Outcome(s)	<p>Outcome measures of interest: health outcomes (e.g., morbidity and mortality, indirect health outcomes such as blood pressure and HbA1c); process measures (e.g., proportion of patients treated according to clinical guidelines); changes in disparity; and harms (i.e., any negative impact of the intervention on the individual patients or the health care system).</p>
Time period	<p>1983–present</p>
Setting	<p>Studies were based out of a hospital, provider office, and/or health care clinic.</p>
Other criteria	<ul style="list-style-type: none"> <li>• Admissible designs: randomized controlled trials, including cluster randomized controlled trials; controlled trials, including quasi-randomized trials; controlled before-after studies; prospective and retrospective cohort studies; interrupted time series studies with comparison groups; and stepped-wedge design studies.</li> <li>• Original research studies with sufficient detail to enable use and adjustment of the data and results.</li> <li>• Inclusion of a target group and an internal or external referent group to measure changes in disparities.</li> <li>• A minimum sample size of 50 individuals per study and intervention group or subgroup.</li> <li>• Extractable data on relevant outcomes from text or tables.</li> <li>• English-language publications only.</li> </ul>

In the absence of published information (e.g., minimum effect size, standard error) to inform a power calculation, we derived the minimum sample size from expert opinion.

**Abbreviations:** HbA1c = hemoglobin A1c; QI = quality improvement.

As health care systems, disparities, and groups subject to disparities vary geographically, we limited eligible papers to studies of patients in the U.S. health care system. Consistent with this inclusion criterion, only papers published in English were included. Searches were limited to papers published in 1983 or later, as seminal work regarding QI strategies began to be published in the early 1980s.

All studies were required to include a comparison group that did not receive the QI intervention or that received a different intervention. In addition, they were required to provide data that could be used to measure a disparity before and after the intervention based on one of the population characteristics specified in the protocol (Table A). These data could have included reference to an external referent group, but if so, the data needed to have been collected within 4 years of the enrollment of the target group and be from a source that was at the State or local level. We included randomized controlled trials (RCTs), including cluster randomized controlled trials; controlled trials, including quasi-randomized studies; controlled before-after studies; prospective and retrospective cohort studies; interrupted time series with comparison groups; and stepped-wedge designs.

We considered both formal QI models and QI strategies for the review. We did not include papers describing topics or interventions covered by other reports in the Closing the Quality Gap series (e.g., studies that target public reporting, payment bundling, and medication adherence).

We conducted screening in two phases: abstract and full-text screening. Two reviewers independently reviewed each abstract. All papers with inclusion or exclusion conflicts at the abstract review level or lacking adequate information to make a determination were promoted to full-text review. Two reviewers independently reviewed the full text of papers included at the abstract phase. Disagreements between reviewers at the full-text screening level were resolved by a senior investigator.

## **Data Extraction**

Two reviewers independently extracted relevant data (e.g., setting, condition, patient population, QI strategy, outcomes, and disparity) from all included papers using a predefined evidence table shell. A senior investigator reviewed the evidence tables for accuracy and completeness. The research team met regularly during the data extraction period and discussed global issues related to the process. The final evidence table is presented in Appendix I of the full report. When possible to identify, analyses resulting from the same study were grouped together.

## **Quality Assessment**

We assessed the quality of individual studies using specific tools for each type of study. For RCTs, we used the Cochrane Collaboration Risk of Bias tool,<sup>8</sup> which evaluates domains that include sequence generation, allocation concealment, blinding, outcome data reporting, and reporting bias.

For observational studies, we used the Newcastle-Ottawa scale<sup>9</sup> to assess three broad perspectives: (1) the selection of the study groups, (2) the comparability of the groups, and (3) the ascertainment of either the exposure for case-control studies or the outcome of interest for cohort studies.

We rated individual studies as good, fair, or poor quality. Several of the included papers reported data from a post hoc or secondary analysis of a previously completed RCT. Because the balance between groups achieved by randomization does not reliably extend to subgroups, we modified the risk of bias/quality assessment on a case-by-case basis, considering the methods of the individual paper and parent study methods when appropriate.

## Data Synthesis

Meta-analysis was not appropriate in this review due to the heterogeneity of the studies in population, clinical condition, disparity target, and outcome; therefore, all analysis is narrative and based on the evidence and summary tables. Studies are summarized in categories of clinical conditions, and where possible, by type of outcome studied (e.g., clinical or process).

## Results

### Literature Search Yield

Searches identified 4,278 titles and abstracts for screening. From this broad screening, 791 papers were identified as possibly related to our review and moved forward for full-text review. Nineteen papers met criteria; they represented 14 studies of cancer, cardiovascular disease, depression, and diabetes. All 14 studies included in the review addressed KQ 1, and none addressed KQ 2 (harms of interventions).

Of the 14 studies represented in the 19 included papers, 11 were RCTs,<sup>10-21</sup> including 2 cluster RCTs.<sup>10,11,22-25</sup> The remaining studies were cohort studies, including one prospective cohort study,<sup>26</sup> one retrospective cohort study,<sup>27</sup> and one cohort study with a historical control.<sup>28</sup>

Included papers targeted or described disparities associated with differences in race or ethnicity (n = 14),<sup>10-12,16,17,19-21,23,24,26-29</sup> socioeconomic status (n = 3),<sup>13,19,27</sup> insurance status (n = 2),<sup>14,21</sup> language (n = 2),<sup>15,21</sup> health literacy (n = 1),<sup>18</sup> and sex (n = 1).<sup>25</sup>

Outcomes included health care processes and health outcomes. All but one of the studies incorporated multiple components into their QI approach. Patient education was a part of most interventions (12 of 14), although the specific approach differed substantially across the studies. Ten of the studies incorporated self-management—for example, teaching individuals with diabetes to check their blood sugar regularly. Most (8 of 14) included some sort of provider education, which may have focused on the clinical issue or on raising awareness about disparities affecting the target population. Nonetheless, given the degree to which the interventions all included multiple components that were implemented as a system, it is not possible to tease apart the effects or implications of individual aspects.

We organize the results in two ways. First, the results are summarized by effect on particular disparities, which is the primary focus of the review; second, descriptions of the studies are organized by clinical condition as a reference for end users interested in implementing QI approaches in individual clinics or clinical specialties.

### Effects by Type of Disparity

Eleven studies provided data on the effects of QI interventions on racial or ethnic disparities in health care (Table B). Among interventions to reduce racial or ethnic disparities, one disease management and patient education program<sup>27</sup> was associated with a reduction in disparity between Black and White patients in HbA1c (hemoglobin A1c) testing when it was targeted in a geographic area with very high rates of diabetes. This study reported significant improvement among Black participants compared with no improvement among White participants, thus narrowing the gap. Other interventions did not demonstrate a significant reduction in disparity but demonstrated an amplified effect in the nonwhite populations. They included an additional patient education program for reduction in blood pressures<sup>16</sup> and a complex collaborative care model aimed at providers of patients with depression.<sup>10,23,24,29</sup> In the latter study, the intervention

was more effective in the short term among minorities than among Whites, although the interaction was no longer significant after 1 year and the intervention was not effective overall at 5 and 9 years.

**Table B. Summary of effects on disparities in health outcomes associated with race or ethnicity**

Author, Year, Study Design, Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Arean et al., 2005 <sup>12</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in depression severity existed by race or income at baseline.</li> <li>• The intervention was effective in all racial subgroups, with no interaction by race and no amplified effect in any group.</li> <li>• In subgroup analysis, the intervention was associated with greater use of psychotherapy but not pharmacotherapy within the Black population.</li> </ul>
Bao et al., 2011 <sup>19</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Provider reminder system</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline within the usual-care group, 22% of minorities had adequate antidepressant use, compared with 39% of Whites.</li> <li>• The intervention had no effect on this disparity, and ethnic minorities did not receive greater benefit from intervention compared with Whites during any time period.</li> </ul>
Bosworth et al., 2011 <sup>16</sup> RCT Cardiovascular disease: hypertension	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> </ul>	<ul style="list-style-type: none"> <li>• The race by time by treatment group effect model suggested differential intervention effects on BP over time for Whites vs. nonwhites for both SBP (<math>p = 0.08</math>) and DBP (<math>p = 0.01</math>).</li> <li>• Compared with usual care, the combination of home BP monitoring and tailored behavioral intervention continued to be effective in nonwhite participants at 24 months (<math>p = 0.04</math>).</li> </ul>
Coberley et al., 2007 <sup>27</sup> Retrospective cohort Diabetes	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Organizational change (disease management)</li> </ul>	<ul style="list-style-type: none"> <li>• Initial racial disparity in HbA1c testing between the diabetes HDZ group (higher than expected prevalence of diabetes) and non-HDZ group was 12%.</li> <li>• Disparity was not significantly reduced after 12 months (<math>p = 0.06</math>).</li> <li>• Within the HDZ zone, testing increased by 15% among Black participants but not among White participants, resulting in a reduction in disparity in this subgroup analysis.</li> </ul>

**Table B. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Connett and Stamler, 1984 <sup>17</sup> RCT Cardiovascular disease: coronary artery disease and hypertension	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, Black participants had higher rates of smoking than White participants (68.7% vs. 63%; <math>p &lt; .001</math>).</li> <li>• Both racial groups experienced significant reductions in smoking, close to 50% in the intervention group and more than 35% in the usual-care group.</li> <li>• The baseline disparity persisted in the intervention group but was apparently reduced in the usual-care group.</li> <li>• A statistically significant but clinically insignificant disparity in DBP and SBP by race was present at baseline.</li> <li>• Blood pressures were reduced in both the intervention and control groups, with greater change observed in the intervention group.</li> <li>• The small disparity observed at baseline was further reduced at followup in the intervention group but not the control group.</li> </ul>
Lasser et al., 2011 <sup>21</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates existed at baseline by race or ethnicity.</li> <li>• The intervention was more effective in White and Black individuals relative to those of other or unknown race.</li> </ul>
Mahotiere et al., 2006 <sup>26</sup> Prospective cohort Diabetes	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Other (community intervention)</li> </ul>	<ul style="list-style-type: none"> <li>• The disparity in biennial lipid profile testing at baseline was 19%.</li> <li>• The biennial lipid profile testing rate improved by 26.2% in African-American fee-for-service Medicare beneficiaries with diabetes in the intervention areas following implementation of the QI program.</li> <li>• The disparity in performance of biennial lipid profile between African-American and White Medicare fee-for-service beneficiaries was reduced to 9.2% following implementation of the QI program.</li> <li>• An analysis of the direct impact of the selected interventions on reducing the disparity in this uncontrolled database analysis was not feasible.</li> </ul>

**Table B. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Miranda et al., 2003; <sup>10</sup> Miranda et al., 2004; <sup>29</sup> Wells et al., 2007; <sup>23</sup> Wells et al., 2004 <sup>24</sup> Cluster RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• The intervention was associated with decreases in probable depressive disorder among minorities but not White patients at 12 months (Latino, <math>p = 0.02</math>; African-American, <math>p = 0.01</math>).</li> <li>• At 12 months, among intervention recipients, the baseline disparity had increased from 6.7% to 7.7% between Latino and White patients and decreased from 9.2% to 6.7% between African-American and White patients.</li> <li>• Although a statistically significant interaction was seen between intervention and ethnicity at 6 months when minorities were grouped and contrasted with White patients, no such interaction persisted at 12 months.</li> <li>• The overall effect of the intervention on depression status was not significant at 5 and 9 years, but an interaction with race was seen in the overall model of effectiveness. The intervention was associated with improvements in the Mental Health Inventory among minorities (<math>p = 0.008</math>) but not among White patients (<math>p = 0.59</math>).</li> <li>• In subanalysis at 5 years, QI–Therapy but not QI–Meds was effective within the minority population.</li> </ul>
Olomu et al., 2010 <sup>28</sup> Retrospective cohort (historic controls) Cardiovascular disease: coronary artery disease	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (guideline adherence)</li> </ul>	<ul style="list-style-type: none"> <li>• The American College of Cardiology’s Acute Myocardial Infarction Guidelines Applied in Practice strategy was associated with increased inpatient use of beta-blockers among nonwhite patients.</li> <li>• Racial disparities in the use of cardiac catheterization and percutaneous coronary intervention appeared after implementation of the GAP QI strategy despite overall improvements in care.</li> <li>• The admission tool and inpatient aspirin were more often used post-GAP vs. pre-GAP in both White and nonwhite patients.</li> </ul>
Sequist et al., 2010 <sup>11</sup> Cluster RCT Diabetes	<ul style="list-style-type: none"> <li>• Provider education</li> <li>• Audit and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Disparities between Black and White patients were present at baseline in HbA1c levels, BP control, and LDL level.</li> <li>• The intervention showed no effect overall in either racial group.</li> <li>• The intervention did not reduce the disparity.</li> </ul>
Siddiqui et al., 2011 <sup>20</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates existed at baseline by race or ethnicity.</li> <li>• No statistically significant difference in screening rates existed between Whites and African-Americans in the control group.</li> <li>• When intervention groups were combined, the screening rate was significantly higher in Whites than African-Americans.</li> </ul>

**Abbreviations:** BP = blood pressure; CRC = colorectal cancer; DBP = diastolic blood pressure; GAP = American College of Cardiology’s Acute Myocardial Infarction Guidelines Applied in Practice; HbA1c = hemoglobin A1c; HDZ = health disparity zone; LDL = low-density lipoprotein; QI = quality improvement; RCT = randomized controlled trial; SBP = systolic blood pressure.

Two studies examined a difference in outcomes associated with insurance status (Table C). In both studies, the intervention was equally successful at increasing cancer screening in publicly and privately insured participants. In the first study, a patient reminder system for breast cancer screening improved mammography rates in all women. In the second study, language-concordant assistance by a patient navigator who promoted self-management strategies, patient education, and reminders were associated with significantly increased colorectal cancer screening among both privately insured and publicly insured participants compared with usual care but was more effective in the privately insured group.

**Table C. Summary of effects on disparities in health outcomes associated with insurance status**

Author, Year, Study Design, Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Barr et al., 2001 <sup>14</sup> RCT Cancer: breast cancer screening	<ul style="list-style-type: none"> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in mammography screening rates was observed at baseline.</li> <li>• The intervention was successful in both groups.</li> <li>• Reminder interventions improved the likelihood of screening mammography in both commercially insured women (p = 0.001) and women covered by Medicare (p = 0.01), with no difference in improvement between groups.</li> </ul>
Lasser et al., 2011 <sup>21</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates was measured at baseline by race or ethnicity.</li> <li>• The intervention increased screening rates in both the private and public insurance groups compared with individuals in the usual-care group.</li> <li>• The intervention was associated with a better screening rate for the privately insured group than the publicly insured group.</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial.

Two studies examined the effects of QI strategies on disparities associated with language (Table D). Both of them studied language concordance, in which strategies are provided in the native or preferred language of the participant (e.g., in Spanish for native Spanish speakers). One study examined the degree to which a language-concordant patient education strategy was associated with increased cancer screening (breast and colorectal) among English- and Spanish-speaking patients. For breast cancer screening, Spanish speakers were more likely to be up to date at baseline than English speakers (odds ratio [OR], 1.46; 95% confidence interval [CI]: 1.16 to 1.84). The intervention was associated with increased rates of screening overall, with subgroup analysis indicating a greater effect in the Spanish-speaking group (OR, 1.85; 95% CI: 1.38 to 2.47) than the English-speaking group (OR, 1.18; 95% CI: 0.82 to 1.71). However, the overall multivariate analysis failed to confirm these results, and providing the intervention in Spanish to Spanish speakers did not make it any more effective in this group. For colorectal screening, there was no difference in up-to-date status at baseline, the intervention was again effective overall, and there was no language-by-intervention effect.

A second study included language-concordant assistance by a patient navigator promoting self-management strategies, and providing patient education and reminders to facilitate adherence to colorectal cancer screening for individuals speaking English as their primary language and individuals speaking a language other than English. The patient navigator intervention was associated with increased colorectal cancer screening among individuals whose

primary language was not English (28.9 percent vs. 18.9 percent;  $p = 0.04$ ) but not among patients whose primary language was English (26.8 percent vs. 21.4 percent;  $p = 0.35$ ).<sup>21</sup> These studies combined may suggest that targeted language-concordant interventions could warrant further examination, with results suggesting a significantly different effect for non-English speakers and English speakers in one study, and a clinically but not statistically different effect in the other.

**Table D. Summary of effects on disparities in health outcomes associated with language barrier**

Author, Year, Study Design, Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Beach et al., 2007 <sup>15</sup> RCT Cancer: CRC and breast cancer screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, Spanish speakers were more likely to be up to date on breast cancer screening.</li> <li>• The intervention was effective at increasing rates of breast cancer screening overall, with greater effect among Spanish speakers.</li> <li>• The difference between observed effects for breast cancer screening in the two language groups was not significant.</li> <li>• No disparity in CRC screening rate was observed at baseline.</li> <li>• The intervention was associated with increases in CRC screening in both groups, with neither group having a greater effect of the intervention.</li> <li>• Although there was no evidence that the intervention might reduce known disparities, the intervention was effective at increasing CRC screening for both groups.</li> </ul>
Lasser et al., 2011 <sup>21</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC was measured at baseline.</li> <li>• English-speaking participants had a similar incidence of CRC screening during 1 year of followup in the intervention group as compared with usual care.</li> <li>• Intervention was particularly beneficial for non-English-language participants.</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial.

In one study focused on improving provider-patient communication in Department of Veterans Affairs clinics, colorectal cancer screening increased among individuals with limited health literacy (55.7 percent vs. 30 percent) but not among individuals with adequate health literacy (39 percent vs. 36 percent) in the 20-percent subsample that underwent literacy assessment (Table E). The intervention itself included a workshop and feedback sessions for providers and educational materials for patients that included a video.

**Table E. Summary of effects on disparities in health outcomes associated with health literacy**

Author, Year, Study Design, Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Ferreira et al., 2005 <sup>18</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Audit and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with limited health literacy were significantly more likely to be screened for CRC when treated at the VA clinic implementing the QI strategy compared with patients treated at the usual-care clinic (55.7% vs. 30.0%; <math>p = 0.002</math>).</li> <li>• Patients with adequate health literacy were equally likely to pursue CRC screening when treated at the VA clinic implementing the QI strategy compared with patients treated at the usual-care clinic (39.0% vs. 36.0%; <math>p = 0.65</math>).</li> <li>• Although the effect of the intervention on disparity was not measured directly, the intervention improved the incidence of up-to-date CRC screening among those with limited health literacy but not among those with higher health literacy, suggesting that it might be a useful tool for reducing literacy-related disparity.</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial; VA = Veterans Affairs.

In the two studies that assessed differences in effect by socioeconomic status, no effect was seen by income, but individuals with less education experienced greater benefits of collaborative care for depression than did those with higher education (Table F).

**Table F. Summary of effects on disparities in health outcomes associated with socioeconomic status**

Author, Year, Study Design, Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Arean et al., 2007 <sup>13</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• Both low-income populations and those with high/middle income experienced a very small benefit from the collaborative care intervention: fewer depression symptoms (adjusted OR, -0.41; 95% CI: -0.49 to -0.33 for high/middle income; adjusted OR, -0.39; 95% CI: -0.5 to -0.27 for low income; comparator: usual care). However, no disparities in depressive symptoms had existed at baseline.</li> </ul>
Bao et al., 2011 <sup>19</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Provider reminder system</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in depressive symptoms was present at baseline.</li> <li>• At 24 months, participants with no college education had a greater reduction in depression than participants with college education.</li> </ul>

**Abbreviations:** CI = confidence interval; OR = odds ratio; QI = quality improvement; RCT = randomized controlled trial.

Finally, one analysis examined the degree to which a collaborative care model for depression could reduce known disparities by sex in accessing care and in outcomes (Table G). At baseline, women were more likely to have current single or double depression (62 percent) than men (53 percent) and had more symptoms of depression and lower mental health–related quality of life. Women had higher rates of appropriate depression care compared with men at 2 years ( $p = 0.0001$ ). A medication-focused intervention and a therapy-focused intervention decreased a

disparity gap between men and women in probable unmet need from 10 percent to 1 percent (QI–Meds) and 3 percent (QI–Therapy) at 24 months.

**Table G. Summary of effects on disparities in health outcomes associated with sex**

Author, Year, Study Design, Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Sherbourne et al., 2004 <sup>25</sup> Cluster RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, women were more likely to have depression (62%) than men (53%) and had more depression symptoms and lower mental health–related quality of life.</li> <li>• Women had higher rates of appropriate depression care compared with men at 2 years (<math>p = 0.0001</math>).</li> <li>• QI–Meds and QI–Therapy decreased “probable unmet need” disparity gap between men and women from 10% to 1% (QI–Meds) and 3% (QI–Therapy) at 24 months.</li> </ul>

**Abbreviations:** QI = quality improvement; RCT = randomized controlled trial.

## Studies by Clinical Condition

### Cancer

Five RCTs with subgroup analyses explored the effects of various QI strategies on health care disparities in cancer screening, including one examining breast cancer screening,<sup>14</sup> three assessing screening for colorectal cancer,<sup>18,20,21</sup> and one assessing both breast and colorectal cancer screening.<sup>15</sup> Disparities that served as the focus of these analyses included race or ethnicity,<sup>20,21</sup> insurance status,<sup>14,21</sup> health literacy,<sup>18</sup> and language.<sup>15,21</sup>

The QI strategies included provision of mail or telephone reminders to patients,<sup>14</sup> education and feedback for clinicians,<sup>18</sup> and language-concordant telephone support calls from prevention care managers to patients.<sup>15</sup> All five RCTs took place in the United States, with study settings including a large academic medical center,<sup>20</sup> a primary care research network,<sup>21</sup> 1 large group-model health maintenance organization (HMO),<sup>14</sup> 2 Department of Veterans Affairs (VA) clinics,<sup>18</sup> and 11 community health centers.<sup>15</sup>

All studies employed an internal usual-care comparison group. Compared with usual care, a language-concordant intervention<sup>15</sup> was more effective in increasing breast cancer screening among Spanish-speaking women than English-speaking women, but the observed difference between the two groups (English and Spanish speaking) was not significant. The language-concordant intervention did not have a similar effect on colorectal cancer screening.<sup>15</sup> Compared with usual care, a strategy targeting health literacy facilitated colorectal cancer screening among those with limited health literacy more effectively than among those with high health literacy.<sup>18</sup> A reminder intervention for breast cancer screening had no differential effect on mammography disparities by insurance status.<sup>14</sup>

### Cardiovascular Disease

One post hoc analysis of an RCT<sup>17</sup> and one retrospective cohort study<sup>28</sup> explored the effects of various QI strategies on racial health care disparities in coronary artery disease (CAD). The RCT addressed reduction of CAD risk factors,<sup>17</sup> while the retrospective cohort examined management of acute myocardial infarction (AMI).<sup>28</sup> QI strategies included patient education

and facilitation of self-management,<sup>17</sup> and a multifactorial provider- and systems-focused strategy.<sup>28</sup> Both studies were collaborations of academic and community health centers.<sup>17,28</sup> The studies each employed an internal usual-care comparison group.

One study of cardiovascular risk factor modification showed no meaningful reduction in health disparities seen in smoking rates, although both Black and White participants had substantially lower rates of smoking after intervention.<sup>17</sup> In the other study, intervention in AMI treatment reduced disparities in one aspect of treatment, which exacerbated disparities in other areas, including use of the discharge tool and cardiac catheterization rates.<sup>28</sup> The strength of evidence was insufficient.

Two post hoc analyses of RCTs explored the effects of various QI strategies on racial health care disparities in hypertension.<sup>16,17</sup> The RCTs addressed management of hypertension<sup>16</sup> and reduction of CAD risk factors, including hypertension.<sup>17</sup> QI strategies were patient education<sup>16</sup> and facilitation of self-management.<sup>16,17</sup> The studies took place in university clinics<sup>16</sup> and multicenter collaborations of academic and community health centers.<sup>17</sup> The studies each employed an internal usual-care comparison group.

One study had no significant intervention effect on a clinically insignificant disparity in blood pressure measures present at baseline after patient education and promotion of self-management.<sup>17</sup> In the second study, a home-based self-management strategy, including home blood pressure monitoring and tailored self-management strategies, was more effective in the Black population than in the White population, although the study design precludes determination of a clear causal effect from the intervention.<sup>16</sup>

## Depression

Three studies evaluated the effect of QI interventions on disparities in depression outcomes. Racial disparities were of interest in all three, but interim analyses were also performed based on sex,<sup>25</sup> income,<sup>13</sup> and educational status.<sup>19</sup> All three studies used a collaborative care model, which involved collaboration among multiple clinical providers to provide a coordinated set of interventions. The model in all three studies generally included a dedicated mental health coordinator (nurse or case manager); creation of mental health teams (composed of primary provider, facility nurses, and psychiatrists); evidence-based pharmacotherapy and psychotherapy; extensive provider education; and longitudinal patient followup to evaluate clinical status and adherence. Each intervention was designed to address known barriers to the receipt of quality mental health care. All three studies were prospective RCTs, with randomization occurring at the practice level and referring to training provided to the providers. However, individual providers and patients retained the ability to select the treatment provided to the individual patient. All three trials took place in the United States.

The collaborative care models described in this report were all associated with improvements in mental health outcomes, including depression scores, severity, and functioning, but none specifically demonstrated a reduction in disparity caused by the intervention. In part, this was because few disparities were measurable at baseline. The studies showed that there was no significant difference in the effect in groups defined by income, race, or education. Nonetheless, there were some notable differences in effectiveness that might inform future research. For example, one study demonstrated a greater effect on clinical outcomes in the less educated group,<sup>19</sup> and the effect of a second intervention was amplified in minorities on some measures.<sup>23</sup> Although no change in disparity was associated with the interventions, improvements occurred across the board, and no harms were reported in any of the studies.

## Diabetes

Three good-quality studies assessed the effect of QI interventions on disparities in diabetes outcomes. One was an RCT,<sup>11</sup> one was a prospective cohort study,<sup>26</sup> and one was a retrospective cohort study.<sup>27</sup> All of these studies reported on surrogate clinical outcomes, clinical risk factors for diabetes comorbidities, and process measures. In two of three studies, disparities were reduced in one or more outcomes for at least one subgroup, but the study designs were such that the reduction could not be shown to be caused by the intervention.<sup>26,27</sup> In one study of a patient reminder system, racial disparities were reduced when HbA1c testing increased substantially among Black participants relative to no change among White participants. In a broad systems-level program in New York State, a disparity of 19 percent in biennial lipid testing between Black and White Medicare recipients was reduced to 9.2 percent after intervention of a QI program.

## Discussion

We identified individual studies that suggest benefits in particular subgroups known to suffer from disparities in health and health care, but evidence is unavailable to guide QI efforts specifically to reduce disparities. Although there is limited evidence available, several strategies are worthy of future study and possibly wider implementation. These strategies include the collaborative care model and targeted patient education, including language and literacy concordance. Data are insufficient to support universal implementation of these strategies, but the strategies may be suitable for implementation if an appropriate plan is in place to monitor their effectiveness and potential adverse effects.

Most studies have focused on racial or ethnic disparities. Some targeted interventions have demonstrated greater effect in racial minorities: specifically, supporting individuals in tracking their blood pressure at home to reduce blood pressure and collaborative care to improve depression care. Language concordance was evaluated in only one study, but a language-concordant breast cancer screening intervention was helpful in promoting mammography in Spanish-speaking women. The collaborative care model in depression was more effective in less educated individuals than in those with more education, and was more effective in women than in men for some depression care outcomes. None of the evidence is adequate to be confirmatory, but these studies suggest areas for future evaluation and targeted approaches.

Despite positive results seen in specific studies on specific clinical outcomes in some or all study populations, the strength of the evidence for QI interventions reviewed in this report *to affect disparities* is insufficient. Although adequate evidence exists from other sources to suggest the benefit of QI interventions in improving outcomes for a clinical population, the degree to which these interventions might be used to close an existing disparity gap has not been clearly demonstrated.

Our assessment is consistent with at least one prior review (from 2006),<sup>30</sup> and despite a larger body of literature on QI today and the presence of research demonstrating the effectiveness of QI interventions across populations, evidence for the effects of QI interventions on gaps in care related to disparities remains limited. Few studies focus specifically on reducing gaps in the availability, accessibility, and quality of health care between any two populations. Authors of studies in this review have attempted to address the question by conducting post hoc analyses of RCTs intended to study the effectiveness of QI interventions; however, in doing so, they have broken what randomization existed and have been unable to make the comparison necessary to tie observed improvements to the QI intervention conclusively.

One of the challenges in conducting a systematic review of the degree to which QI interventions can address disparities is the substantial breadth and heterogeneity of clinical conditions of interest, populations with the clinical conditions, QI intervention strategies, comparators, important clinical outcomes, surrogate outcomes, and disparities of interest. Compounding this heterogeneity are challenges to indexing QI strategies in the medical literature databases. For example, the subject term “Quality Improvement” was added to the National Library of Medicine’s Medical Subject Heading Database (MeSH) only in 2011; before this time, myriad subject terms were used to index the various strategies described by authors of the QI literature, understandably leading to tremendous variability in how similar studies are categorized in the database. This partially reflects a lack of consistency about what constitutes a QI intervention; information on QI interventions available in the literature is often not clearly identified as such, and interventions may be multifaceted and thus difficult to evaluate or compare with other interventions. Many studies identified in the literature as including QI interventions also include non-QI interventions, such as broader public health initiatives; thus, the potential impact of the QI intervention may be masked or difficult to isolate.

Further challenges to studying changes in disparities are the poor documentation of disparities and the fact that many individuals experience multiple and overlapping disparities. Many of the studies we found that might have been able to empirically assess a disparity change were unable to demonstrate any existing disparity at baseline. Future studies will require much broader populations that include enough individuals from diverse backgrounds to capture and assess disparities over time empirically.

## **Applicability**

Although we reviewed fairly large studies conducted in diverse areas of the United States, all of the studies had substantial gaps in applicability to one or more populations of patients likely to present with the condition under study. Therefore, health systems or clinicians wishing to replicate any of these interventions should carefully assess whether the interventions apply or must be modified to suit their particular patient population, clinical setting, and available resources.

The overall insufficient strength of evidence suggests that decisions about whether to replicate interventions in this study and under what circumstances they should be replicated must be made without confidence in the degree to which disparities might be narrowed. By far the largest proportion of the literature focused on the ability of QI interventions to reduce racial disparities, with some suggestions that targeted programs could have some greater effects among racial minorities in both diabetes<sup>27</sup> and hypertension.<sup>16</sup> Far less information is available about QI interventions targeting other disparities, and the degree to which available evidence is applicable to other clinical conditions, other disparities, and other interventions is an area of potentially rich research. Health systems and individuals wishing to apply QI strategies are likely to be concerned about their applicability within clinical conditions, given the structure of the health system. Therefore, we summarize applicability by clinical focus below.

## **Cancer**

Studies included patients cared for at community clinics in New York City, men treated at two VA clinics in Chicago, and women enrolled in a large group-model HMO in the northeastern United States. These settings were appropriate for cancer screening interventions, as the bulk of

cancer screening recommendations focus on the clinic setting. However, it is uncertain how well the results of these studies can be generalized to other populations or settings.

The tested interventions varied substantially, ranging from patient reminders to provider education with audit and feedback. These interventions could be replicated, although they generally required significant organizational resources to develop and implement and may not be feasible in other settings. Barriers to care may also differ in other settings, and the interventions likely would need to be adapted to the needs of the target population. In each study, usual care served as the comparator, and this too may differ in other practice settings. Thus, the marginal benefit of each intervention likely would be different in different settings.

Study outcomes consisted only of short-term process measures (i.e., receipt of cancer screening during followup). No long-term outcomes or clinical outcomes, such as diagnosis of malignancies, were reported. Thus the long-term clinical impact of such interventions is unclear.

## **Cardiovascular Disease**

Studies of CAD risk factor control included men with CAD risk factors at clinical centers in 18 U.S. cities and patients with hypertension cared for at two university-affiliated clinics in North Carolina. A study involving AMI treatment included patients hospitalized at academic and community hospitals in Michigan. The study involving men only has limited applicability to women, as patterns of CAD risk factors differ by sex. Moreover, its enrollment occurred between 1973 and 1975, limiting applicability to present-day practice. Of the other two studies, one's results are applicable to patients in academic primary care practices, and the other's results are applicable to academic or community hospitals.

The interventions for CAD risk factor control included intensive patient education and self-management, along with medication titration in one study. The intervention for AMI treatment involved provider education, practice feedback, and implementation of a toolkit. These all required significant institutional resources, and the CAD risk factor interventions in particular may not be feasible in routine clinical practice. The AMI treatment initiative, although requiring institutional commitment, has already been disseminated extensively around the United States as a professional society initiative (American College of Cardiology Guidelines Applied in Practice); thus, its replication is confirmed to be feasible. In each of these studies, usual care served as the comparator. As this varies across practice settings, the effect of the interventions may differ in other environments.

For studies of cardiovascular risk factor control, outcomes consisted of intermediate clinical variables (hypertension, cholesterol, smoking, weight). Outcome assessment in the AMI treatment study was extensive but focused on measures of process and proximal utilization (e.g., prescription of evidence-based medications, use of cardiac catheterization).

## **Depression**

Two of the three studies focused on elderly patients in primary care. One included a range of ages in adulthood. All included both men and women and were racially diverse. Nonetheless, these patient groups may represent a small proportion of the individuals who struggle with depression because of the limited range of health care settings represented in these studies. It is unclear whether the observed results apply to patient populations who receive their primary and mental health care outside of a managed care system or to individuals who do not receive regular medical care. Additionally, given the settings in which the studies took place, they also may not apply to vulnerable populations receiving care through public health systems.

The interventions were all intensive in terms of demand on resources and required strong communication between care providers. In one study, enrolled practices committed to an intervention cost-sharing arrangement, with the understanding that the long-term implementation would fall on the organization of practice itself. The degree to which this is likely to be feasible is unclear.

All of the studies compared the intervention with usual care, although usual care was not ever completely described and therefore would be expected to vary.

Generally speaking, outcome measures were appropriate and reflected those that would and could be used in practice. They included changes in depressive symptoms, incidence of probably depressive disorder, mental health–related quality of life, functional impairment, and receipt of appropriate depression care.

All of the studies were conducted in primary care practices associated with larger health care organizations. It is unclear whether results would apply to other settings, including individual practices without the resources of a larger organization or assisted living facilities (pertinent because of the focus on the elderly population).

## **Diabetes**

Studies included people cared for by primary care clinicians in ambulatory health centers in eastern Massachusetts, diabetes disease management program members living in socioeconomically disparate areas throughout the United States, and Medicare patients in New York State. The results may or may not be applicable to other populations in other regions.

Interventions evaluated included cultural competency training for clinicians and race-stratified performance reports with recommendations for Black patients with diabetes, patient telephone reminders in health disparity zones (defined as areas with diabetes prevalence above the national average for minorities), and Medicare New York State Quality Improvement Organization (IPRO) multifaceted provider and community interventions. The interventions may not be available in other regions and settings, since they required significant programmatic and implementation resources. The usual-care comparators described in these studies may not be applicable to other settings and regions.

Studies reported surrogate clinical outcomes (i.e., HbA1c control), clinical risk factors for diabetes comorbidities (i.e., blood pressure and lipid control), and process measures (i.e., HbA1c and low-density lipoprotein measurements). Duration of studies was generally 1 year. No studies reported any critically important clinical outcomes of diabetes, such as death or microvascular and/or macrovascular complications. Results from surrogate outcomes may not apply to important long-term clinical outcomes in people with diabetes.

Studies were conducted in ambulatory health centers in eastern Massachusetts, in diabetes disease management programs across the United States, and in New York State. As much diabetes care is delivered in primary care ambulatory settings, the evidence would be applicable. However, specialty clinic settings were not reported and the evidence may not apply to them.

## **Conclusions**

The literature on QI interventions generally and their ability to improve health and health care is large. Whether those interventions are effective at reducing disparities remains unclear. This report should not be construed to assess the general effectiveness of QI in the health care setting; rather, QI has not been shown specifically to reduce known disparities in health care or health outcomes. In a few instances, some increased effect is seen in disadvantaged populations;

these studies should be replicated and the interventions studied further as having potential to address disparities.

## References

1. Agency for Healthcare Research and Quality. National Healthcare Disparities Report: 2009. AHRQ Publication No. 10-0004. Rockville, MD: Agency for Healthcare Research and Quality; March 2010. [www.ahrq.gov/qual/qdr09.htm](http://www.ahrq.gov/qual/qdr09.htm).
2. Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington: National Academies Press; 2003.
3. Centers for Disease Control and Prevention. *Health Disparities and Inequalities Report--United States, 2011*. MMWR. 2011;60(Suppl). PMID: 21430612.
4. Carter-Pokras O, Baquet C. What is a "health disparity"? *Public Health Rep*. 2002 Sep-Oct;117(5):426-34. PMID: 12500958.
5. Shojanian KG, McDonald KM, Wachter RM, et al. *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 1-Series Overview and Methodology*. AHRQ Publication No. 04-0051-1. Rockville, MD: Agency for Healthcare Research and Quality; 2004. [www.ahrq.gov/clinic/tp/qgap1tp.htm](http://www.ahrq.gov/clinic/tp/qgap1tp.htm).
6. Relevo R, Balshem H. *Finding Evidence for Comparing Medical Interventions*. Agency for Healthcare Research and Quality; January 2011. *Methods Guide for Comparative Effectiveness Reviews*. [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov).
7. Wilczynski NL, Haynes RB. Optimal search filters for detecting quality improvement studies in Medline. *Qual Saf Health Care*. 2010 Dec;19(6):e31. PMID: 20671080.
8. Higgins J, Green S. *Cochrane Handbook for Systematic Reviews of Interventions*, Version 5.1.0. The Cochrane Collaboration; 2011. [www.cochrane-handbook.org](http://www.cochrane-handbook.org).
9. Wells G, Shea B, O'Connell D, et al. The Newcastle-Ottawa Scale (NOS) for Assessing the Quality of Nonrandomised Studies in Meta-Analyses. [www.ohri.ca/programs/clinical\\_epidemiology/oxford.asp](http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp). Accessed August 2011.
10. Miranda J, Duan N, Sherbourne C, et al. Improving care for minorities: can quality improvement interventions improve care and outcomes for depressed minorities? Results of a randomized, controlled trial. *Health Serv Res*. 2003 Apr;38(2):613-30. PMID: 12785564.
11. Sequist TD, Fitzmaurice GM, Marshall R, et al. Cultural competency training and performance reports to improve diabetes care for black patients: a cluster randomized, controlled trial. *Ann Intern Med*. 2010 Jan 5;152(1):40-6. PMID: 20048271.
12. Arean PA, Ayalon L, Hunkeler E, et al. Improving depression care for older, minority patients in primary care. *Med Care*. 2005 Apr;43(4):381-90. PMID: 15778641.
13. Arean PA, Gum AM, Tang L, et al. Service use and outcomes among elderly persons with low incomes being treated for depression. *Psychiatr Serv*. 2007 Aug;58(8):1057-64. PMID: 17664516.
14. Barr JK, Franks AL, Lee NC, et al. A randomized intervention to improve ongoing participation in mammography. *Am J Manag Care*. 2001 Sep;7(9):887-94. PMID: 11570022.
15. Beach ML, Flood AB, Robinson CM, et al. Can language-concordant prevention care managers improve cancer screening rates? *Cancer Epidemiol Biomarkers Prev*. 2007 Oct;16(10):2058-64. PMID: 17932353.
16. Bosworth HB, Olsen MK, Grubber JM, et al. Racial differences in two self-management hypertension interventions. *Am J Med*. 2011 May;124(5):468.e1-8. PMID: 21531237.
17. Connett JE, Stamler J. Responses of black and white males to the special intervention program of the Multiple Risk Factor Intervention Trial. *Am Heart J*. 1984 Sep;108(3 Pt 2):839-48. PMID: 6475754.

18. Ferreira MR, Dolan NC, Fitzgibbon ML, et al. Health care provider-directed intervention to increase colorectal cancer screening among veterans: results of a randomized controlled trial. *J Clin Oncol*. 2005 Mar 1;23(7):1548-54. PMID: 15735130.
19. Bao Y, Alexopoulos GS, Casalino LP, et al. Collaborative depression care management and disparities in depression treatment and outcomes. *Arch Gen Psychiatry*. 2011 Jun;68(6):627-36. PMID: 21646579.
20. Siddiqui AA, Sifri R, Hyslop T, et al. Race and response to colon cancer screening interventions. *Prev Med*. 2011 Mar-Apr;52(3-4):262-4. PMID: 21256149.
21. Lasser KE, Murillo J, Lisboa S, et al. Colorectal cancer screening among ethnically diverse, low-income patients: a randomized controlled trial. *Arch Intern Med*. 2011 May 23;171(10):906-12. PMID: 21606094.
22. Miranda J, Cooper LA. Disparities in care for depression among primary care patients. *J Gen Intern Med*. 2004 Feb;19(2):120-6. PMID: 15009791.
23. Wells KB, Sherbourne CD, Miranda J, et al. The cumulative effects of quality improvement for depression on outcome disparities over 9 years: results from a randomized, controlled group-level trial. *Med Care*. 2007 Nov;45(11):1052-9. PMID: 18049345.
24. Wells K, Sherbourne C, Schoenbaum M, et al. Five-year impact of quality improvement for depression: results of a group-level randomized controlled trial. *Arch Gen Psychiatry*. 2004 Apr;61(4):378-86. PMID: 15066896.
25. Sherbourne CD, Weiss R, Duan N, et al. Do the effects of quality improvement for depression care differ for men and women? Results of a group-level randomized controlled trial. *Med Care*. 2004 Dec;42(12):1186-93. PMID: 15550798.
26. Mahotiere T, Ocepek-Welikson K, Daley MB, et al. A program to reduce the disparity in the rate of biennial lipid profiles between African-American and white Medicare beneficiaries with diabetes mellitus in New York City. *J Community Health*. 2006 Aug;31(4):263-88. PMID: 16894826.
27. Coberley CR, Puckrein GA, Dobbs AC, et al. Effectiveness of disease management programs on improving diabetes care for individuals in health-disparate areas. *Dis Manag*. 2007 Jun;10(3):147-55. PMID: 17590145.
28. Olomu AB, Grzybowski M, Ramanath VS, et al. Evidence of disparity in the application of quality improvement efforts for the treatment of acute myocardial infarction: the American College of Cardiology's Guidelines Applied in Practice Initiative in Michigan. *Am Heart J*. 2010 Mar;159(3):377-84. PMID: 20211298.
29. Miranda J, Schoenbaum M, Sherbourne C, et al. Effects of primary care depression treatment on minority patients' clinical status and employment. *Arch Gen Psychiatry*. 2004 Aug;61(8):827-34. PMID: 15289281.
30. Beach MC, Gary TL, Price EG, et al. Improving health care quality for racial/ethnic minorities: a systematic review of the best evidence regarding provider and organization interventions. *BMC Public Health*. 2006 Apr;6:104. PMID: 16635262.

# Introduction

## Background

Health care disparities are the differences or gaps in care experienced by one population compared with another.<sup>1</sup> Disparities have been noted in health outcomes including clinical outcomes and mortality, process measures in the health care system, and disease prevalence. By definition, a disparity in health care quality or health outcomes is not due to differences in health care needs or preferences of the patient, but to other factors.<sup>2</sup>

Disparities occur between identified populations, described by attributes such as race, ethnicity, language, sex, insurance status, socioeconomic status, and health literacy.<sup>2</sup> These attributes and the disparities that may be associated with them are not mutually exclusive, and populations with disproportionately poor health outcomes often share multiple indicators of disparity.

Examples of health disparities include substantially higher rates of death due to coronary heart disease among Black men and women than their White counterparts. Rates of preventable hospitalizations are inversely related to income. Hypertension is substantially more prevalent among Black than other populations, and tobacco use is higher among minorities, particularly Native Americans.<sup>3</sup>

Nonetheless, despite well documented disparities in health and health care in the United States, little is known about what interventions might serve to reduce differences.<sup>1</sup> Given the potential for quality improvement (QI) efforts in the health care setting to improve outcomes in general, considering whether these interventions could be fruitful in reducing disparities as well is a logical next step.

## Quality Improvement

QI is a multidisciplinary, systems-focused, data-driven method of understanding and improving the efficiency, effectiveness, and reliability of health processes and outcomes of health care. The QI process is designed to raise the standards of the delivery of preventive, diagnostic, therapeutic, and rehabilitative measures to maintain, restore or improve health outcomes of individuals and populations. The ongoing process of QI requires all four of the following elements: performance goals, performance measures, QI practices, and feedback and reporting.<sup>4</sup>

QI describes a wide range of initiatives aimed at improving quality in health care organizations and includes programmed approaches that build on models and tools first used in industry as many as 60 years ago. One of the earliest approaches was Plan, Do, Study, Act (PDSA), and other examples include Total Quality Management (TQM), Continuous Quality Improvement (CQI), Business Process Reengineering (BPR), rapid cycle change, lean thinking, and Six Sigma.<sup>5</sup> Another model is Focus, Analyze, Develop, Execute/Evaluate (FADE).

For this report, we defined a QI intervention as a change process in health care systems, services, or suppliers for the purpose of increasing the likelihood of optimal clinical quality of care, measured by positive health outcomes for individuals and populations. An intervention could also be described as a strategy aimed at reducing the quality gap (the difference between health care processes or outcomes observed in practice and those potentially obtainable based on current evidence-based knowledge) for a group of patients representative of those encountered in

routine practice.<sup>6</sup> As a starting point, we borrowed the taxonomy of QI strategies described in the antecedent Closing the Quality Gap series.<sup>6</sup> Examples of QI strategies that we expected to find in the literature are found in Table 1.

**Table 1. Quality improvement strategies examples**

QI Strategy	Examples
Patient education	<ul style="list-style-type: none"> <li>• Classes</li> <li>• Parent and family education</li> <li>• Patient pamphlets</li> <li>• Intensive education strategies promoting self-management of chronic conditions</li> </ul>
Provider education	<ul style="list-style-type: none"> <li>• Workshops and conferences</li> <li>• Educational outreach visits (e.g., academic detailing)</li> <li>• Distribution of educational materials</li> </ul>
Promotion of self-management	<ul style="list-style-type: none"> <li>• Materials and devices to promote self-management</li> </ul>
Audit and feedback	<ul style="list-style-type: none"> <li>• Feedback of performance to individual providers</li> <li>• Quality indicators and reports</li> <li>• National/state quality report cards</li> <li>• Publicly released performance data</li> <li>• Benchmarking – provision of outcomes data from top performers for comparison with provider's own data</li> </ul>
Facilitated relay of clinical data to providers	<ul style="list-style-type: none"> <li>• Transmission of clinical data from outpatient specialty clinic to primary care provider by means other than medical record, (e.g., phone call or fax)</li> </ul>
Patient reminder systems	<ul style="list-style-type: none"> <li>• Postcards or calls to patients</li> </ul>
Provider reminder systems	<ul style="list-style-type: none"> <li>• Reminders in charts for providers</li> <li>• Computer-based reminders for providers</li> <li>• Computer-based decision support</li> </ul>
Organizational change	<ul style="list-style-type: none"> <li>• Case Management, Disease Management</li> <li>• Total Quality Management, Cycles of Quality Improvement</li> <li>• Multidisciplinary teams</li> <li>• Change from paper to computer-based records</li> <li>• Increased staffing</li> <li>• Skill mix changes</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Guideline adherence</li> <li>• Care manager</li> <li>• Collaborative care model</li> </ul>

## Disparity

A health disparity is the difference between health care processes or outcomes observed in practice for a specific population, compared with another population. By definition, a disparity in health care quality or health outcomes is not due to differences in health care needs or preferences of the patient, but to other factors.<sup>2</sup> Differences in health outcomes and their determinants between segments of the population are associated with certain social conditions, and demographic attributes.<sup>3,7</sup>

Disparities may be associated with attributes such as socioeconomic status (low income), minority group (race, ethnicity, culture, language), sex (women), age (children and elderly), access (insurance status), geography (inner-city or rural), education (health literacy), or disability. Numerous environmental or contextual differences, (e.g., resource availability,

transportation, air pollution) may also contribute to inequitable health care quality. As noted in the Centers for Disease Control and Prevention Health Disparities and Inequalities Report,<sup>3</sup> the terms health disparity, health inequality, and health inequity are sometimes used interchangeably and each may provide an important indicator of community health.

Consistent with extensive research and findings in previous reports, the 2010 National Healthcare Disparity Report (NHDR) found that disparities related to race, ethnicity, and socioeconomic status are pervasive in the American health care system.<sup>1</sup> Within the scope of health care delivery, these disparities may be due to differences in access to care, provider biases, poor provider-patient communication, poor health literacy, or other factors. Three key themes emerged from the report:

1. Disparities are common and uninsurance is an important contributor.
2. Many disparities are not decreasing over time.
3. Some disparities merit particular attention, especially disparities related to care for cancer, heart failure, and pneumonia.

The report also included a charge to examine disparities in “priority populations,” which are groups with unique health care needs or issues that require special attention.<sup>1</sup> The identification of priority populations has remained consistent across Institute of Medicine and Agency for Healthcare Research and Quality (AHRQ) and the Evidence-based Practice Center (EPC) Program documents from 2003 through 2010.<sup>6</sup>

## **Approaches To Reducing Disparities**

Despite what is known about disparities, it is not clear what strategies have the potential to effectively improve the quality of care and to reduce inequities for segments of the population. QI interventions have been successful at improving health outcomes generally and in a number of settings; it is possible that they could be adapted or targeted to narrow a health or health care gap. If they were implemented in either a targeted way (i.e., in locations with especially high disparities) or broadly, they could potentially affect disparities at the population level.

A prior systematic review and analysis conducted by Beach and colleagues in 2006 summarized controlled studies of interventions targeted at health care providers to improve health care quality or reduce disparities in care for racial or ethnic minorities. Twenty-seven studies met criteria for review. Almost all (n = 26) took place in the primary care setting, and most (n = 19) focused on improving provision of preventive services.<sup>8</sup>

Nonetheless, the report concluded that there was little evidence to promote the use of QI interventions specifically to reduce disparities. The particular difficulty in assessing the impact of any health care intervention on disparities is that research must show effectiveness across multiple planes. Evidence of the effectiveness of the intervention needs to be demonstrated using a non-intervention comparison group, and at the same time, a disparity in outcome must be narrowed in the intervention group, but not in the comparison group. Thus, for a QI intervention to be effective for reduction of disparity both intervention effectiveness and disparity reduction effectiveness must be demonstrated; the intervention would be *more* effective for disadvantaged groups or individuals than for advantaged groups. A judgment of effectiveness in reducing disparities is therefore not possible when the intervention is targeted only at disadvantaged individuals or groups.<sup>9</sup> While extraordinarily important, research that demonstrates a change in both effectiveness outcomes and disparity between at least two groups is thus complicated and rare.

## **Scope and Key Questions**

### **Scope of This Report**

The objective of this review was to assess the effectiveness of QI interventions in reducing disparities in health and health care.

### **Key Questions**

Key Question 1 (KQ 1). What evidence is available about the effectiveness of quality improvement strategies to reduce differences in health outcomes associated with selected disparities in patients with key conditions?

Key Question 2 (KQ 2). What evidence is available about the harms related to quality improvement strategies to reduce differences in health outcomes associated with selected disparities in patients with key conditions?

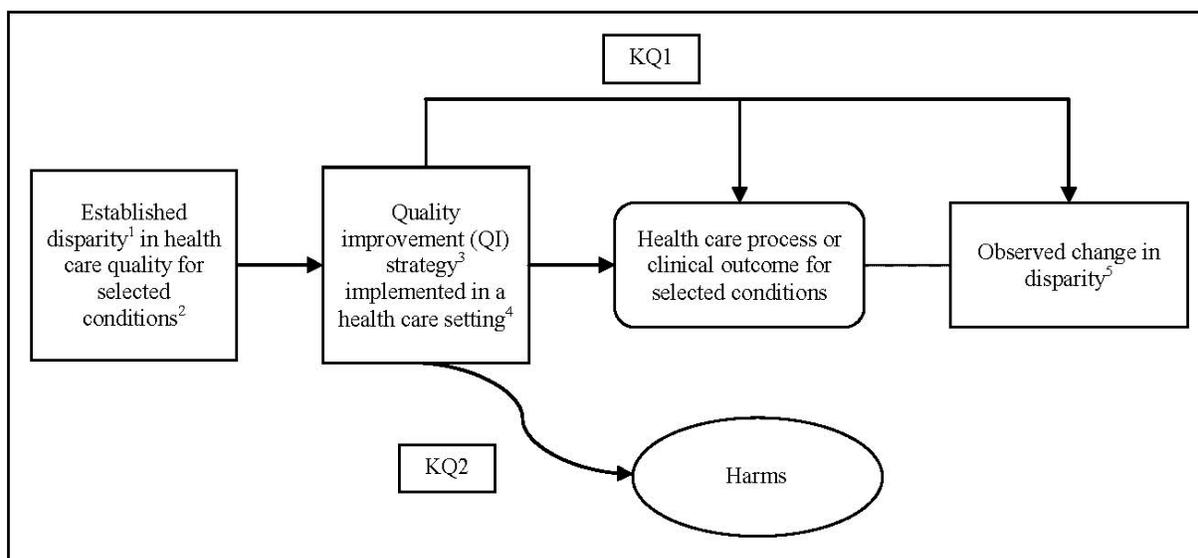
### **Analytic Framework**

We developed the analytic framework (Figure 1) based on clinical expertise and refined it with input from our TEP members. The analytic framework outlines the review of the available evidence on the effectiveness of QI strategies in the reduction of disparities in health outcomes and other measures of health care delivery for selected conditions and groups.

We explicitly defined eligibility criteria using a PICOTS (population, intervention, comparator, outcome, timing, and setting) structure (Table 2). Broadly, we sought studies that described a QI intervention and measured potential changes in the inequity of care between patient groups with pre-specified clinical conditions.

To measure potential changes in disparity between patient groups, studies had to include a target and referent population (e.g., for income disparity studies, they should include data for low and high income groups). We included studies that reported outcomes in terms of health care processes, individual health outcomes, and/or adverse outcomes or harms resulting from a QI intervention.

**Figure 1. Analytic framework**



**Abbreviations:** KQ = Key Question, QI = quality improvement.

<sup>1</sup>Disparities include: race or ethnicity, socioeconomic status, insurance status, sex, sexual orientation, health literacy/numeracy, and language barrier. <sup>2</sup>Selected conditions include: asthma, cardiovascular disease (including congestive heart failure, coronary heart disease, and hypertension); cancer (specifically colorectal cancer and breast cancer); cystic fibrosis; depression; diabetes; end stage renal disease; pneumonia (including pneumococcal vaccination); and pregnancy. <sup>3</sup>Taxonomy of quality improvement strategies: patient education; provider education; promotion of self-management; audit and feedback; facilitated relay of clinical data to providers; organizational change; patient reminder systems; and provider reminder systems. <sup>4</sup>Settings include those in which QI interventions were tested: hospitals, provider offices, and/or health care clinics. <sup>5</sup>Inclusion of a target and referent group is required to demonstrate a disparity.

## Uses of This Report

This evidence report addresses the KQs using the methods described to conduct a systematic review of published literature. We anticipate that the report will primarily be of value to researchers interested in studying disparities and to funders developing RFAs for this type of research. It may also be of value to policymakers and health systems leaders as they consider the potential impact of QI interventions focused on addressing disparities in health care.

# Methods

## Topic Refinement

Topics for the Closing the Quality Gap series were solicited from the portfolio leads at the Agency for Healthcare Research and Quality (AHRQ). The nominations included a brief background and context; the importance and/or rationale for the topic; the focus or population of interest; relevant outcomes; and references to recent or ongoing work.

Among the topics that were nominated, the following considerations were made in selection for inclusion in the series: the ability to focus and clarify the topic area appropriately; relevance to quality improvement (QI) and a systems approach; applicability to the Evidence-based Practice Center (EPC) program/amenable to systematic review; the potential for duplication and/or overlap with other known or ongoing work; relevance and potential impact in improving care; and fit of the topics as a whole in reflecting AHRQ portfolios.

Following assignment of the topic to the EPC, we identified technical experts on the topics of QI and disparities. The Technical Expert Panel (TEP) members contributed to AHRQ's broader goals of (1) creating and maintaining science partnerships as well as public-private partnerships and (2) meeting the needs of an array of potential customers and users of its products.

## Literature Search Strategy

### Databases

We searched the following databases: MEDLINE (PubMed interface), the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Web of Science Social Science Index, and PsycINFO (CSA Illumina interface). The search strategies for each of these databases included terms related to QI, disparity, and pre-specified clinical conditions.<sup>10,11</sup>

Each search strategy used a combination of subject headings (i.e., controlled vocabulary) and keywords (see Appendix A). We carried out hand searches of the reference lists of recent systematic reviews related to QI studies and the reference lists of included papers.

## Study Selection

### Study Populations

Eligible studies included individuals receiving health care in the U.S. Studies had to include data on one or more of the following characteristics known to be associated with health disparities: race or ethnicity, socioeconomic status, insurance status, sex, sexual orientation, health literacy/numeracy, and language barrier.

### Sample Size

As an inclusion criterion, we set the study sample size at a minimum of 50 participants each for the comparison and intervention groups, including subgroups that were stratified for analysis of intervention effect on disparity. The typical study designs used for QI studies have an inherent risk of bias. The maximum improvement possible in a QI trial is 100 percent; if the baseline performance is high, then the margin for improvement is so small that a high number of

participants would be required to rule out an observed effect due to chance. Because the conditions and outcomes were very diverse, it was not possible to forecast a single prevalence for the comparison group, nor a single minimum relative effect.

Setting a minimum sample size based on quantitative power calculations would have required studies in excess of 100 individuals per arm. We set the sample size liberally at 50 to allow for the possibility that we might be able to combine studies quantitatively in a meta-analysis.

## **Geographic Limit and Publication Dates**

Because health care systems, disparity indicators, and groups subject to disparities vary geographically, we limited eligible studies to those of patients in the U.S. health care system. Consistent with this inclusion criterion, only studies published in English were included. Searches were limited to papers published in 1983 or later because seminal work regarding QI strategies began to be published in the early 1980s.

## **Study Design**

We included randomized controlled trials (RCT), including cluster randomized controlled trials; controlled trials, including quasi-randomized studies; controlled before-after studies; prospective and retrospective cohort studies; interrupted time series with comparison groups; and stepped wedge designs.

## **Study Groups**

All studies were required to include a comparison group that did not receive the QI intervention or that received a different intervention. In addition, they were required to provide data that could be used to measure a disparity based on one of the population characteristics specified in the protocol before and after the intervention. These data could have included reference to an external reference group, but if they used an external referent group, the data needed to have been collected within four years of the enrollment of the target group and be from a source that was at the state or local level.

## **Interventions**

We considered both formal QI models and QI strategies for the review. As a starting point, we borrowed the taxonomy of QI strategies described in the antecedent Closing the Quality Gap series.<sup>6</sup> To this taxonomy, we added a generic category (i.e., “other”) to ensure retrieval of studies describing a QI strategy not specifically captured by the taxonomy. We did not include papers describing topics or interventions covered by other reports in the Closing the Quality Gap series (e.g., studies targeting public reporting, payment bundling, and medication adherence).

## **Conditions**

We sought studies of interventions to reduce disparities in health and process outcomes associated with a targeted set of clinical conditions, namely:

- Asthma
- Cancer:
  - Colorectal cancer (including screening)

- Breast cancer (including screening)
- Cardiovascular disease:
  - Congestive heart failure
  - Coronary artery disease (including ischemic heart disease, myocardial infarction, and acute coronary syndrome)
  - Hypertension
- Cystic fibrosis
- Depression (major depressive disorder only)
- Diabetes
- End stage renal disease
- Pneumonia (including pneumococcal vaccination)
- Pregnancy

The selection of these conditions was based on priority lists previously published by AHRQ and the Institute of Medicine (IOM)<sup>12</sup> and through consultation with the TEP.

## **Outcomes**

We included studies that captured health outcome measures and/or process measures to answer Key Question (KQ) 1. For KQ 2, we sought studies that reported harms (e.g., negative unintended consequences, misallocation of effort, decreased patient satisfaction, etc.) of the QI intervention to individual participants or the health care system. Table 2 summarizes the inclusion and exclusion criteria.

**Table 2. Inclusion and exclusion criteria**

Category	Criteria
Population	<p>Individuals receiving health care in the United States for a pre-specified clinical condition:</p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Cancer: <ul style="list-style-type: none"> <li>○ Colorectal cancer (including screening)</li> <li>○ Breast cancer (including screening)</li> </ul> </li> <li>• Cardiovascular disease: <ul style="list-style-type: none"> <li>○ Congestive heart failure</li> <li>○ Coronary artery disease (including ischemic heart disease, myocardial infarction, and acute coronary syndrome)</li> <li>○ Hypertension</li> </ul> </li> <li>• Cystic fibrosis</li> <li>• Depression (major depressive disorder only)</li> <li>• Diabetes</li> <li>• End stage renal disease</li> <li>• Pneumonia (including pneumococcal vaccination)</li> <li>• Pregnancy</li> </ul> <p>Studies had to include data on these characteristics of the study population known to be associated with health disparities: race or ethnicity, socioeconomic status, insurance status, sex, sexual orientation, health literacy/numeracy, and/or language barrier.</p>
Intervention	<p>QI strategy: (1) a formal, broad organizational model; or (2) a change process in health care systems, services, or supplier for the purpose of increasing the likelihood of optimal clinical quality of care.</p>
Comparator	<p>Usual care or use of an alternate strategy.</p>
Outcome(s)	<p>Outcome measures of interest included: health outcome measures (e.g., morbidity and mortality, indirect health outcomes such as blood pressure and HbA1c); process measures (e.g., proportion of patients treated according to clinical guidelines); changes in disparity; and harms (i.e., any negative impact of the intervention to the individual patients or the health care system).</p>
Time period	<p>1983–present</p>
Setting	<p>Strategies conducted in or based out of a hospital, provider office, and/or health care clinic.</p>
Other criteria	<ul style="list-style-type: none"> <li>• Admissible designs included: randomized controlled trials, including cluster randomized controlled trials; controlled trials, including quasi-randomized trials; controlled before-after studies; prospective and retrospective cohort studies; interrupted time series studies with comparison groups; and stepped-wedge design studies.</li> <li>• Original research studies with sufficient detail to enable use and adjustment of the data and results.</li> <li>• Inclusion of a target group and an internal or external referent group to measure changes in disparities.</li> <li>• A minimum sample size of 50 individuals per study and intervention group or subgroup.</li> <li>• Extractable data on relevant outcomes from text or tables.</li> <li>• English language publications only</li> </ul>

## Screening of Studies

We conducted screening in two phases: abstract and full text screening. Two reviewers independently reviewed each abstract. All papers with inclusion–exclusion conflicts at the abstract review level or lacking adequate information to make a determination were promoted to full text review. Two reviewers independently reviewed the full text of papers included at the abstract phase. Disagreements between reviewers at the full-text screening level were resolved by a senior investigator.

## **Data Extraction and Management**

### **Evidence Tables**

Two reviewers independently extracted relevant data (e.g., setting, condition, patient population, QI strategy, outcomes, and disparity) from all included papers using a predefined evidence table shell. A senior investigator reviewed the evidence table for accuracy and completeness. The research team met regularly during the data extraction period and discussed global issues related to the process. The final evidence table is presented in Appendix I. When possible to identify, analyses resulting from the same study were grouped together.

### **Statistical Tests**

When provided in the study paper, we report p values for tests of significance and confidence coefficients with confidence intervals for reliability of estimates in the evidence tables and results section of the report. In rare cases, the report authors calculated the statistical significance of study results using a standard statistical test (Fisher's Exact Two-Tailed Test). These are indicated in footnotes.

### **Quality Assessment of Studies**

To interpret study results and grade the strength of evidence, we assessed the methodological quality of individual studies using two existing tools. Senior investigators assigned a study design to each of the included papers according to the description of the study methods. Two investigators independently assessed the quality of individual studies. A senior investigator resolved discrepancies between reviewers.

### **Quality Assessment Tools**

We assessed quality for each outcome of interest from included studies using design-specific criteria for RCTs and cohort studies. To assess internal validity of RCTs, we used the Cochrane Collaboration Risk of Bias tool,<sup>9</sup> which evaluates domains including sequence generation, allocation concealment, blinding, outcome data reporting, and reporting bias (see Appendix D and Appendix E).

For nonrandomized and observational studies, we used the Newcastle-Ottawa scale<sup>13</sup> to assess three broad perspectives: (1) the selection of the study groups; (2) the comparability of the groups; and (3) the ascertainment of either the exposure or outcome of interest for case-control or cohort studies, respectively (see Appendix F).

The Newcastle-Ottawa Quality Assessment Scale includes eight multiple choice questions from three broad domains: four items related to selection of cohorts, one item related to comparability of cohorts, and three items related to assessment of outcomes.<sup>13</sup>

### **Determining Quality Ratings**

These risk of bias scoring and quality assessment tool ratings were based upon study design and conduct (i.e., internal study validity). We rated individual studies as good, fair, or poor and included data from good and fair quality studies in our analysis. We designated thresholds to rate individual studies as "good," "fair," or "poor" quality. Appendix G outlines requirements for each rating.

Several of the included papers reported data from a post hoc or secondary analysis of a previously completed RCT. Because the balance between groups achieved by randomization does not reliably extend to subgroups, the team modified the risk of bias/quality assessment on a case-by-case basis, considering the methods of the individual paper and parent study methods when appropriate.

## Data Synthesis

Meta-analysis was not appropriate in this review due to the substantial heterogeneity of study interventions, patient populations and outcomes; therefore, all analysis is narrative and based on evidence and summary tables. Studies are summarized by the disparity addressed in the research and in categories of clinical conditions. We use the race and ethnicity categorizations that were used by the authors of the included studies.

## Grading the Strength of Evidence for a Body of Evidence

The assessment of the literature is done by considering both the observed effectiveness of interventions and the confidence that we have in the stability of those effects in the face of future research. The degree of confidence that the observed effect of an intervention is unlikely to change is presented as strength of evidence, and it can be regarded as insufficient, low, moderate, or high. Thus, strength of evidence describes the adequacy of the current research, both in terms of quantity and quality, as well as the degree to which the entire body of current research provides a consistent and precise estimate of effect. Interventions that have demonstrated benefit in a small number of studies but have not yet been replicated using the most rigorous study designs will therefore have insufficient or low strength of evidence to describe the body of research. Future research may find that the intervention is either effective or ineffective. Interventions that demonstrate consistent results from well-designed studies that minimize risk of bias will be assessed as high or moderate depending upon the likelihood that future research will alter the current evidence.

Methods for applying strength of evidence assessments are established in the EPC's Methods Guide for Effectiveness and Comparative Effectiveness Reviews<sup>14</sup> and are based on consideration of four domains: risk of bias (low, medium, high), consistency (inconsistency not present, inconsistency present, unknown or not applicable), directness (direct, indirect), and precision (precise, imprecise). We assessed strength of evidence separately for each major intervention-outcome pair. We assigned an overall evidence grade to each key outcome for each comparison of interest based on the ratings for the individual four domains. Once we had established the maximum strength of evidence possible based upon these four domains we assessed the number of studies and range of study designs for a given intervention-outcome pair, and downgraded the rating when the cumulative evidence was not sufficient to justify the higher rating. The possible grades were:

- High: High confidence that the evidence reflects the true effect. Further research is unlikely to change estimates.
- Moderate: Moderate confidence that the evidence reflects the true effect. Further research may change our confidence in the estimate of effect and may change the estimate.
- Low: Low confidence that the evidence reflects the true effect. Further research is likely to change confidence in the estimate of effect and is also likely to change the estimate.
- Insufficient: Evidence is either unavailable or does not permit a conclusion.

## **Peer Review and Public Commentary**

Experts in the fields of QI and health disparities and individuals representing stakeholder and user communities were invited to provide external peer review. AHRQ and an associate editor also provided comments. The draft report was posted on the AHRQ Web site for 4 weeks to elicit public comment. We addressed all reviewer comments and revised the report as appropriate. A disposition of comments report will be available 3 months after the Agency posts the final report on the AHRQ website.

## Results

This chapter presents the results of the review of quality improvement (QI) strategies to address health care disparities. We present findings for Key Question 1 (KQ 1) beginning with an overview of the content of the literature as a whole, followed by results and detailed analysis organized first by the disparity addressed in the research and then again by clinical conditions. No studies provided information on Key Question 2 (KQ 2), which pertained to harms associated with the interventions.

Studies also are described in more detail in summary tables in the relevant section of text. For information on quality scores for each study, see Appendix H; for information on the strength of evidence for outcomes, see Appendix J.

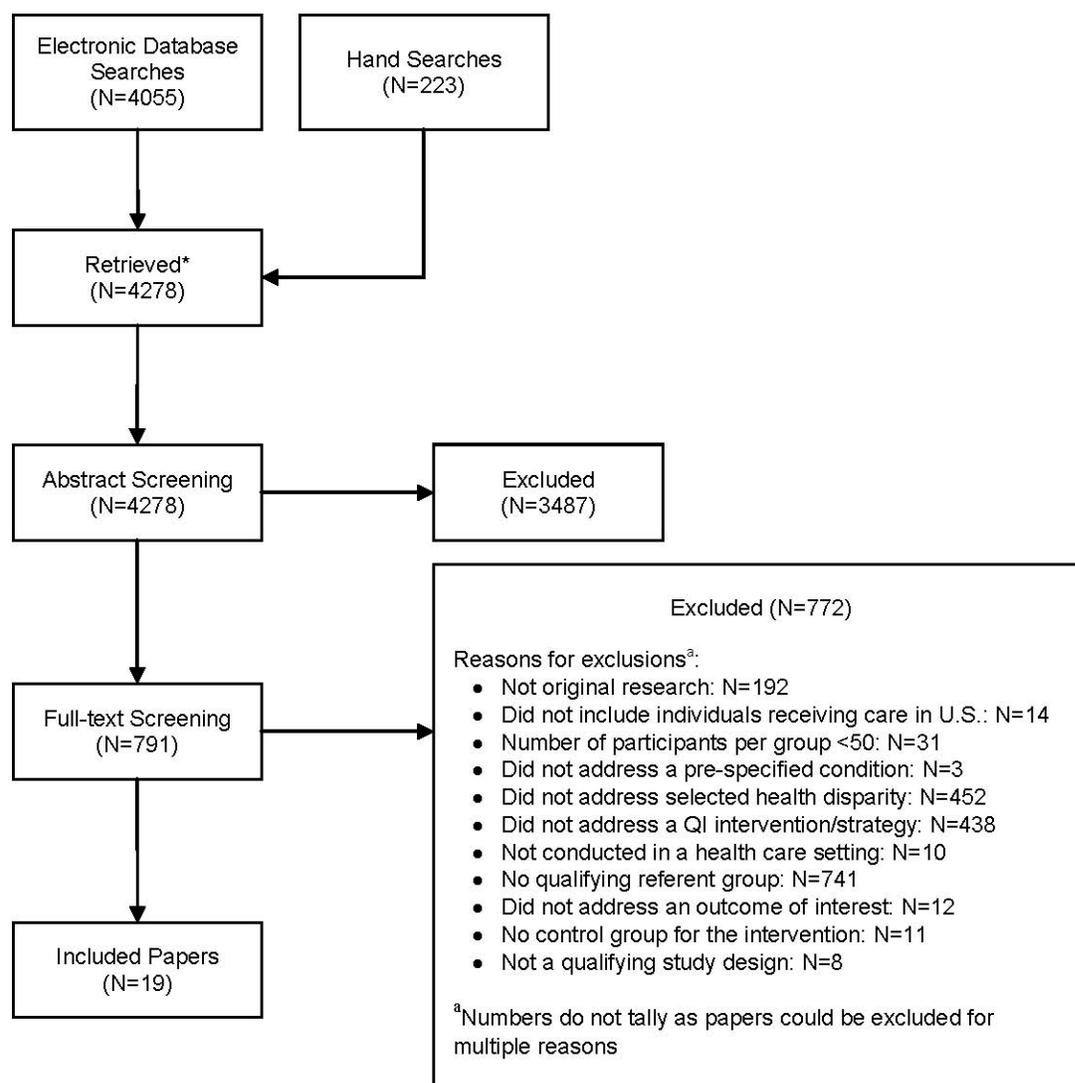
### Search Results and Included Studies

Using a broad search strategy, we identified 4,278 titles and abstracts with potential relevance for initial screening (Figure 2). From this screening, 791 papers were identified as possibly related and moved forward for full-text review. At this second level, 772 papers did not meet eligibility criteria. The complete list of exclusion reasons is provided in Appendix L.

Therefore, for this report, we synthesized data from 19 papers representing 14 unique studies that addressed the following conditions: breast and colorectal cancer screening (n=5); cardiovascular disease, including coronary heart disease and hypertension (n=5); depression (n=3); and diabetes (n=3).

All papers addressed KQ 1. The included studies used an internal referent group to measure disparity; none of the included papers relied upon an external referent group to measure disparities.

**Figure 2. Flow diagram of the literature search and screening**



**Abbreviation:** QI = quality improvement.

## Overview of Included Studies

Nineteen papers qualified for our review (Table 3), reflecting results from 14 unique studies. Results are further summarized with details in the evidence tables (Appendix I).

Of the 14 studies, 11 were randomized controlled trials (RCTs),<sup>15-26</sup> including 2 cluster RCTs.<sup>15,16,27-30</sup> The remaining studies were cohort studies, including one prospective cohort study,<sup>31</sup> one retrospective cohort study,<sup>32</sup> and one cohort study with a historical control.<sup>33</sup>

Included papers targeted or described disparities associated with differences in race or ethnicity (n=14),<sup>15-17,21,22,24,28,29,31-34</sup> socioeconomic status (n=3),<sup>18,24,32</sup> insurance status (n=2),<sup>19,26</sup> language (n=2),<sup>20,26</sup> health literacy (n=1),<sup>23</sup> and sex (n=1).<sup>30</sup> All studies were focused in a specific clinical area. Five studied a QI intervention in cancer screening, three in cardiovascular disease, three in depression care, and three in diabetes.

Outcomes included health care processes and health outcomes. All but one of the studies incorporated multiple components into their QI approach. Patient education was a part of most

interventions (12 of 14), although the specific approach differed substantially across the studies. Ten of the studies incorporated self-management; this would, include, for example, teaching individuals with diabetes to check their blood sugar regularly. Most (8 of 14) included some sort of provider education, which may have focused on the clinical issue or on raising awareness about disparities affecting the target population. Nonetheless, given the degree to which the interventions all included multiple components that were implemented as a system, it is not possible to tease apart the effects or implications of individual aspects.

We organize the results in two ways. First, the results are summarized by effect on particular disparities, which is the primary focus of the review; second, descriptions of the studies are organized by clinical condition as a reference for end users interested in implementing QI approaches in individual clinics or clinical specialties.

**Table 3. Overview of the studies of QI interventions to address disparities in health outcomes**

<b>Characteristic</b>	<b>Race or Ethnicity</b>	<b>Insurance Status</b>	<b>Language Barrier</b>	<b>Health Literacy</b>	<b>Socioeconomic Status</b>	<b>Sex</b>
<b>Intervention category</b>						
Patient Education	10	1	2	1	2	1
Provider Education	6	0	0	1	2	1
Promotion of Self-management	10	1	2	0	2	1
Audit and Feedback	3	0	0	1	0	1
Facilitated Relay of Clinical Data to Providers	2	0	0	0	1	1
Patient Reminder System	2	2	2	0	0	0
Provider Reminder System	1	0	0	0	1	0
Organizational Change	1	0	0	0	0	0
Other	5	0	0	0	2	1
<b>Condition</b>						
Cancer	2	2	2	1	0	0
Cardiovascular Disease	2	0	0	0	0	0
Depression	3	0	0	0	2	1
Diabetes	3	0	0	0	0	0
<b>Design</b>						
RCT	9	2	2	1	2	1
Retrospective cohort	2	0	0	0	0	0
Prospective cohort	1	0	0	0	0	0

**Abbreviation:** RCT = randomized controlled trial.

## Effects on Racial or Ethnic Disparities

### Overview

Eleven studies provided data on the effects of QI interventions on disparities in health care associated with race or ethnicity (Table 4).

Two RCTs evaluated the effects of interventions on racial or ethnic disparities in colorectal cancer screening.<sup>25,26</sup> Three studies explored the effects of various QI strategies on disparities associated with race in cardiovascular disease, including coronary artery disease and hypertension.<sup>21,22,33</sup> Three studies evaluated the effect of QI interventions on racial or ethnic disparities in depression outcomes<sup>15,17,24,28,29,34</sup> and three studies provided data to assess the impact of QI interventions on racial or ethnic disparities in diabetes outcomes.<sup>16,31,32</sup>

Most (n=8) were unable to show a reduction in disparity, or suggest that they might be useful for reducing disparity by failing to demonstrate an amplified effect in any one subgroup. Three studies provided data suggesting that their approach had some potential to affect disparities.<sup>15,21,28,29,32,34</sup> None provided conclusive information and each studied a different approach in a different disease condition, making synthesis challenging.

One disease management and patient education program<sup>32</sup> was associated with a reduction in disparity between Black and White patients in HbA1c testing when it was targeted in a geographic area with very high rates of diabetes. Other interventions did not demonstrate a significant reduction in disparity, but an amplified effect was seen in nonwhite populations with some interventions, including a patient education program to reduce blood pressure,<sup>21</sup> and a complex collaborative care model targeted to providers of patients with depression.<sup>15,28,29,34</sup> In the latter study, the intervention was significantly more effective in the short term among minorities, although this was no longer the case at 1 year, and the intervention was not effective in any population at five and nine years.

**Table 4. Summary of effects on disparities in health outcomes associated with race or ethnicity**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Arean et al., 2005 <sup>17</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in depression severity existed by race or income at baseline.</li> <li>• The intervention was effective in all racial subgroups with no interaction by race and no amplified effect in any group.</li> <li>• In subgroup analysis, the intervention was associated with greater use of psychotherapy but not pharmacotherapy within the Black population</li> </ul>
Bao et al., 2011 <sup>24</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Provider reminder system</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline within the usual care group, 22% of minorities had adequate antidepressant use, compared to 39% of White patients.</li> <li>• The intervention had no effect on this disparity and ethnic minorities did not receive greater benefit from intervention compared with White patients during any time period.</li> </ul>

**Table 4. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Bosworth et al., 2011 <sup>21</sup> RCT Cardiovascular disease: hypertension	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> </ul>	<ul style="list-style-type: none"> <li>• The race by time by treatment group effect model suggested differential intervention effects on blood pressure (BP) over time for White patients vs. nonwhite patients for both systolic blood pressure (SBP) (<math>p=0.08</math>) and diastolic blood pressure (DBP) (<math>p=0.01</math>).</li> <li>• The combination of home BP monitoring and tailored behavioral intervention was most effective in nonwhite participants at 24 months (<math>p=0.04</math>).</li> </ul>
Coberley et al., 2007 <sup>32</sup> Retrospective cohort Diabetes	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Organizational change (disease management)</li> </ul>	<ul style="list-style-type: none"> <li>• Initial racial disparity in HbA1c testing between the health disparity zone (HDZ) group and non-HDZ group was 12%.</li> <li>• Disparity was not significantly reduced after 12 months (<math>p=0.06</math>).</li> <li>• Within the HDZ zone (high prevalence of diabetes), testing increased by 15% among Black participants but not among White participants, resulting in a reduction in disparity in this subgroup analysis.</li> </ul>
Connett and Stamler, 1984 <sup>22</sup> RCT Cardiovascular disease: coronary artery disease and hypertension	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, Black participants had higher rates of smoking than White participants (68.7% vs. 63%; <math>p&lt;.001</math>).</li> <li>• Both racial groups experienced significant reductions in smoking of close to 50% in the intervention group and more than 35% in the usual care group.</li> <li>• The baseline disparity persisted in the intervention group but was apparently reduced in the usual care group.</li> <li>• A statistically significant but clinically insignificant disparity in DBP and SBP by race was present at baseline.</li> <li>• Blood pressures were reduced in both the intervention and control groups, with greater change observed in the intervention group.</li> <li>• The small disparity observed at baseline was further reduced at followup in the intervention group but not the control group.</li> </ul>
Lasser et al., 2011 <sup>26</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates at baseline by race or ethnicity.</li> <li>• The intervention was more effective in White and Black individuals relative to those of other or unknown race.</li> </ul>

**Table 4. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Mahotiere et al., 2006 <sup>31</sup> Prospective cohort Diabetes	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Other (community intervention)</li> </ul>	<ul style="list-style-type: none"> <li>• The disparity in biennial lipid profile testing at baseline was 19%.</li> <li>• The biennial lipid profile testing rate improved by 26.2 percent in African-American beneficiaries with diabetes in the intervention areas following implementation of the QI program.</li> <li>• The disparity in performance of biennial lipid profile between African-American Medicare fee-for-service beneficiaries and White Medicare fee-for-service beneficiaries reduced to 9.2% following implementation of the QI program.</li> <li>• An analysis of the direct impact of the selected interventions on reducing the disparity in this uncontrolled database analysis was not feasible.</li> </ul>
Miranda et al., 2003 <sup>15</sup> , Miranda et al., 2004 <sup>34</sup> , Wells et al., 2007 <sup>28</sup> , Wells et al., 2004 <sup>29</sup> Cluster RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• The intervention was associated with decreases in probable depressive disorder among minorities but not White patients at 12 months. (Latino p=0.02; African-American p=0.01).</li> <li>• At 12 months among intervention recipients, the baseline disparity increased (6.7% to 7.7%) between Latino and White patients, and decreased between African-American and White patients (9.2% to 6.7%).</li> <li>• Although a statistically significant interaction was seen between intervention and ethnicity at 6 months when minorities were grouped and contrasted with White patients, no such interaction persisted at 12 months.</li> <li>• The overall effect of the intervention on depression status was not significant at five and nine years, but an interaction with race was seen in the overall model of effectiveness. The intervention was associated with improvements in the Mental Health Inventory among minorities (p=0.008) but not among White patients (p=0.59).</li> <li>• In subanalysis at five years, QI–Therapy but not QI–Meds was effective within the minority population.</li> </ul>
Olomu et al., 2010 <sup>33</sup> Retrospective cohort (historic controls) Cardiovascular disease: coronary artery disease	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (guideline adherence)</li> </ul>	<ul style="list-style-type: none"> <li>• The American College of Cardiology’s Acute Myocardial Infarction (AMI) Guidelines Applied in Practice (GAP) strategy was associated with increased inpatient use of beta-blockers among nonwhite patients.</li> <li>• Racial disparities in use of cardiac catheterization and percutaneous coronary intervention appeared after implementation of the GAP QI strategy despite overall improvements in care.</li> <li>• The admission tool and inpatient aspirin were more often used post-GAP than pre-GAP in both White and nonwhite patients.</li> </ul>
Sequist et al., 2010 <sup>16</sup> Cluster RCT Diabetes	<ul style="list-style-type: none"> <li>• Provider education</li> <li>• Audit and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Disparities were present at baseline in HbA1c levels, BP control, and LDL level.</li> <li>• The intervention showed no effect overall in either racial group.</li> <li>• The intervention did not reduce the disparity.</li> </ul>

**Table 4. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Siddiqui et al., 2011 <sup>25</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates at baseline by race or ethnicity.</li> <li>• No statistically significant difference in screening rates between White participants and African-Americans in the control group.</li> <li>• When intervention groups were combined, the screening rate was significantly higher in White participants compared to African-Americans.</li> </ul>

**Abbreviations:** BP = blood pressure; CRC = colorectal cancer; DBP = diastolic blood pressure; GAP = American College of Cardiology's AMI Guidelines Applied in Practice; HbA1c = hemoglobin A1c; HDZ = health disparity zone; LDL = low density lipoprotein; QI = quality improvement; RCT = randomized controlled trial; SBP = systolic blood pressure.

## Detailed Description

### Studies Focused on Cancer Outcomes

Two studies evaluated the effects of interventions on racial or ethnic disparities in colorectal cancer screening.<sup>25,26</sup> Both studies were secondary analyses of RCTs and examined the usefulness of patient education and reminder systems for improving colorectal cancer screening rates, as measured by participation in fecal occult blood testing or colonoscopy within one year after study entry. One study involved a primary care practice-based research network<sup>26</sup> and the other included a single large academic primary care practice.<sup>25</sup> Both trials took place in the United States and targeted patients who were due for CRC screening. The two studies employed a usual care comparison group.

One of the secondary RCT analyses randomized 465 participants, including 221 White patients, 129 Black patients, and 115 patients of other/unknown race.<sup>25</sup> Patients were assigned to either usual care or language-concordant assistance by a patient navigator, a trained individual who promoted self-management strategies and provided patient education and reminders. The patient navigator intervention as compared with usual care was associated with significantly increased screening rates among both White (33.9 vs. 16.5 percent,  $p=0.003$ ) and Black participants (39.7 vs. 16.7%,  $p=0.004$ ), with overall similar proportions obtaining screening in both racial groups during the 12 month followup period.

The other secondary RCT analysis randomized 1430 patients, including 578 Whites and 852 Black participants.<sup>26</sup> This trial included a usual care comparison group and employed three intervention arms: a standard intervention including an educational brochure and screening reminder, a tailored intervention including the standard materials plus additional educational information targeting each participant's perceived barriers to screening as assessed at baseline, and a group that received both the tailored intervention plus a reminder phone call. CRC screening rates by 12-month followup were similar in the usual care group for Whites as compared with African-Americans (33 percent vs. 32 percent). An analysis pooling results of the three intervention groups vs. usual care indicated that the interventions had an increased effect on improved screening rates among White participants as compared with their Black counterparts (53 percent vs. 43 percent, adjusted OR 1.44, 95% CI 1-12 to 1.86,  $p=0.005$ ).

## Studies Focused on Cardiovascular Disease

### Coronary Artery Disease

One post hoc analysis of an RCT,<sup>22</sup> and one retrospective cohort study<sup>33</sup> explored the effects of various QI strategies on racial health care disparities in coronary artery disease. The RCT addressed reduction of associated risk factors,<sup>22</sup> while the retrospective cohort examined management of AMI.<sup>33</sup> QI strategies included patient education and facilitation of self-management<sup>22</sup> and a multifactorial provider- and systems-focused strategy.<sup>33</sup> Both studies took place in the United States, in the setting of two multicenter collaborations of academic and community health centers.<sup>22,33</sup> The studies each employed an internal usual care comparison group.

For coronary artery disease (CAD), we sought assessments of critically important clinical outcomes, surrogate clinical outcomes, and process measures. No health outcomes (e.g., death, myocardial infarction, myocardial ischemia, and congestive heart failure) were reported. One surrogate outcome in the form of a clinical risk factor for CAD (smoking) was reported. Several process measures (cardiac catheterization, PCI, beta-blocker usage, aspirin usage) were reported.

One analysis of RCT data<sup>22</sup> evaluated the utility of QI strategies in reducing CAD risk factors and one retrospective cohort study<sup>33</sup> evaluated QI strategies for improving management of acute myocardial function among different racial groups.

The RCT was the Multiple Risk Factor Intervention Trial (MRFIT), a large secondary prevention study among men at elevated risk of CAD.<sup>22</sup> The intervention included an initial intensive period of ten weekly sessions followed by individual counseling, focused on behavior change and risk factor reduction related to nutrition, smoking cessation, and antihypertensive therapies.<sup>35</sup> The study recruited men from 22 academic and community health care centers in the United States. A secondary analysis examined racial differences in CAD risk factor reduction in 11935 White patients (including individuals who identified their race as “other”) and 931 Black patients. The sixth annual followup visit included 5754 in the intervention arm (5338 White patients and 416 Black patients) and 5638 in the usual care group (5227 White patients and 411 Black patients). The incidence of smoking cessation (self-report adjusted for thiocyanate levels) by the sixth annual visit was approximately the same among White and Black patients in the intervention group, 46.0 percent and 43.0 percent, respectively ( $p=0.26$ ).<sup>\*</sup> In the usual care group at this same time point, Black patients were less likely to have quit smoking than White patients, at 22.5 percent versus 29.0 percent ( $p<0.004$ ).<sup>\*</sup>

One fair retrospective cohort study, using historical controls<sup>33</sup> constructed a retrospective cohort from Medicare patients with history of AMI treated at a group of academic and community hospitals in Michigan, sampling data from one year preceding a rapid cycle QI project and from four months immediately following implementation. The QI strategy involved customization and implementation of the American College of Cardiology’s AMI Guidelines Applied in Practice (GAP) toolkit,<sup>36</sup> including provider education, standing orders, admission and discharge tools, and pocket guidelines for clinicians. The analysis compared results between the group of patients (including 1158 White and 210 nonwhite patients) treated before implementation of the GAP toolkit (pre-GAP), and a separate group of patients (including 1209 White and 280 nonwhite patients) treated after implementation of the GAP toolkit (post-GAP). A significant improvement in use of the admission tool and aspirin during the inpatient stay were observed in both White and nonwhite patients. Nonwhite patients had a significant increase in

<sup>\*</sup>Fisher’s Exact Two-Tailed Test, calculated by review authors using original data.

inpatient beta-blockade (66.0 percent pre-GAP vs. 83.3 percent post-GAP,  $p=0.04$ ), while White patients did not (76.8 percent pre-GAP vs. 82.4 percent post-GAP,  $p=0.13$ ).

Although outcomes improved in other measures for both racial groups, they improved more for White patients, creating or worsening the disparity between the two groups, while improving outcomes overall. For example, pre-GAP, use of the discharge tool was low overall, but similar for White and nonwhite patients (1.8 percent vs. 1.0 percent,  $p=0.37$ ). After implementation of GAP, the tool was used more overall, but significantly more often with White patients than nonwhite patients (30.1 percent vs. 23.6 percent,  $p=0.03$ ). A similar effect was observed for smoking cessation counseling, which was similar pre-GAP among White and nonwhite patients (39.4 percent vs. 34.2 percent,  $p=0.57$ ), but post-GAP, increased significantly more among White patients (73.4 percent vs. 50.0 percent,  $p=0.002$ ).

Disparities also developed in use of invasive procedures. For example, the use of cardiac catheterization, which was similar among White and nonwhite patients pre-GAP, increased significantly among White patients post-GAP (from 45.5 percent to 50.8 percent,  $p=0.01$ ), though it tended to decrease among nonwhite patients (from 44.8 percent pre-GAP to 36.8 percent post-GAP,  $p=0.07$ ). Among White patients, PCI increased from 19.8 percent to 25.6 percent,  $p=0.0008$ ; however among nonwhite patients, PCI remained flat (15.7 percent pre-GAP vs. 13.2 percent post-GAP,  $p=0.44$ ). Consequently, in the post-GAP period, use of these invasive procedures was significantly less common among nonwhite patients than White patients (for cardiac catheterization, OR 0.56, 95% CI, 0.43 to 0.74; for PCI, OR 0.44, 95% CI, 0.31 to 0.64). In summary, this study of the GAP initiative demonstrated mixed results regarding disparities in cardiovascular care. Use of the admission tool and inpatient aspirin increased similarly among White and nonwhite patients; use of inpatient beta-blockade increased more among nonwhite patients; and use of cardiac catheterization and PCI increased more among White patients than nonwhite patients.

## Hypertension

Two post hoc analyses of RCTs explored the effects of various QI strategies on racial disparities in hypertension.<sup>21,22</sup> The RCTs addressed management of hypertension<sup>21</sup> and reduction of risk factors for CAD including hypertension.<sup>22</sup> QI strategies were patient education and facilitation of self-management.<sup>21,22</sup> Both studies took place in the United States, with settings including university clinics<sup>21</sup> and multicenter collaborations of academic and community health centers.<sup>22</sup> The studies each employed an internal usual care comparison group.

Health outcomes such as death, myocardial infarction, ischemic stroke, and congestive heart failure were not reported. One surrogate clinical outcome (blood pressure) was reported.

Two post hoc analyses of RCT data assessed the impact of QI strategies on hypertension among different racial groups. The MRFIT trial, described above for its modification of coronary artery disease risk factors, assessed the effect of the intervention on systolic and diastolic blood pressure among Black and White participants.<sup>22</sup> Men received monitoring of blood pressure and lifestyle counseling; upon being diagnosed with hypertension, they received stepped pharmacotherapy. The study quality was assessed as fair; the data presented here are from post hoc analyses.

At baseline, Black men had higher mean blood pressure than White men (138/94 vs. 135/91,  $p<0.001$ ). The intervention was reported to have resulted in slightly greater reduction of blood pressure among Black men (reduced systolic blood pressure [SBP] by 11.7 percent and diastolic blood pressure [DBP] by 13.6 percent), compared with White men (reduced SBP by 10.3 percent

and DBP by 11.4 percent).\*\* In the control group, less reduction was observed compared with the intervention, and similar changes in blood pressure were reported among Black men (reduced SBP by 5.8 percent and DBP by 8.1 percent) and White men (reduced SBP by 6.4 percent and DBP by 7.9 percent).\*\* At the sixth annual followup visit, among intervention patients, mean blood pressures were reported to be similar in Black (122/81) and White (121/80) men, and a similar proportion of Black (72 percent) and White (71 percent) participants were at or below the DBP goal. Achievement of these goals was not related to baseline DBP. Among control group patients, mean blood pressure was reported as slightly higher among Black men (129/86), than White men (127/84).\*\* Blood pressures in the intervention group were reduced more than were those in the control group. A small, but significant baseline disparity in systolic and diastolic blood pressure measures was not present at followup in the intervention group, but persisted at followup in the control group.

Another post hoc analysis<sup>21</sup> explored racial differences in outcomes following an RCT that assessed two hypertension self-management strategies (home blood pressure [BP] monitoring 3 times weekly, or tailored behavioral self-management intervention by phone every other month) alone or in combination, compared with usual care. Participants included White (n=308) and nonwhite (n=328, 95 percent African-American) patients with a diagnosis of hypertension for at least 1 year before recruitment.<sup>21</sup> Participants were treated in two university-affiliated general internal medicine clinics and followed for 24 months. The study quality was assessed as fair; the data presented here are from a post hoc analysis. At baseline, nonwhite patients had significantly higher SBP (128 vs. 121 mm Hg,  $p<0.0001$ ) and DBP (74 vs. 69 mm Hg,  $p<0.0001$ ) than White participants, and the initial prevalence of blood pressure control was also lower among nonwhite than White patients (72.5 vs. 88 percent,  $p<0.0001$ ). A race by time by treatment group effect model suggested differential intervention effects on BP over time for White and nonwhite patients for DBP ( $p=0.01$ ), but not for SBP ( $p=0.08$ ).

Among White patients, SBP was not significantly different at 12 or 24 months followup in intervention and control groups. Results for DBP were similar, except mean DBP at 1 year was 3 mm Hg higher in the behavioral only strategy, compared with control ( $p=0.03$ ). Among nonwhite patients, at 1 year, SBP and DBP improved by 5 mm Hg and 3 mm Hg, respectively, in each of the three intervention groups, compared with usual care ( $p<0.05$ ). In the combined intervention group (home monitoring + tailored behavioral intervention), persistent improvements in SBP (-7.5 mm Hg) and DBP (-3.5 mm Hg) were present at 24 months, compared with usual care ( $p<0.05$ ). Thus, the two hypertension self-management strategies were ineffective among White patients, but effective among nonwhite patients. The interventions alone or in combination significantly reduced BP at 1 year in the nonwhite group, and the combined intervention resulted in persistent BP reductions at 24 months, thereby reducing disparities in BP control.

## Studies Focused on Depression Outcomes

Three studies evaluated the effect of QI interventions on racial or ethnic disparities in depression outcomes.<sup>15,17,24,28,29,34</sup> All three studies used a collaborative care model, which involved collaboration among multiple clinical providers to provide a coordinated set of interventions. The clinical model in all three studies included a dedicated mental health coordinator (nurse or case manager), creation of mental health teams (composed of primary provider, facility nurses, and psychiatrists), evidence-based pharmacotherapy and psychotherapy, extensive provider education, and longitudinal patient followup to evaluate clinical status and

\*\*The authors did not provide statistical tests of significance, and the standard deviations for the means were not reported, so statistical analysis could not be performed by the reviewers.

adherence. Each intervention was designed to address known barriers to the receipt of quality mental health care.

All three trials were prospective, randomized controlled trials, with randomization to types of provider training occurring at the practice level. However, given the nature of the intervention (group-level randomization), individual providers and patients retained ability to select the treatment provided to the individual patient. All three trials took place in the United States.

The Partners in Care (PIC) study<sup>18,21,31,34,35,41</sup> delivered a composite intervention of patient and provider education, nurse-assisted patient assessment, and targeted use of medication management and cognitive behavioral therapy. Outcomes were collected through mail surveys at 6 months,<sup>34</sup> 1 year,<sup>15</sup> 2 years,<sup>30</sup> 5 years<sup>29</sup> and 9 years.<sup>28</sup>

The study enrolled 1356 patients, and was conducted in six managed care organizations around the United States (at least one organization was selected in each of the four United States' census regions; study investigators also sought to recruit organizations known to have high enrollment of Mexican Americans).<sup>37</sup>

Study patients were selected by use of the 12-month Composite International Diagnostic Interview, version 2.1, an unspecified tool designed to evaluate depressed symptoms in the prior month, telephone interviews, and self-administered questionnaire. Fourteen percent of the patients screened for the study were eligible to participate. Of those eligible, 34.7 percent enrolled. The study population included 61.3 percent Caucasians, 30 percent Latinos, and 7.3 percent African-Americans.

PIC was designed to compare usual care versus two interventions: QI-Meds and QI-Therapy. The intervention components: (1) enrolled practices provided in-kind resources (up to one half of the cost) to assist in intervention implementation; (2) provider training at study onset and monthly meeting thereafter to provide feedback on treatment patterns; (3) each practice had a designated staff nurse who was trained as a "depression specialist" who would screen patients for depression, then educate and engage those who screened positive in depression self-management. The QI-Meds intervention contained all above components plus trained nurses who assessed patient adherence to antidepressant pharmacotherapy. The QI-Therapy intervention contained all of the above components plus local psychotherapists who could provide individual or group cognitive behavioral therapy.

The QI educational material was provided to patients in English or Spanish language text. Minority primary care providers were featured in videotapes viewed by intervention participants. Providers in intervention practices were given instruction in how to lower barriers to treatment experienced by Latino and African-American patients. PIC investigators, belonging to ethnic minority subgroups, also provided direct supervision for local experts.

At 1 year,<sup>15</sup> the ethnic minorities in the intervention group (QI-Meds and QI-Therapy were combined) had statistically significantly lower rates of probable depression than minorities receiving usual care (Latino 27 percent less,  $p=0.02$ ; African-American 27 percent less,  $p=0.01$ ). Conversely, no such effect was observed among White participants. The disparity between Latino participants and the White participants who received the intervention was reported to have increased in the first year of participant followup (6.7 percent at baseline to 7.7 percent at 1 year).<sup>\*\*</sup> In contrast, the disparity was reported to have decreased when comparing African-Americans to White participants (9.2 percent to 6.7 percent).<sup>\*\*</sup> However, although a statistically significant interaction was seen between intervention and ethnicity at 6 months when minorities were grouped and contrasted with White participants, no such interaction persisted by 1 year.

<sup>\*\*</sup>The authors did not provide statistical tests of significance, and the standard deviations for the means were not reported, so statistical analysis could not be performed by the reviewers.

At five years, the PIC group provided aggregate and individual results for the two ethnic minorities (Latinos and African-Americans).<sup>29</sup> In the aggregated analysis, minorities receiving QI–Therapy had a lower rate of probable depression compared with usual care minorities (35.6 percent vs. 55.8 percent,  $p=0.01$ ). On the other hand, no statistically significant difference was observed in outcomes of QI–Meds in terms of probable depressive disorder in the minority population (45.4 percent vs. 55.8 percent,  $p=0.13$ ).<sup>29</sup>

The overall effect of the intervention on depression status was not significant at five and nine years. No disparity was established at baseline, and the data did not demonstrate a change in disparity associated with the intervention.<sup>28</sup>

Employment status did not change significantly among minorities as a result of the intervention compared with usual care employment rates (Latino 3.5 percent increase,  $p=0.38$ ; African-American 5.3 percent decrease,  $p=0.43$ ).<sup>15</sup> A decrease in the disparity in employment between nonwhites and Whites decreased at 6 months from 10 percent to 3.2 percent, but the concordant gap between White participants and the Latino participants increased from 3.6 percent to 5.9 percent at 1 year of followup. The employment status of Black intervention recipients also worsened in the first year of followup: at baseline, 74.1 percent Black participants versus 64.5 percent White participants were employed; at 1 year, 70.3 percent versus 66 percent were employed. None of these changes could be attributed to the intervention, however.

Appropriate care was defined as identifying a patient’s need for care and providing guideline concordant treatments. At 1 year,<sup>15</sup> minority intervention subgroups experienced improvement in the rate of appropriate care received compared with non-intervention minority groups (Latino 26.6 percent increase,  $p=0.03$ ; African-American 26.3 percent increase,  $p=0.33$ ). The disparity between White participants and minority participants was not decreased.

The five year evaluation reported likelihood of unmet need, rather than rates of appropriate depression care, among ethnic minorities.<sup>29</sup> Ethnic minority participants in the QI–Meds group were 11.8 percent less likely to have unmet need compared with White participants in the QI–Meds group; ethnic minority participants in the QI–Therapy group were 5.3 percent less likely to have unmet need compared with White participants in the QI–Therapy group at 5 years. Because the baseline incidence of probable unmet need was not disaggregated by ethnicity, no comment can be made on whether the disparity gap was narrowed by either intervention.

The PROSPECT study<sup>24</sup> involved 20 primary care practices and 396 patients, 60 years of age or older, from the Northeastern United States. The intervention included a practice-based depression care manager who offered treatment recommendations to the primary care provider based on a prespecified algorithm. While the treatment algorithm focused on a particular pharmacotherapeutic regimen, the provider or patient could elect to modify the recommended course. If pharmacotherapy was declined, then psychotherapy was recommended. Care managers were also involved with monitoring patient treatment response and adherence. Providers in practices randomized to usual care received videotaped and printed information on depression in older patients; they also received written communication that alerted them if a patient fulfilled diagnostic criteria for depression.

The 2011 publication described a post hoc analysis of data that initially evaluated intervention efficacy among all older depressed primary care patients included in the study population.<sup>24</sup> In the original publication,<sup>38</sup> investigators reported that the intervention demonstrated efficacy in reduction of suicidal ideation and depression symptoms in the study population. Since that publication, the PROSPECT investigators conducted a subgroup analysis of 134 ethnic minority participants (34 percent) versus 262 non-Hispanic White participants (66

percent), and a separate subgroup analysis of 146 college-educated (31 percent) versus 323 non-college educated participants (69 percent).<sup>24</sup>

For appropriate use of antidepressants (i.e., adequate dose), a baseline disparity was observed in the usual care group only, in which 22 percent of minorities had adequate antidepressant use, compared with 39 percent of non-Hispanic White participants. The effect on difference in this measure by race was not statistically significant at any point in time.<sup>24</sup>

The IMPACT trial was initially designed to evaluate whether a collaborative care model would improve clinical and functional outcomes in primary care patients being treated for depression.<sup>39</sup> Subsequent subgroup analyses<sup>17,18</sup> were performed to evaluate whether this intervention could decrease outcome disparities among older ethnic minorities<sup>17</sup> and among older adults of higher and lower incomes<sup>18</sup>. IMPACT was carried out across five states involving 18 primary care clinics and eight health care organizations. The intervention was a collaborative, stepped care model that consisted of a depression care specialist (DCS) who coordinated (1) primary care provider education about evidence-based treatment, (2) a depression care manager working with the patient and primary care provider to activate patients in the management of their depression, (3) ongoing mood and medication monitoring, (4) brief psychotherapy (known as “Problem Solving Treatment of Primary Care;” PST-PC), (5) a clinical information tracking system, and (6) ready access to a psychiatrist for additional consultation.<sup>40</sup>

The original study population consisted of 1801 patients, above the age of 60 years, who met criteria for major depression, dysthymic disorder, or both. Though the sample was not stratified by ethnicity at enrollment, representation of ethnicities enrolled in the two treatment groups was fairly balanced (intervention contained 51 percent of the study’s White patients, 51 percent of the study’s Black patients, and only 41 percent of the study’s Latino patients,  $p=0.07$ ). The collaborative care intervention itself did not incorporate accommodations for cultural differences. Participant data was collected at baseline, 3, 6, and 1 year.<sup>40</sup>

Ethnicity was not reported by the investigators to have been associated with any statistically significant differences in study subjects’ baseline use of mental health treatment services.

Target responses were a decrease of 50 percent or more in the Hopkins Symptom Checklist-20 (HSCL-20) score from baseline, and treatment remission (i.e., HSCL-20 score less than 0.5). In the overall study population, at 1 year, 45 percent of intervention patients had a 50 percent reduction in depressive symptoms compared with 19 percent of the control group patients (OR 3.45, 95% CI, 2.71 to 4.38). The intervention was equally effective in all groups without cultural adaptation.<sup>17</sup>

No statistically significant differences existed between ethnic subgroups at baseline in health related functional impairment, assessed with the Short Form Physical Functioning Scale. At 1 year, all ethnic groups had small, statistically significant improvements in functional impairment and there was no difference in effect by race or ethnicity.<sup>17</sup>

Service use, defined as use of antidepressants or psychotherapy, did not differ statistically by participant ethnicity at baseline.<sup>17</sup> At 1 year, collaborative care minorities had accessed significantly more guideline-concordant depression services than minorities in the usual care group (use of antidepressant: 64 percent, 95% CI, 55 to 72 percent vs. 45 percent, 95% CI, 36 to 55 percent,  $p=0.003$ ; use of psychotherapy: 37 percent, 95% CI, 28 to 47 percent vs. 13 percent, 95% CI, 6.5 to 19 percent,  $p=0.002$ ). The effect of the intervention was thus similar across ethnic and income groups.<sup>17</sup> Although no statistical interaction was observed overall, there were some notable differences in magnitude of effect by race or ethnicity. In particular, in stratified analysis,

collaborative care was associated with greater use of psychotherapy among Black patients than usual care, but not with greater use of antidepressants.<sup>17</sup>

## Studies Focused on Diabetes Outcomes

Three good quality studies provided data to assess the impact of QI interventions on racial or ethnic disparities in diabetes outcomes.<sup>16,31,32</sup> One was a cluster RCT,<sup>16</sup> one was a prospective cohort,<sup>31</sup> and one was a retrospective cohort study.<sup>32</sup> One was a patient reminder system that was a part of a larger diabetes management program,<sup>32</sup> one was a comparison of community provider interventions with statewide programming,<sup>31</sup> and the third was a program to provide cultural competency training to clinicians.<sup>16</sup>

No studies reported health outcomes, including death, hypoglycemic coma, adverse drug event, cardiovascular complications, retinopathy progression, nephropathy progression, neurologic complications, or hospitalization for a complication of diabetes. Studies reported surrogate clinical outcomes, clinical risk factors for diabetes comorbidities, and process measures. Clinical outcomes reported in this literature were surrogate measures: achievement of hemoglobin A1C (HbA1c) of less than 7 percent, achievement of target blood pressure (BP), and achievement of target low density lipoprotein (LDL) cholesterol level.

One study provided data on all three surrogate outcomes.<sup>16</sup> This good quality cluster RCT was conducted in eight ambulatory health centers in eastern Massachusetts between 2007 and 2008 and randomized 124 primary care clinicians (physicians, nurse practitioners, and physician assistants) caring for 2699 (36 percent) Black diabetic patients and 4858 (64 percent) White diabetic patients to intervention or control.<sup>16</sup> Intervention clinicians received cultural competency training and monthly race-stratified performance reports that highlighted racial differences in control of HbA1c and LDL cholesterol levels and BP. Care recommendations for Black diabetic patients along with race-stratified physician-level diabetes performance reports were provided on a monthly basis to clinicians in the intervention group.

White and Black patients differed significantly at baseline for the rate of HbA1c less than 7 percent, with White patients more likely than Black patients to be controlled (46.1 percent vs. 40.0 percent,  $p < 0.001$ ) despite no disparity in receipt of annual HbA1c examinations.<sup>16</sup> At followup, no intervention effect was observed in the Black patient population, with the proportion meeting the target in the intervention group just 3.3 percent higher than in the control group (adjusted difference 3.3 percent, 95% CI, -2.1 to 8.6,  $p = 0.24$ ). By the same token, no intervention effect was seen in the White participants (adjusted difference 1.9 percent, 95% CI, -1.9 to 5.6,  $p = 0.22$ ), and no effect was observed on the disparity between the two groups.

The same pattern was repeated for blood pressure and LDL outcomes, in which Black participants had consistently poorer health indicators, and the intervention was not shown to be effective in the Black population, and had no impact on disparities.

Process measures assessed in the diabetes QI literature were completion of HbA1c testing and lipid testing. A good quality retrospective cohort used a corporate national health care database to assess the effectiveness of disease management programs on testing for HbA1c levels in socioeconomically disparate areas.<sup>32</sup> The study defined a Health Disparity Zone (HDZ) as a zipcode-defined area in which diabetes prevalence was above the national average of diabetes prevalence among minorities. Within a HDZ, individuals were further subdivided by zip code areas, depending upon whether the zip code area contained more than 50 percent minorities or not (minority vs. nonminority). The study defined a non-HDZ as one with diabetes prevalence at or below the national average for minorities. The study population thus included 3359

individuals residing in HDZs and 34,066 individuals residing in non-HDZs. Of the 3359 members living in HDZs, 2068 (61.6 percent) lived within minority zip code areas.

The study assessed the degree to which a patient reminder telephone intervention increased HbA1c testing rates among non-adherent members, and analyzed differences by zone and minority neighborhood status.<sup>32</sup> Non-adherent members were defined as those who lacked an HbA1c test in the baseline period.

After 1 year, the rate of testing increased significantly ( $p < 0.0001$ ) in the HDZ group to 59.4 percent. The rate of testing also increased significantly by 4.6 percent to 68.6 percent in the non-HDZ group ( $p < 0.0001$ ). Thus, the initial 12 percent disparity in testing between high disparity and low disparity zones was narrowed by 3 percent to 9 percent after 1 year. The 3 percent reduction in disparity did not reach standard statistical significance by Fisher's exact two-tailed test ( $p = 0.06$ ).<sup>\*\*\*</sup>

The authors further examined the potential for a differential effect in minority neighborhoods compared to non-minority neighborhoods within the high disparity zone. Rates of testing in zip codes with greater numbers of minority members increased significantly from baseline to 1 year, with an increase in testing of 15.5 percent ( $p < 0.0001$ ). Conversely, no increase over time was observed in nonminority zip codes in the HDZ. Therefore, a reduction in racial disparity was noted within the population with high prevalence of diabetes, while no reduction in disparity between high and low prevalence zones overall was seen.

Because there was no unexposed group in this study, it is not possible to be certain that observed increases in HbA1c testing in both high disparity and non disparity zones were due to intervention effects. Nonetheless, a racial disparity was decreased within the high disparity zone, where minority zip codes demonstrated greater increases in testing rates compared to non-minority zip codes. Whether this was because it is easiest to "move the dial" in populations that start with the poorest health measures is unknown. Nonetheless, in a "per-protocol" analysis by whether or not the call was actually received, receipt of the phone reminder was associated with increased likelihood of HbA1c testing, suggesting that phone reminders targeted to disadvantaged populations may be a tool for further evaluation.

One study measured lipid testing as the outcome.<sup>31</sup> This prospective cohort study used a database of Medicare patients in New York to evaluate an intensive intervention program designed to reduce the recognized racial disparity in the rate of biennial lipid profile testing among New York City residents with diabetes between 1999 and 2004.<sup>31</sup>

The study was quasi-experimental, of good quality, and reported both a before-and-after analysis for the African-American Medicare fee-for-service (FFS) beneficiaries with diabetes living in the Bronx, Kings, New York, and Queens counties, and a comparison against a reference group of all White Medicare FFS beneficiaries with diabetes in the same counties.<sup>31</sup> All subjects had diabetes and received care at physician offices, outpatient clinics, and community health centers in the New York City metropolitan area. The QI intervention compared Medicare New York State Quality Improvement Organization (IPRO) multifaceted provider and community "intense" interventions versus statewide interventions that IPRO implemented for the Physician Office Quality Improvement Project. The outcome of interest was the proportion of beneficiaries with diabetes who received a biennial lipid profile test.

The before (April 1999) and after (March 2002 up to March 2004) comparison reported a 26.2 percent improvement in biennial lipid profile testing rate among African-American beneficiaries from 63.8 percent to 80.5 percent and an 8.3 percent improvement in biennial lipid profile testing rate among White beneficiaries (increase from 82.8 percent to 89.7 percent).<sup>31</sup>

<sup>\*\*\*</sup>Fisher's Exact Two-Tailed Test, calculated by review authors using reported data.

The baseline disparity in the biennial lipid profile testing rate among African-American beneficiaries compared with all eligible White beneficiaries in the intervention areas was 19 percent. The disparity during the 2002 to 2004 retesting period was 9.2 percent, a reduction of 52 percent. The “intervention” itself was multi-faceted, targeting individuals and providers in many settings and with different specific approaches, including a provider toolkit, patient educational materials, provider reminders, on-site visits and cultural competency training. At the same time, community-directed interventions were put into place including outreach, focus groups and community-based education. As a community-level intervention, no attempt was made to assess individual receipt of the intervention itself; rather, the outcomes were measured at the population level. Thus, individuals could move in and out of the population. Nonetheless, a reduction in disparity was observed over the intervention period, and despite the fact that it cannot be directly associated with the intervention itself or to components of the complex intervention, intermediate goals such as participation in cultural competency training were met.<sup>31</sup>

## **Effects on Insurance Disparities**

### **Overview**

Two studies examined a difference in outcomes associated with insurance status (Table 5). Both evaluated interventions to improve cancer screening rates. In one study,<sup>19</sup> a patient reminder system was equally successful in commercially insured and Medicare insured women at increasing rates of regular mammography screening. The study was conducted in a large group-model health maintenance organization (HMO) and assessed the use of patient reminders, including a mailed reminder (n=630) or telephone contact with opportunity to schedule screening (n=653) as compared with usual care (n=625) among women aged 50 to 75 years who had received a previous mammogram but were overdue for breast cancer screening.<sup>19</sup>

The second study comprised a secondary analysis of an RCT conducted in a large primary care practice-based research network, aimed at increasing colorectal cancer (CRC) screening among eligible adults and including 153 individuals with private insurance and 312 with public insurance.<sup>26</sup>

**Table 5. Summary of effects on disparities in health outcomes associated with insurance status**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Barr et al., 2001 <sup>19</sup> RCT Breast cancer screening	<ul style="list-style-type: none"> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity was observed at baseline.</li> <li>• The intervention was successful in both groups.</li> <li>• Reminder interventions improved likelihood of screening mammography in both commercially insured women (p=0.001) and women covered by Medicare (p=0.01) with no difference in improvement between groups.</li> </ul>
Lasser et al., 2011 <sup>26</sup> RCT Colorectal cancer screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in screening rates at baseline by race or ethnicity.</li> <li>• The intervention increased screening rates in both the private and public insurance groups compared to individuals in the usual care group.</li> <li>• The intervention was associated with a better screening rate for the privately insured group compared to publicly insured group.</li> </ul>

**Abbreviations:** QI = quality improvement; RCT = randomized controlled trial.

## Detailed Description

A subgroup analysis explored variable effects of the QI strategies in commercially insured patients as compared with Medicare patients, representing approximately 96 percent of the original trial population. The quality of this study was assessed as poor. Among commercially insured women, the use of followup mammography was greater among those randomized to telephone contact (55.6 percent), compared with the mail reminder (44.4 percent) or usual care (39.4 percent, p=0.001). Similar effects were observed among women receiving Medicare, who also had greater use of followup mammography when randomized to telephone contact (56.4 percent), compared with the mail reminder (43.6 percent) or usual care (42.7 percent, p=0.01).

Women covered by Medicare had the same likelihood of followup mammography during the study as commercially insured women. Across insurance types, the difference in followup mammography was not significantly different with the mailed reminder, compared with usual care (p=0.25). Thus, compared with usual care, the telephone based intervention improved mammography use for all populations, but the mailed reminders did not. The telephone based intervention did not demonstrate greater effect in disadvantaged women, as women in the commercially insured and Medicare groups derived similar benefit.

The other subgroup analysis involved an RCT in which patients due for CRC screening were assigned to either usual care or language-concordant assistance by a patient navigator, a trained individual who promoted self-management strategies and provided patient education and reminders. The intervention as compared with usual care was associated with significantly increased screening rates among both privately insured (43.4 percent vs. 22.1 percent, p=0.005) and publicly insured participants (28.9 percent vs. 18.9 percent, p=0.04), though the effectiveness of the navigator intervention appeared somewhat increased in the privately insured group during the 12-month followup period.<sup>26</sup>

## Effects on Language Disparities

### Overview

Two studies examined the degree to which language concordance was associated with increased cancer screening (breast and colorectal) among individuals speaking primarily English or other languages (Table 6). Both of them studied language concordance, in which strategies are provided in the native or preferred language of the participant (e.g., in Spanish for native Spanish speakers).

One study was a secondary analysis of an RCT which provided language-concordant patient education for English speaking and Spanish speaking participants, with the goal of increasing adherence to recommendations for breast and colorectal cancer screening among eligible adults.<sup>20</sup> For breast cancer screening, Spanish speakers were more likely to be up to date at baseline than English speakers (OR 1.46; 95% CI: 1.16 – 1.84). The intervention was associated with increased rates of screening overall, with subgroup analysis indicating a greater effect in the Spanish speaking group (OR 1.85; 95% CI: 1.38, 2.47) than the English speaking group (OR 1.18; 95% CI: 0.82, 1.71). However, the overall multivariate analysis failed to confirm these results and providing the intervention in Spanish to Spanish speakers did not make it any more effective in this group. This may suggest that targeted language concordant interventions could warrant further examination, but these results reflect only one study. For colorectal screening, there was no difference in up to date status at baseline, the intervention was again effective overall, and there was no language-by-intervention effect.

Another secondary analysis of an RCT included language-concordant assistance by a patient navigator who promoted self-management strategies and provided patient education and reminders to facilitate adherence to colorectal cancer screening among eligible adults in a large primary care practice-based research network, including 224 individuals speaking English as their primary language and 241 speaking a language other than English, including Spanish, Portuguese, and Haitian Creole.<sup>26</sup>

**Table 6. Summary of effects on disparities in health outcomes associated with language barrier**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Beach et al., 2007 <sup>20</sup> RCT Cancer: CRC and breast cancer screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, Spanish speakers were more likely to be up to date on breast cancer screening.</li> <li>• The intervention was effective at increasing rates of breast cancer screening overall, with greater effect among Spanish speakers.</li> <li>• Nonetheless, the difference between observed effects for breast cancer screening in the two language groups was not significant.</li> <li>• No disparity in CRC screening rate was measured at baseline.</li> <li>• The intervention was associated with increases in CRC screening in both groups, with neither group associated with a greater effect of the intervention.</li> <li>• Therefore, although there was no evidence that the intervention might reduce known disparities, the intervention was effective at increasing CRC screening for both groups.</li> </ul>
Lasser et al., 2011 <sup>26</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity was measured at baseline</li> <li>• English speaking participants had a similar incidence of CRC screening during 1 year of followup in the intervention group as compared with usual care.</li> <li>• Intervention was particularly beneficial for non-English language participants</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial.

## Detailed Description

In one fair RCT<sup>20</sup>, a prevention care manager periodically called to remind women about screening, assist in overcoming barriers, provide emotional support, and help with scheduling; women also received additional educational materials in their preferred language by mail. A subgroup analysis focused on the impact of this strategy among women who preferred Spanish (n=848) and those who preferred English (n=498). Among Spanish-speaking women, a significantly greater proportion of women (72 percent) in the care management group were up to date on breast cancer screening at followup, compared with 58 percent in those receiving usual care, (adjusted OR 1.86, 95% CI, 1.39 to 2.50). Among English speakers, women in the care management group were not significantly more likely to be up to date on breast screening, compared with women in the usual care group (60 percent and 56 percent, respectively; adjusted OR 1.23, 95% CI, 0.85 to 1.78). Although Spanish-speaking women benefited more from care management than did English-speakers, when assessed statistically as an interaction effect, the result was non-significant (OR 1.51, 95% CI, 0.94 to 2.42). Though women speaking either language were equally likely to receive appointment reminders, access advice, and assistance with making primary care appointments, Spanish-speaking women were more likely than English-speaking women to receive help scheduling appointments for breast cancer screening (26.5 vs. 18.4 percent, p=0.01) and were more likely to have educational materials mailed to them (70.2 vs. 60.6 percent, p=0.01). Although it was not significantly greater than the effect seen in English-speakers, the magnified effect observed in Spanish-speakers may suggest that language concordance is helpful in interventions seeking to achieve up to date cancer screening status.

Another secondary RCT analysis examined whether education and reminders from a language concordant patient navigator led to differences in CRC screening participation among English speakers as compared with non-English speakers.<sup>26</sup> While English speaking participants had a similar incidence of CRC screening during 1 year of followup in the intervention group as compared with usual care (26.8 percent vs. 21.4 percent,  $p=0.35$ ), assistance from a patient navigator was associated with increased CRC screening among individuals speaking languages other than English as their primary language (28.9 percent vs. 18.9 percent,  $p=0.04$ ).<sup>26</sup>

## Effects on Health Literacy Disparities

### Overview

In one study focusing on improving provider-patient communication, in the VA system, colorectal cancer screening was increased among individuals with limited health literacy (55.7 percent vs. 30 percent;  $p=.002$ ) but not among individuals with adequate health literacy (39 percent vs. 36 percent;  $p=.65$ ) in the 20 percent subsample that underwent literacy assessment. The intervention itself included a workshop and feedback sessions for providers and educational materials for patients that included a video (Table 7).

**Table 7. Summary of effects on disparities in health outcomes associated with health literacy**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Ferreira et al., 2005 <sup>23</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Audit and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with limited health literacy were significantly more likely to be screened for CRC when treated at the VA clinic implementing the QI strategy as compared with patients treated at the usual care clinic (55.7% vs. 30.0%, <math>p=0.002</math>).</li> <li>• Patients with adequate health literacy were equally likely to pursue CRC screening when treated at the VA clinic implementing the QI strategy as compared with the patients treated at the usual care clinic (39.0% vs. 36.0%, <math>p=0.65</math>).</li> <li>• Although the effect of the intervention on disparity was not measured directly, the intervention improved the incidence of up-to-date CRC screening among those with limited health literacy only and not among those with higher health literacy, suggesting that it might be a useful tool for reducing literacy related disparity.</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial; VA = Veterans Affairs.

### Detailed Description

The RCT included men aged 50 years or older, without a family history of CRC or polyps, who had not received recent CRC screening. The study randomized one VA clinic to a provider and patient education strategy and one VA clinic to continue usual care.<sup>23</sup> The provider education intervention included a two-hour workshop on CRC screening and health literacy-sensitive communication skills, 1-hour feedback sessions every 4 to 6 months on the clinic's CRC screening rates, confidential provider-specific reports on screening rates, and small group role-playing about how to effectively make CRC screening recommendations. The patient education intervention included a video and educational material on CRC screening, though only

204 of 1978 patients in the overall RCT received this. The quality of this study was assessed as poor; randomization was broken, and the participants in this analysis represent a small proportion of the entire data set. A subset of patients completed the Rapid Estimate of Adult Literacy in Medicine (REALM) instrument at baseline, representing approximately 19 percent of the overall study sample (n=382/1978). Patients were classified as limited health literacy if they scored below ninth grade level on the REALM (n=139) and adequate health literacy if they scored at the ninth grade level or above (n=243). Patients with limited health literacy who were treated at the intervention clinic were significantly more likely to undergo CRC screening (55.7 percent) than low literacy patients treated at the usual care clinic (30.0 percent, p=0.002). There was no significant difference in CRC screening between the intervention and usual care clinics for patients with high health literacy (39.0 vs. 36.0 percent, p=0.65). Although the effect of the intervention on disparity was not measured directly, the intervention improved the incidence of up-to-date CRC screening among those with limited health literacy only and not among those with higher health literacy, suggesting that it might be a useful tool for reducing literacy related disparity.

## Effects on Socioeconomic Disparities

### Overview

In the two studies that assessed differences in effect by socioeconomic status, no effect was seen by income, but individuals with less education experienced greater benefits of collaborative care for depression than did those with higher education (Table 8).

**Table 8. Summary of effects on disparities in health outcomes associated with socioeconomic status**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Arean et al., 2007 <sup>18</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (collaborative care model)</li> <li>• Facilitated relay of clinical data to provider</li> </ul>	<ul style="list-style-type: none"> <li>• Both low income and high/middle income populations experienced a very small benefit from the collaborative care intervention [fewer depression symptoms (high/middle income adjusted OR -0.41, 95% CI -0.49 to -0.33; low-income adjusted OR -0.39, 95% CI, -0.5 to -0.27; comparator: usual care)], but no disparities in depressive symptoms had existed at baseline.</li> </ul>
Bao et al., 2011 <sup>24</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (collaborative care model)</li> <li>• Provider reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in depressive symptoms was present at baseline</li> <li>• At 24 months, participants with no college education had a greater reduction in depression than participants with college.</li> </ul>

**Abbreviations:** OR = odds ratio; QI = quality improvement; RCT = randomized controlled trial.

## Detailed Description

The IMPACT trial on depression care<sup>17,18</sup> which also examined racial or ethnic disparities (see description above), included a subgroup analyses to evaluate whether this intervention could decrease outcome disparities among older ethnic minorities<sup>17</sup> and among older adults of higher and lower incomes.<sup>18</sup> Both low income and high/middle income populations experienced a very small benefit from the collaborative care intervention [fewer depression symptoms (high/middle income adjusted OR -0.41, 95% CI -0.49 to -0.33; low income adjusted OR -0.39, 95% CI, -0.5 to -0.27; comparator: usual care)], but no disparities in depressive symptoms had existed at baseline.<sup>18</sup>

A functional impairment gap did exist at baseline, with poor individuals scoring lower on the PCS ( $41.1 \pm 7.4$  vs.  $38.6 \pm 7.1$ ;  $p < 0.01$ ). At 1 year, the collaborative care groups did experience a small but nonsignificant benefit when compared with usual care groups across income levels (high/middle income: adjusted OR 1.67, 95% CI, 0.78 to 2.55; low income: adjusted OR 1.46, 95% CI, 0.33 to 2.60), the effect of which was to reduce the gap somewhat between groups. Nonetheless the intervention was not associated with improvements overall.<sup>18</sup>

The PROSPECT study on depression care,<sup>24</sup> which also examined race or ethnicity disparities (see description above) included a subanalysis focused on socioeconomic outcomes, based on degree of college education as a marker for SES. The no-college and some college groups had no statistically significant difference in depression severity as measured by the Hamilton Depression Rating Scale, at baseline or up to 18 months post-intervention, although at 24 months, the no-college group reduced their depression scores more than did the group with a college education (difference of -3.8 [-6.8 to -0.4]).<sup>24</sup> Nonetheless, no disparity existed to be narrowed, and the authors do not provide data to attribute the effect to the intervention. After adjusting for baseline antidepressant use, the no-college educated recipients of the study intervention had greater benefit in appropriate use of antidepressants (i.e., adequate dose) compared with the college-educated participants who received intervention (23.4 percent difference, 95% CI, 5.5 to 43.7 percent) at 1 year, but a statistically significant difference was not sustained at 24 months.

## Effects on Disparities by Sex

### Overview

One analysis from the PIC depression study examined the degree to which a collaborative care model for depression could reduce known disparities in accessing care and in outcomes by sex (Table 9). The intervention components: (1) enrolled practices provided in-kind resources (up to one half of the cost) to assist in intervention implementation; (2) provider training at study onset and monthly meeting thereafter to provide feedback on treatment patterns; (3) each practice had a designated staff nurse who was trained as a “depression specialist” who would screen patients for depression, then educate and engage those who screened positive in depression self-management. The QI–Meds intervention contained all of the above components plus trained nurses who assessed patient adherence to antidepressant pharmacotherapy. The QI–Therapy intervention contained all of the above components plus local psychotherapists who could provide individual or group cognitive behavioral therapy.

Women had higher rates of appropriate depression care compared with men at 2 years ( $p = 0.0001$ ). A medication focused intervention and a therapy focused intervention decreased a

disparity gap between men and women in probable unmet need from 10 percent to 1 percent (QI–Meds) and 3 percent (QI–Therapy) at 24 months.

**Table 9. Summary of effects on disparities in health outcomes associated with sex**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Sherbourne et al., 2004 <sup>30</sup> Cluster RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• Women had higher rates of appropriate depression care compared with men at 2 years (p= 0.0001).</li> <li>• QI–meds and QI–Therapy decreased “probable unmet need” disparity gap between men and women from 10% to 1% (QI–Meds) and to 3% (QI–Therapy) at 24 months.</li> </ul>

**Abbreviations:** QI = quality improvement; RCT = randomized controlled trial.

## Detailed Description

Women in QI–Meds group had non-sustained increase in employment rates compared with usual care women (p=0.23); no change occurred among women in QI–Therapy compared with usual care (p=0.10). Men in QI–Therapy also had a non-sustained improvement in employment status compared with the usual care (p=0.61) and QI–Meds (p=0.71) groups. The employment status disparity between men and women widened at 2 years in both intervention groups (QI–Meds gap = 8 percent; QI–Therapy gap = 6 percent) with men less likely to be employed than women.<sup>30</sup>

Women were 10.2 percent more likely than men at baseline to receive appropriate depression care (p=0.03). Over time, the disparity gap for “probable unmet need for depression care” between men and women was decreased from 10 percent to 1 percent (QI–Meds) and to 3 percent (QI–Therapy) at 2 years.<sup>30</sup>

# Discussion

## Review of Main Findings

Disparities in health care access, utilization and outcomes are a known challenge to improving quality of care across the United States. Disparities have been measured in a wide range of clinical conditions including: cancer, diabetes, end stage renal disease, cardiovascular disease, HIV and AIDS, maternal and child health, mental health and substance abuse, and respiratory diseases.<sup>1</sup> Given the potential for quality improvement (QI) strategies to improve health care in clinical settings, interest has developed in whether they might be used to reduce disparities, potentially by being particularly effective at improving outcomes in individuals and groups affected by disparities. A review of effectiveness of QI interventions to reduce disparities has the potential to provide a basis for policy and health care program decision making when choices about how to best serve a disadvantaged population are made.

QI activities that are implemented across a large population provide a degree of efficiency and sustainability. However, even in the face of positive outcomes, disparities remain, as improvements in care affect all segments of the population—the “rising tide raises all boats.”<sup>41</sup> Conversely, it is theoretically possible that QI interventions could worsen quality of care for a disadvantaged population relative to an advantaged one.

Although substantial research has examined ways to improve the health of specific populations known to have disproportionate rates of poor outcomes, little research has focused on measuring a decrease in disparity between two groups. Rather, disparities research generally measures an increase in appropriate care in a disadvantaged group under the assumption that an improvement in outcomes in that group should bring their outcomes closer in line to those of the group to whom they are implicitly compared. This is not always the case. For example, although survival has improved for premature infants overall in the United States, including among racial minorities, the gap between survival for White and Black babies has continued to increase.<sup>42</sup> Thus, research may focus on changing outcomes in one group, but if improvements are seen in all groups, disparities will remain. The purpose of this review was specifically to identify the potential for QI interventions to close the gap between measured outcomes in two groups of individuals to identify interventions that might be specifically targeted to situations where there is a disparity.

Methodologic challenges in this literature, including heterogeneity in the study populations, target clinical conditions, and interventions have made synthesis and interpretation challenging. No two studies used the same QI intervention to study disparity in the same health outcome. The standard approach to assessing the strength of an overall body of literature involves assessing a number of factors, including the risk of bias in individual studies, consistency of the overall literature, and precision of available estimates. The resulting strength of evidence score reflects the degree to which we expect the observed effects to be stable and not altered with future research. For this particular review, the measure of effect was a change in a disparity between two groups in a health outcome, rather than a change in the health outcome itself. The strength of the evidence would nonetheless be assessed for each health outcome and each intervention. Thus, as the results could not be combined quantitatively, and no two studies evaluated the same intervention and outcomes, it is not possible to consider the strength of the evidence (confidence in a given effect) to be other than insufficient at this time.

Nonetheless, 19 papers qualified for our review, reflecting results from 14 studies, and these studies do provide information on the potential role of some QI interventions in reducing disparities in health and health care, pending additional research. Studies were conducted to improve care in cancer screening, cardiovascular disease, depression, and diabetes care, using a number of different QI models (Table 10). Most interventions included some elements of patient education (12/14) and promotion of self-management (10/14). Most (11/12) involved at least two QI components. One included language concordance as an additional component.<sup>20</sup>

**Table 10. Included studies' quality improvement strategies**

Author, Year Clinical Condition(s)	Patient Education	Provider Education	Promotion of Self- Management	Audit and Feedback	Facilitated Relay of Clinical Data to Providers	Patient Reminder System	Provider Reminder System	Organizational Change	Other
Arean et al., 2007; <sup>18</sup> Arean et al., 2005 <sup>17</sup> Depression	•	•	•		•				• <sup>a</sup>
Bao et al., 2011 <sup>24</sup> Depression	•	•	•				•		• <sup>a</sup>
Barr et al., 2001 <sup>19</sup> Cancer: breast cancer screening						•			
Beach et al., 2007 <sup>20</sup> Cancer: CRC and breast cancer screening	•		•			•			
Bosworth et al., 2011 <sup>21</sup> Cardiovascular disease: hypertension	•		•						
Coberley et al., 2007 <sup>32</sup> Diabetes	•		•					• <sup>b</sup>	
Connett and Stamler, 1984 <sup>22</sup> Cardiovascular disease: coronary artery disease and hypertension	•		•						
Ferreira et al., 2005 <sup>23</sup> Cancer: CRC screening	•	•		•					
Lasser et al., 2011 <sup>26</sup> Cancer: CRC screening	•		•			•			

**Table 10. Included studies' quality improvement strategies (continued)**

Author, Year Clinical Condition(s)	Patient Education	Provider Education	Promotion of Self- Management	Audit and Feedback	Facilitated Relay of Clinical Data to Providers	Patient Reminder System	Provider Reminder System	Organizational Change	Other
Mahotiere et al., 2006 <sup>31</sup> Diabetes	•	•	•	•					• <sup>c</sup>
Olomu et al., 2010 <sup>33</sup> Cardiovascular disease: coronary artery disease	•	•	•						• <sup>d</sup>
Miranda et al., 2003; <sup>15</sup> Miranda et al., 2004; <sup>34</sup> Wells et al., 2007; <sup>28</sup> Wells et al., 2004; <sup>29</sup> Sherbourne et al., 2004 <sup>30</sup> Depression	•	•	•	•	•				• <sup>a</sup>
Sequist et al., 2010 <sup>16</sup> Diabetes		•		•					
Siddiqui et al., 2011 <sup>25</sup> Cancer: CRC screening	•	•				•			
<b>Counts</b>	<b>12</b>	<b>8</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>5</b>

**Notes:** <sup>a</sup>Collaborative care; <sup>b</sup>Disease Management; <sup>c</sup>Community intervention; <sup>d</sup>Guideline adherence  
**Abbreviation:** CRC = colorectal cancer.

Although the strength of the evidence (our confidence that future studies will not change observe estimates of effect) is uniformly insufficient at this point in time, this is partly due to the substantial heterogeneity in research clinical targets, disparity targets and interventions. Additional research is needed to confirm currently observed effects in individual studies, and provide new information on approaches in the health system to reducing disparities in health and health care. Therefore, we present the evidence in two ways, by clinical target and by disparity target, to describe areas where there may be promising suggestions for additional research.

## Effects on Disparities

Included studies addressed disparities by race or ethnicity (Table 11), insurance (Table 12), language (Table 13), health literacy (Table 14), socioeconomic status (Table 15), and sex (Table 16).

Table 11 summarizes results of studies addressing disparities in health outcomes associated with race or ethnicity. One disease management and patient education program<sup>32</sup> was associated with a reduction in disparity between Black and White patients in HbA1c testing when it was targeted in a health disparity zone (HDZ) with a high prevalence of diabetes. Other interventions did not demonstrate a significant reduction in disparity, but an amplified effect was seen in

nonwhite (presumably disadvantaged) population, including an additional patient education program for reduction in blood pressures,<sup>21</sup> and a complex collaborative care model aimed at providers of patients with depression.<sup>15,28,29,34</sup> In the latter study, the intervention was more effective in the short term among minorities, although the interaction was no longer significant after 1 year, and the intervention was not effective overall at five and nine years.

**Table 11. Summary of effects on disparities in health outcomes associated with race or ethnicity**

<b>Author, Year Study Design Clinical Condition(s)</b>	<b>QI Intervention Characteristic(s)</b>	<b>Effect on Health Disparity</b>
Arean et al., 2005 <sup>17</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (collaborative care model)</li> <li>• Facilitated relay of clinical data to provider</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in depression severity existed by race or income at baseline.</li> <li>• The intervention was effective in all racial subgroups with no interaction by race and no amplified effect in any group.</li> <li>• In subgroup analysis, the intervention was associated with greater use of psychotherapy but not pharmacotherapy within the Black population</li> </ul>
Bao et al., 2011 <sup>24</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (collaborative care model)</li> <li>• Provider reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline within the usual care group, 22% of minorities had adequate antidepressant use, compared to 39% of White patients.</li> <li>• The intervention had no effect on this disparity and ethnic minorities did not receive greater benefit from intervention compared with White patients during any time period.</li> </ul>
Bosworth et al., 2011 <sup>21</sup> RCT Cardiovascular disease: hypertension	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> </ul>	<ul style="list-style-type: none"> <li>• The race by time by treatment group effect model suggested differential intervention effects on BP over time for White participants vs. nonwhite participants for both SBP (p=0.08) and DBP (p=0.01).</li> <li>• The combination of home BP monitoring and tailored behavioral intervention was most effective in nonwhite participants at 24 months (p=0.04).</li> </ul>
Coberley et al., 2007 <sup>32</sup> Retrospective cohort Diabetes	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Organizational change (disease management)</li> </ul>	<ul style="list-style-type: none"> <li>• Initial racial disparity in HbA1c testing between the health disparity zone (HDZ) group and non-HDZ group was 12%.</li> <li>• Disparity was not significantly reduced after 12 months (p=0.06).</li> <li>• Within the HDZ zone (high prevalence of diabetes), testing increased by 15% among Black participants but not among White participants, resulting in a reduction in disparity in this subgroup analysis.</li> </ul>

**Table 11. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Connett and Stamler, 1984 <sup>22</sup> RCT Cardiovascular disease: coronary artery disease and hypertension	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, Black participants had higher rates of smoking than White participants (68.7% vs. 63%; <math>p &lt; .001</math>).</li> <li>• Both racial groups experienced significant reductions in smoking of close to 50% in the intervention group and more than 35% in the usual care group.</li> <li>• The baseline disparity persisted in the intervention group but was apparently reduced in the usual care group.</li> <li>• A statistically significant but clinically insignificant disparity in DBP and SBP by race was present at baseline.</li> <li>• Blood pressures were reduced in both the intervention and control groups, with greater change observed in the intervention group.</li> <li>• The small disparity observed at baseline was further reduced at followup in the intervention group but not the control group.</li> </ul>
Lasser et al., 2011 <sup>26</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates at baseline by race or ethnicity.</li> <li>• The intervention was more effective in White and Black individuals relative to those of other or unknown race.</li> </ul>
Mahotiere et al., 2006 <sup>31</sup> Prospective cohort Diabetes	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Other (community intervention)</li> </ul>	<ul style="list-style-type: none"> <li>• The disparity in biennial lipid profile testing at baseline was 19%.</li> <li>• The biennial lipid profile testing rate improved by 26.2 percent in African-American beneficiaries with diabetes in the intervention areas following implementation of the QI program.</li> <li>• The disparity in performance of biennial lipid profile between African-American Medicare fee-for-service beneficiaries and White Medicare fee-for-service beneficiaries reduced to 9.2% following implementation of the QI program.</li> <li>• An analysis of the direct impact of the selected interventions on reducing the disparity in this uncontrolled database analysis was not feasible.</li> </ul>

**Table 11. Summary of effects on disparities in health outcomes associated with race or ethnicity (continued)**

Author, Year Study Design Clinical Condition(s)	QI Intervention Characteristic(s)	Effect on Health Disparity
Miranda et al., 2003 <sup>15</sup> ; Miranda et al., 2004 <sup>34</sup> ; Wells et al., 2007 <sup>28</sup> ; Wells et al., 2004 <sup>29</sup> Cluster RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Other (collaborative care model)</li> <li>• Facilitated relay of clinical data to provider</li> </ul>	<ul style="list-style-type: none"> <li>• The intervention was associated with decreases in probable depressive disorder among minorities but not White patients at 12 months. (Latino p=0.02; African-American p=0.01).</li> <li>• At 12 months among intervention recipients, the baseline disparity increased (6.7% to 7.7%) between Latino and White patients, and decreased between African-American and White patients (9.2% to 6.7%).</li> <li>• Although a statistically significant interaction was seen between intervention and ethnicity at 6 months when minorities were grouped and contrasted with White patients, no such interaction persisted at 12 months.</li> <li>• The overall effect of the intervention on depression status was not significant at five and nine years, but an interaction with race was seen in the overall model of effectiveness. The intervention was associated with improvements in the Mental Health Inventory among minorities (p=0.008) but not among White patients (p=0.59).</li> <li>• In subanalysis at five years, QI–Therapy but not QI–Meds was effective within the minority population.</li> </ul>
Olomu et al., 2010 <sup>33</sup> Retrospective cohort (historic controls) Cardiovascular disease: coronary artery disease	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Other (guideline adherence)</li> </ul>	<ul style="list-style-type: none"> <li>• The American College of Cardiology’s Acute Myocardial Infarction (AMI) Guidelines Applied in Practice (GAP) strategy was associated with increased inpatient use of beta-blockers among nonwhite patients.</li> <li>• Racial disparities in use of cardiac catheterization and percutaneous coronary intervention appeared after implementation of the GAP QI strategy despite overall improvements in care.</li> <li>• The admission tool and inpatient aspirin were more often used post-GAP vs. pre-GAP in both White and nonwhite patients.</li> </ul>
Sequist et al., 2010 <sup>16</sup> Cluster RCT Diabetes	<ul style="list-style-type: none"> <li>• Provider education</li> <li>• Audit and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Disparities were present at baseline in HbA1c levels, BP control, and LDL level.</li> <li>• The intervention showed no effect overall in either racial group.</li> <li>• The intervention did not reduce the disparity.</li> </ul>
Siddiqui et al., 2011 <sup>25</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates at baseline by race or ethnicity.</li> <li>• No statistically significant difference in screening rates between Whites and African-Americans in the control group.</li> <li>• When intervention groups were combined, the screening rate was significantly higher in Whites compared to African-Americans.</li> </ul>

**Abbreviations:** BP = blood pressure; CRC = colorectal cancer; DBP = diastolic blood pressure; GAP = American College of Cardiology’s AMI Guidelines Applied in Practice; HbA1c = hemoglobin A1c; HDZ = health disparity zone; LDL = low density lipoprotein; QI = quality improvement; RCT = randomized controlled trial; SBP = systolic blood pressure.

Two studies (Table 12) examined a difference in outcomes associated with insurance status.<sup>19,26</sup> In both studies, the intervention was equally successful at increasing cancer screening

in publicly and privately insured participants. In the first,<sup>19</sup> a patient reminder system for breast cancer screening improved mammography rates in all women. In the second study,<sup>26</sup> language-concordant assistance by a patient navigator who promoted self-management strategies, patient education, and reminders was associated with significantly increased colorectal cancer screening rates among both privately insured and publicly insured participants compared to usual care, but seemed to be most effective in the privately insured group.

**Table 12. Summary of effects on disparities in health outcomes associated with insurance status**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Barr et al., 2001 <sup>19</sup> RCT Cancer: breast cancer screening	<ul style="list-style-type: none"> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity was observed at baseline.</li> <li>• The intervention was successful in both groups.</li> <li>• Reminder interventions improved likelihood of screening mammography in both commercially insured women (p=0.001) and women covered by Medicare (p=0.01) with no difference in improvement between groups.</li> </ul>
Lasser et al., 2011 <sup>26</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in CRC screening rates at baseline by race or ethnicity.</li> <li>• The intervention increased screening rates in both the private and public insurance groups compared to individuals in the usual care group.</li> <li>• The intervention was associated with a better screening rate for the privately insured group compared to publicly insured group.</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial.

Two studies examined the effects of QI strategies on disparities associated with language (Table 13). Both of them studied language concordance, in which strategies are provided in the native or preferred language of the participant (e.g., in Spanish for native Spanish speakers). One study examined the degree to which a language concordant intervention increased cancer screening (breast and colorectal) among English and Spanish speaking patients. For breast cancer screening, Spanish speakers were more likely to be up to date at baseline than English speakers (OR 1.46; 95% CI: 1.16 – 1.84). The intervention was associated with increased rates of screening overall, with greater effect in the Spanish speaking group (OR 1.85; 95% CI: 1.38, 2.47) than the English speaking group (OR 1.18; 95% CI: 0.82, 1.71). However, the overall multivariate analysis failed to confirm these results and providing the intervention in Spanish to Spanish speakers did not make it any more effective in this group. For colorectal screening, there was no difference in up to date status at baseline, the intervention was again effective overall, and there was no language-by-intervention effect.

A second study included language-concordant assistance by a patient navigator promoting self-management strategies, and providing patient education and reminders to facilitate adherence to colorectal cancer screening for individuals speaking English as their primary language and individuals speaking a language other than English. The patient navigator intervention was associated with increased CRC screening among individuals speaking languages other than English as their primary language (28.9 percent vs. 18.9 percent, p=0.04), but not among patients for whom English was their primary language (26.8 percent vs. 21.4 percent, p=0.35)<sup>26</sup> These studies combined may suggest that targeted language concordant interventions could warrant further examination, with results suggesting a significantly different

effect for non-English speakers and English speakers in one study, and a clinically, but not statistically different effect in the other.

**Table 13. Summary of effects on disparities in health outcomes associated with language barrier**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Beach et al., 2007 <sup>20</sup> RCT Cancer: CRC and breast cancer screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• At baseline, Spanish speakers were more likely to be up to date on breast cancer screening.</li> <li>• The intervention was effective at increasing rates of breast cancer screening overall, with greater effect among Spanish speakers.</li> <li>• Nonetheless, the difference between observed effects for breast cancer screening in the two language groups was not significant.</li> <li>• No disparity in CRC screening rate was measured at baseline.</li> <li>• The intervention was associated with increases in CRC screening in both groups, with neither group associated with a greater effect of the intervention.</li> <li>• Therefore, although there was no evidence that the intervention might reduce known disparities, the intervention was effective at increasing CRC screening for both groups.</li> </ul>
Lasser et al., 2011 <sup>26</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Promotion of self-management</li> <li>• Patient reminder system</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity was measured at baseline</li> <li>• English speaking participants had a similar incidence of CRC screening during 1 year of followup in the intervention group as compared with usual care.</li> <li>• Intervention was particularly beneficial for non-English language participants</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial.

In one health literacy study focusing on improving provider-patient communication in the VA system, colorectal cancer screening was increased among individuals with limited health literacy (55.7 percent vs. 30 percent;  $p=.002$ ) but not among individuals with adequate health literacy (39 percent vs. 36 percent;  $p=.65$ ) in the 20 percent subsample that underwent literacy assessment. The intervention itself included a workshop and feedback sessions for providers and educational materials for patients that included a video (Table 14).

**Table 14. Summary of effects on disparities in health outcomes associated with health literacy**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Ferreira et al., 2005 <sup>23</sup> RCT Cancer: CRC screening	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Audit and feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with limited health literacy were significantly more likely to be screened for CRC when treated at the VA clinic implementing the QI strategy as compared with patients treated at the usual care clinic (55.7% vs. 30.0%, p=0.002).</li> <li>• Patients with adequate health literacy were equally likely to pursue CRC screening when treated at the VA clinic implementing the QI strategy as compared with the patients treated at the usual care clinic (39.0% vs. 36.0%, p=0.65).</li> <li>• Although the effect of the intervention on disparity was not measured directly, the intervention improved the incidence of up-to-date CRC screening among those with limited health literacy only and not among those with higher health literacy, suggesting that it might be a useful tool for reducing literacy related disparity.</li> </ul>

**Abbreviations:** CRC = colorectal cancer; QI = quality improvement; RCT = randomized controlled trial; VA = Veterans Affairs.

In the two studies that assessed differences in effect by socioeconomic status, no effect was seen by income, but individuals with less education experienced greater benefits of collaborative care for depression than did those with higher education (Table 15).

**Table 15. Summary of effects on disparities in health outcomes associated with socioeconomic status**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Disparity Target
Arean et al., 2007 <sup>18</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• Both low income and high/middle income populations experienced a very small benefit from the collaborative care intervention [fewer depression symptoms (high/middle income adjusted OR -0.41, 95% CI -0.49 to -0.33; low income adjusted OR -0.39, 95% CI, -0.5 to -0.27; comparator: usual care)], but no disparities in depressive symptoms had existed at baseline.</li> </ul>
Bao et al., 2011 <sup>24</sup> RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Provider reminder system</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• No disparity in depressive symptoms was present at baseline.</li> <li>• At 24 months, participants with no college education had a greater reduction in depression than participants with college.</li> </ul>

**Abbreviations:** OR = odds ratio; QI = quality improvement; RCT = randomized controlled trial.

One analysis examined the degree to which a collaborative care model for depression could reduce known disparities in accessing care and in outcomes by sex (Table 16). Women had higher rates of appropriate depression care compared with men at 2 years (p= 0.0001). A medication focused intervention and a therapy focused intervention decreased a disparity gap

between men and women in probable unmet need from 10 percent to 1 percent (QI–Meds) and 3 percent (QI–Therapy) at 24 months.

**Table 16. Summary of effects on disparities in health outcomes associated with sex**

Author, Year Study Design Clinical Condition	QI Intervention Characteristic(s)	Effect on Health Disparity
Sherbourne et al., 2004 <sup>30</sup> Cluster RCT Depression	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Provider education</li> <li>• Promotion of self-management</li> <li>• Audit and feedback</li> <li>• Facilitated relay of clinical data to provider</li> <li>• Other (collaborative care model)</li> </ul>	<ul style="list-style-type: none"> <li>• Women had higher rates of appropriate depression care compared with men at 2 years (p= 0.0001).</li> <li>• QI–Meds and QI–Therapy decreased “probable unmet need” disparity gap between men and women (from 10% to 1% (QI–Meds) and to 3% (QI–Therapy) at 24 months).</li> </ul>

**Abbreviations:** QI = quality improvement; RCT = randomized controlled trial.

In sum, there are individual studies that suggest benefits in particular subgroups known to suffer from disparities in health and health care. By far, the largest proportion of the literature focused on the ability of QI interventions to reduce racial disparities, with some suggestions that targeted programs could have some greater effects among racial minorities in both diabetes<sup>32</sup> and hypertension.<sup>21</sup> However, consistent findings from a rich body of literature are lacking to guide QI efforts specifically to reduce disparities.

Based on the limited evidence qualified for inclusion in this report, several strategies are worthy of future study, and possibly wider implementation. These strategies include the collaborative care model<sup>15,17,18,28,29,34</sup> and the role of targeted patient education,<sup>21,26,32</sup> which is accommodating of recipients’ language and literacy levels. The collaborative care model emphasizes the coordination of care by multiple clinical providers, usually by a care manager, and interventions that reflect literacy and language needs of participants have included both the preparation of materials in multiple languages, and materials that reflect the complexity of medical or health care information and the need to make it accessible to a range of patients. A common thread is the emphasis on adapting interventions to the needs of disadvantaged populations and to individuals within them. Sufficient data are not available to support universal implementation of these strategies, but the strategies may be suitable for implementation if an appropriate plan is in place to monitor their effectiveness.

## Applicability

Given the insufficient strength of evidence health systems or clinicians wishing to replicate any of these interventions should carefully assess whether the interventions apply or must be modified to suit their particular patient population, clinical setting, and available resources. Discussions of implementation are likely to be in the context of specific clinical conditions, given the degree to which the health system is structured in this way. Therefore, we summarize the available literature and its likely applicability by clinical focus below.

## Cancer

### Summary

Five RCTs with subgroup analyses explored the effects of various QI strategies on health care disparities in cancer screening, including one examining breast cancer screening,<sup>19</sup> three studies assessing screening for colorectal cancer,<sup>23,25,26</sup> and one assessing both breast and colorectal cancer screening.<sup>20</sup> Disparities that served as the focus of these analyses included insurance status,<sup>19</sup> health literacy,<sup>23</sup> and language.<sup>20</sup> The QI strategies included provision of mail or telephone reminders to patients,<sup>19</sup> education and feedback for clinicians,<sup>23</sup> and language-concordant telephone support calls from prevention care managers to patients.<sup>20</sup> All three RCTs took place in study settings including one large group-model health maintenance organization (HMO),<sup>19</sup> two Department of Veterans Affairs (VA) clinics,<sup>23</sup> and 11 community health centers.<sup>20</sup> All studies employed an internal, “usual care” comparison group. A language-concordant intervention,<sup>20</sup> as compared with usual care, was more effective in increasing breast cancer screening among Spanish-speaking women than in English-speaking women, but the observed difference between the two groups (English and Spanish speaking) was not significant. The language-concordant intervention did not have a similar effect on colorectal cancer (CRC) screening.<sup>20</sup> A health-literacy targeted strategy, as compared with usual care, facilitated CRC screening among those with limited health literacy more effectively than among those with high health literacy.<sup>23</sup> A reminder intervention for breast cancer screening had no differential effect on mammography disparities by insurance status.<sup>19</sup>

### Applicability

Studies included patients cared for at community clinics in New York City, men treated at two VA clinics in Chicago, and women enrolled in a large group model HMO in the northeastern United States. These settings were appropriate for cancer screening interventions, as the bulk of cancer screening recommendations focus on the clinic setting. However, it is uncertain how well the results of these studies generalize to other populations or settings.

The tested interventions varied substantially, ranging from patient reminders to provider education with audit and feedback. These interventions could be replicated, though they generally required significant organizational resources to develop and implement and may not be feasible in other settings. Barriers to care may also differ in other settings, and the interventions likely would need to be adapted to the needs of the target population. In each study, usual care served as the comparator, and this too, may differ in other practice settings. Thus, the marginal benefit of each intervention likely would be different in different settings.

Study outcomes consisted only of short-term process measures—receipt of cancer screening during followup. No long-term outcomes or clinical outcomes, such as diagnosis of malignancies, were reported. Thus the long-term clinical impact of such interventions is unclear.

## Cardiovascular Disease

### Summary

One post hoc analysis of an RCT<sup>22</sup> and one retrospective cohort study<sup>33</sup> explored the effects of various QI strategies on racial health care disparities in coronary artery disease. The RCT addressed reduction of risk factors for coronary artery disease,<sup>22</sup> while the retrospective cohort examined management of acute myocardial infarction (AMI).<sup>33</sup> QI strategies included patient

education and facilitation of self-management<sup>22</sup> and a multifactorial provider- and systems-focused strategy.<sup>33</sup> Both studies were collaborations of academic and community health centers.<sup>22,33</sup> The studies each employed an internal “usual care” comparison group.

One study of cardiovascular risk factor modification showed no meaningful reduction in health disparities seen in smoking rates, although both Black and White participants had substantially lower rates of smoking after intervention.<sup>22</sup> The other study of AMI treatment reduced disparities in one aspect of treatment, which exacerbated disparities in other areas.<sup>33</sup> The strength of evidence was insufficient.

Two post hoc analyses of RCTs explored the effects of various QI strategies on racial health care disparities in hypertension.<sup>21,22</sup> The RCTs addressed management of hypertension<sup>21</sup> and reduction of risk factors for coronary artery disease (CAD) including hypertension.<sup>22</sup> QI strategies were patient education<sup>21</sup> and facilitation of self-management.<sup>21,22</sup> The studies took place in university clinics<sup>21</sup> and multicenter collaborations of academic and community health centers.<sup>22</sup> The studies each employed an internal “usual care” comparison group.

One study had no significant intervention effect on a clinically insignificant disparity in blood pressure measures present at baseline after patient education and promotion of self management.<sup>22</sup> In the second study, however, a home-based self-management strategy, including home blood pressure monitoring and tailored self-management strategies were more effective in the Black population than in the White population, although the study design precludes a clear causal effect by the intervention.<sup>21</sup>

## **Applicability**

Studies of CAD risk factor control included men with CAD risk factors at clinical centers in 18 U.S. cities, and patients with hypertension cared for at two university-affiliated clinics in North Carolina. A study involving treatment of acute myocardial infarction (AMI) included patients hospitalized at academic and community hospitals in Michigan. The study involving men only has limited applicability to women, as patterns of CAD risk factors differ by sex. Moreover, its enrollment occurred between 1973 and 1975, limiting applicability to present day practice. The results of the other two studies are applicable to patients in academic primary care practices, or academic or community hospitals, respectively.

The interventions for CAD risk factor control included intensive patient education and self-management, along with medication titration in one study. The intervention for AMI treatment involved provider education, practice feedback, and implementation of a toolkit. These all required significant institutional resources and the CAD risk factor interventions in particular may not be feasible in routine clinical practice. The AMI treatment initiative, though requiring institutional commitment, has already been disseminated extensively around the United States as a professional society initiative (American College of Cardiology Guidelines Applied in Practice), and thus, its replication is confirmed to be feasible. In each of these studies, usual care served as the comparator. As this varies across practice settings, the effect of the interventions may differ in other environments.

For studies of cardiovascular risk factor control, outcomes consisted of intermediate clinical variables (hypertension, cholesterol, smoking, weight). Outcome assessment in the AMI treatment study was extensive but focused on measures of process and proximal utilization (e.g., prescription of evidence-based medications, use of cardiac catheterization).

# Depression

## Summary

The three studies that evaluated the effect of QI interventions on disparities in depression outcomes focused on racial disparities but included analyses on sex,<sup>30</sup> income,<sup>18</sup> and educational status.<sup>24</sup> All three studies used a collaborative care model, which involved collaboration among multiple clinical providers to provide a coordinated set of interventions. The clinical model in all three studies included a dedicated mental health coordinator (nurse or case manager), creation of mental health teams (composed of primary provider, facility nurses, and psychiatrists), evidence-based pharmacotherapy and psychotherapy, extensive provider education, and longitudinal patient followup to evaluate clinical status and adherence. Each intervention was designed to address known barriers to the receipt of quality mental health care.

The collaborative care models were all associated with improvements in mental health outcomes, including depression scores, severity and functioning, but none specifically demonstrated a reduction in disparity caused by the intervention. In part, this was because few disparities were measurable at baseline, and what the studies did show is that there was no significant difference in the effect in groups defined by income, race or education. Nonetheless, there were some notable differences in effectiveness that might inform future research. For example, the Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) intervention had a greater effect on clinical outcomes in the less educated group,<sup>24</sup> and the effect of the Partners in Care (PIC) intervention was amplified in minorities on some measures.<sup>28</sup> Although no change in disparity was associated with the interventions, improvements did occur across the board, and no harms were reported in any of the studies. However, because we selected only those studies that could have demonstrated a change in disparity, this review does not include even a small proportion of the overall literature on collaborative care, so it is possible that these studies are anomalies in terms of overall effectiveness.

## Applicability

Two of the three studies focused on elderly patients in primary care. One included a range of ages in adulthood. All included both men and women and were racially diverse. Nonetheless, these patient groups may represent a small proportion of the individuals who struggle with depression because of the limited range of health care settings represented in these studies. It is unclear whether the observed results apply to patient populations who receive their primary and mental health care outside of a managed care system, or to individuals who do not receive regular medical care. Additionally, given the settings in which the study took place, they also may not apply to vulnerable populations receiving care through public health systems.

The interventions were all intensive in terms of demand on resources and required strong communication between care providers. In the PIC study, enrolled practices committed to an intervention cost-sharing arrangement, with the understanding that the long-term implementation would fall on the organization of practice itself. The degree to which this is likely to be feasible is unclear.

All studies compared the intervention to usual care, although usual care was not ever completely described and therefore would be expected to vary.

Generally speaking, outcomes were appropriate and reflected those that would and could be used in practice. They included changes in depressive symptoms, incidence of probably

depressive disorder, mental health related quality of life, functional impairment, and receipt of appropriate depression care.

All studies were conducted in primary care practices associated with larger health care organizations. It is unclear whether results would therefore apply to other settings, including individual practices without the resources of a larger organization, or assisted living facilities (pertinent because of the focus on the elderly population).

## **Diabetes**

### **Summary**

Three good quality studies could be used to assess the impact of QI interventions on disparities in diabetes outcomes. One was a randomized controlled trial (RCT),<sup>16</sup> one was a prospective cohort,<sup>31</sup> and one was a retrospective cohort study.<sup>32</sup> None reported critically important clinical outcomes of diabetes, such as death, hypoglycemic coma, adverse drug event, cardiovascular complications, retinopathy progression, nephropathy progression, neurologic complications, or hospitalization for a complication of diabetes. Rather, they reported on surrogate clinical outcomes, clinical risk factors for diabetes comorbidities, and process measures. In two of three studies of diabetes, disparities were reduced in one or more outcomes over the course of the study in at least one subgroup, but the study designs were such that the reduction could not be shown to be caused by the intervention.<sup>31,32</sup>

In one study of a patient reminder system, racial disparities were reduced when HbA1c testing increased substantially among Black participants, relative to no change among White participants. In a broad, systems level program in New York State, a disparity of 19 percent in biennial lipid testing between African-American beneficiaries and White Medicare recipients was reduced to 9.2 percent after intervention of multifaceted QI program. However, the intervention was multifaceted and widespread, and the authors note that they cannot attribute the change to any specific components of the intervention.

### **Applicability**

Studies included people cared for by primary care clinicians in ambulatory health centers in eastern Massachusetts, diabetes disease management program members living in socioeconomically disparate areas throughout the United States and Medicare patients in New York State. Therefore, the results may or may not be applicable to other populations in other regions.

Interventions evaluated included cultural competency training for clinicians and race-stratified performance reports with recommendations for Black diabetic patients, patient telephone reminders in Health Disparity Zones, defined as one with diabetes prevalence above the national average for minorities, and Medicare New York State Quality Improvement Organization (IPRO) multifaceted provider and community interventions. The interventions may not be available in other regions and settings, since they required significant programmatic and implementation resources. The usual care comparators described in these studies may not be applicable to other settings and regions.

Studies reported surrogate clinical outcomes (i.e., HbA1c control), clinical risk factors for diabetes comorbidities (i.e., blood pressure and lipid control), and process measures (i.e., HbA1c and low density lipoprotein measurements). Duration of studies was generally 1 year. No studies reported any critically important clinical outcomes of diabetes such as death or microvascular

and/or macrovascular complications. Results from surrogate outcomes may not apply to important long-term clinical outcomes in people with diabetes.

Studies were conducted in ambulatory health centers in eastern Massachusetts, in diabetes disease management programs across the United States, and in New York State. As much of diabetes care is delivered in primary care ambulatory settings, the evidence would be applicable. However, specialty clinic settings were not reported and the evidence may not apply.

## Gaps in the Literature

A sufficient body of methodologically appropriate research to assess the effects of QI intervention on disparity outcomes currently is not available in the literature. Our assessment is consistent with at least one prior review from 2006,<sup>8</sup> despite several additional years of QI research. Although researchers have focused on the role of QI for improving care in specific populations, there is a fundamental lack of research focused specifically on reducing gaps in the availability, accessibility, and quality of health care between any two populations.<sup>43</sup> Authors of studies in this review have attempted to address the question by conducting post hoc analyses of RCTs intended to study the effectiveness of QI interventions; however, in doing so they have broken what randomization existed and have been unable to make the necessary comparison to tie observed improvements to the intervention conclusively.

Our review specifically sought studies that could measure a potential change in disparity. Other types of studies, such as those that only included only underserved individuals, might provide valuable information to policymakers and clinicians hoping to improve care in those populations, but would not have been included in this review.

## Limitations

One of the challenges to studying the degree to which QI interventions can be found to address disparities is the substantial breadth and heterogeneity of clinical conditions of interest, populations of people with the clinical conditions, QI intervention strategies, comparator, important clinical outcomes, surrogate outcomes, and disparities of interest. Compounding this heterogeneity is poor indexing of QI strategies in the medical literature databases. For example, the subject term “Quality Improvement” was only added to PubMed in 2011; before this time, myriad subject terms were employed to describe the various strategies employed in the QI literature, understandably leading to tremendous variability in how similar studies are categorized in the database. This is partially due to a lack of consistency or agreement on what constitutes a QI intervention – what is available in the literature is often not clearly identified as such and may be multifaceted and thus difficult to evaluate or compare to other intervention studies. Many QI interventions also include non-QI components, such as broader public health initiatives; thus, the potential impact of the QI intervention may be masked or difficult to isolate.

A further challenge to studying changes in disparities is the poor documentation of those disparities, and the fact that any two populations may represent multiple and overlapping disparities. In the studies that we were able to find that could have empirically assessed a disparity change, many were unable to demonstrate any existing disparity at baseline, which may be a reflection of the complexity of identifying and measuring disparities using single characteristics. Future studies will require much broader populations to include enough individuals from diverse background to capture and assess disparities over time empirically.

Finally, the degree to which publication bias may exist is unknown but potentially important for this literature. Many QI interventions are programmatic interventions in health care systems,

not necessarily designed as research. Decisions about whether to publish the results of such interventions could, therefore, be based on the degree to which they were perceived to be successful and potentially useful to other industry colleagues and systems. It is possible that other interventions have been performed and remain unpublished.

## Future Research

Calls for the study of QI strategies to address disparities are not new.<sup>6</sup> In order to advance this field, research must be specifically designed to assess the relevant contrasts in disparities and not rely on post hoc analyses of interventions designed to improve the health and health care of all participating individuals. In part, this is complicated by a lack of detailed evidence about the root causes of disparities.

To determine if a QI intervention is effective for reduction of a disparity, the research protocol needs to establish the baseline health outcomes for the health condition of interest for at least two groups, and this baseline data must include the report of disparity. The research protocol must be designed to produce a report of the same health outcome measures after the QI intervention for the same groups, and that post-intervention analysis must include data about the disparity. In this way, two levels of effectiveness are measured simultaneously—that for the intervention overall and that for the reduction of disparity.

For intervention effectiveness to be established there must be a statistically significant improvement in the health outcomes for an intervention group, compared with a control group. For reduction of disparity effectiveness to be established, there must be a statistically significant reduction of the disparity measured after the intervention, compared with the baseline disparity; complex sample size calculations must be performed to determine that the study will be adequately powered for both QI intervention effectiveness versus control, and for QI intervention effectiveness for reduction of disparity. A potentially effective intervention for reducing inequities may be one that is equally effective across the socioeconomic spectrum, but that may reduce health inequalities simply because the prevalence of health problems among the disadvantaged is greater. It may also be the case that an intervention is more effective in a disparity group because it addresses their particular needs, but also benefits the non-disparity group (e.g., a disease management program that pays attention to issues of health literacy may provide greater benefits to patients with low health literacy). Nonetheless, the vast majority of studies purported to address disparities study only one group—the disadvantaged group—thus eliminating the studies' own ability to actually measure an actual change in disparity.

Even with well-designed studies, the basis for believing that a QI intervention designed to improve health care overall would reduce a disparity is the assumption that it would have an amplified effect in a disadvantaged group, thus accelerating their health care improvement to the point that the gap decreases. This assumption has not been adequately studied in any health care condition or in relation to any disparity, and this foundational research is necessary to establish the basis for continuing research on QI interventions with the expectation that they will affect disparities.

Nonetheless, QI interventions that demonstrate improvements across all populations do not necessarily do so at the expense of disadvantaged groups; they simply do not demonstrate an ability to accelerate change in one group versus another to the point that a gap is closed. Therefore, it is unclear whether QI interventions are potentially fruitful or appropriate for the purpose of reducing health care outcome disparities, despite their known effectiveness at improving health and health care across disparity groups.

Nonetheless, research should be conducted on the collaborative care model and the role of targeted patient education, which is accommodating of recipients' language and literacy levels. As previously noted, sufficient data are not available to support universal implementation of these strategies, but the strategies may be suitable for implementation if an appropriate plan is in place to monitor their effectiveness. In particular, it will be important in studying these and other QI interventions to ensure capture on data reflecting organizational adherence to interventions, something notably missing from the current literature.

Furthermore, data on patient characteristics known to be associated with disparity should be collected regularly such that any observed changes in disparity can be measured. Future studies should provide data in such a way that both the overall effectiveness and a change in disparity can be assessed statistically.

## **Conclusions**

The literature on QI interventions generally and their ability to improve health and health care is large. Whether those interventions are effective at reducing disparities remains unclear. This report should not be construed to assess the general effectiveness of QI in the health care setting; rather, QI has not been shown specifically to reduce known disparities in health care or health outcomes. In a few instances, some increased effect is seen in disadvantaged populations; these studies should be replicated and the interventions studied further as having potential to address disparities. Specific examples that warrant additional study include increasing our understanding of the collaborative care model in improving depression outcomes, and the role of targeted patient education, including ensuring that interventions are provided in the primary language of the patients.

## References

1. National Healthcare Disparities Report. AHRQ Publication No. 10-0004. Rockville, MD: Agency for Healthcare Research and Quality; March 2010. [www.ahrq.gov/qual/qdr09.htm](http://www.ahrq.gov/qual/qdr09.htm).
2. Smedley BD, Stith AY, Nelson AR. Unequal treatment : confronting racial and ethnic disparities in health care. Washington, D.C.: Institute of Medicine. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care., National Academies Press; 2003.
3. Centers for Disease Control and Prevention, Health disparities and inequalities report-- United States, 2011. MMWR 2011;60(Suppl) PMID 21430612
4. Seid M, Lotstein D, Williams VL, et al. Quality improvement: Implications for public health preparedness. 2006.
5. Powell A, Rushmer R, Davies H. A systematic review of quality improvement models in health care. NHS Quality Improvement Scotland; 2009.
6. Shojania KG, McDonald KM, Wachter RM, et al. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 1- Series Overview and Methodology. AHRQ Pub No. 04-0051-1. Rockville, MD: Agency for Healthcare Research and Quality; 2004. [www.ahrq.gov/clinic/tp/qgap1tp.htm](http://www.ahrq.gov/clinic/tp/qgap1tp.htm).
7. Carter-Pokras O, Baquet C, What is a "health disparity"? Public Health Rep. 2002 Sep-Oct;117(5):426-34. PMID 12500958
8. Beach MC, Gary TL, Price EG, et al., Improving health care quality for racial/ethnic minorities: a systematic review of the best evidence regarding provider and organization interventions. BMC Public Health. 2006 Apr;6 PMID 16635262
9. Higgins J, Green S. Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0. The Cochrane Collaboration; 2011. [www.cochrane-handbook.org](http://www.cochrane-handbook.org).
10. Relevo R, Balshem H. Finding evidence for comparing medical interventions. Methods Guide for Comparative Effectiveness Reviews Agency for Healthcare Research and Quality.
11. Wilczynski NL, Haynes RB, Optimal search filters for detecting quality improvement studies in Medline. Qual Saf Health Care. 2010 Dec;19(6):e31. PMID 20671080
12. Adams K, Corrigan J, eds. Priority areas for national action:transforming health care quality. Washington, D.C.: The National Academies Press; 2003.
13. Wells G, Shea B, O'Connell D, et al. The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. [www.ohri.ca/programs/clinical\\_epidemiology/oxford.asp](http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp). Accessed August 2011.
14. Owens DK, Lohr KN, Atkins D, et al., AHRQ series paper 5: grading the strength of a body of evidence when comparing medical interventions--agency for healthcare research and quality and the effective health-care program. J Clin Epidemiol. 2010 May;63(5):513-23. PMID 19595577
15. Miranda J, Duan N, Sherbourne C, et al., Improving care for minorities: can quality improvement interventions improve care and outcomes for depressed minorities? Results of a randomized, controlled trial. Health Serv Res. 2003 Apr;38(2):613-30. PMID 12785564
16. Sequist TD, Fitzmaurice GM, Marshall R, et al., Cultural competency training and performance reports to improve diabetes care for black patients: a cluster randomized, controlled trial. Ann Intern Med. 2010 Jan 5;152(1):40-6. PMID 20048271
17. Arean PA, Ayalon L, Hunkeler E, et al., Improving depression care for older, minority patients in primary care. Med Care. 2005 Apr;43(4):381-90. PMID 15778641
18. Arean PA, Gum AM, Tang L, et al., Service use and outcomes among elderly persons with low incomes being treated for depression. Psychiatr Serv. 2007 Aug;58(8):1057-64. PMID 17664516

19. Barr JK, Franks AL, Lee NC, et al., A randomized intervention to improve ongoing participation in mammography. *Am J Manag Care*. 2001 Sep;7(9):887-94. PMID 11570022
20. Beach ML, Flood AB, Robinson CM, et al., Can language-concordant prevention care managers improve cancer screening rates? *Cancer Epidemiol Biomarkers Prev*. 2007 Oct;16(10):2058-64. PMID 17932353
21. Bosworth HB, Olsen MK, Grubber JM, et al., Racial differences in two self-management hypertension interventions. *Am J Med*. 2011 May;124(5):468 e1-8. PMID 21531237
22. Connett JE, Stamler J, Responses of black and white males to the special intervention program of the Multiple Risk Factor Intervention Trial. *Am Heart J*. 1984 Sep;108(3 Pt 2):839-48. PMID 6475754
23. Ferreira MR, Dolan NC, Fitzgibbon ML, et al., Health care provider-directed intervention to increase colorectal cancer screening among veterans: results of a randomized controlled trial. *J Clin Oncol*. 2005 Mar 1;23(7):1548-54. PMID 15735130
24. Bao Y, Alexopoulos GS, Casalino LP, et al., Collaborative depression care management and disparities in depression treatment and outcomes. *Arch Gen Psychiatry*. 2011 Jun;68(6):627-36. PMID 21646579
25. Siddiqui AA, Sifri R, Hyslop T, et al., Race and response to colon cancer screening interventions. *Prev Med*. 2011 Mar-Apr;52(3-4):262-4. PMID 21256149
26. Lasser KE, Murillo J, Lisboa S, et al., Colorectal cancer screening among ethnically diverse, low-income patients: a randomized controlled trial. *Arch Intern Med*. 2011 May 23;171(10):906-12. PMID 21606094
27. Miranda J, Cooper LA, Disparities in care for depression among primary care patients. *J Gen Intern Med*. 2004 Feb;19(2):120-6. PMID 15009791
28. Wells KB, Sherbourne CD, Miranda J, et al., The cumulative effects of quality improvement for depression on outcome disparities over 9 years: results from a randomized, controlled group-level trial. *Med Care*. 2007 Nov;45(11):1052-9. PMID 18049345
29. Wells K, Sherbourne C, Schoenbaum M, et al., Five-year impact of quality improvement for depression: results of a group-level randomized controlled trial. *Arch Gen Psychiatry*. 2004 Apr;61(4):378-86. PMID 15066896
30. Sherbourne CD, Weiss R, Duan N, et al., Do the effects of quality improvement for depression care differ for men and women? Results of a group-level randomized controlled trial. *Med Care*. 2004 Dec;42(12):1186-93. PMID 15550798
31. Mahotiere T, Ocepek-Welikson K, Daley MB, et al., A program to reduce the disparity in the rate of biennial lipid profiles between African-American and white Medicare beneficiaries with diabetes mellitus in New York City. *J Community Health*. 2006 Aug;31(4):263-88. PMID 16894826
32. Coberley CR, Puckrein GA, Dobbs AC, et al., Effectiveness of disease management programs on improving diabetes care for individuals in health-disparate areas. *Dis Manag*. 2007 Jun;10(3):147-55. PMID 17590145
33. Olomu AB, Grzybowski M, Ramanath VS, et al., Evidence of disparity in the application of quality improvement efforts for the treatment of acute myocardial infarction: the American College of Cardiology's Guidelines Applied in Practice Initiative in Michigan. *Am Heart J*. 2010 Mar;159(3):377-84. PMID 20211298
34. Miranda J, Schoenbaum M, Sherbourne C, et al., Effects of primary care depression treatment on minority patients' clinical status and employment. *Arch Gen Psychiatry*. 2004 Aug;61(8):827-34. PMID 15289281
35. Kjelsberg MO, Cutler JA, Dolecek TA, Brief description of the Multiple Risk Factor Intervention Trial. *Am J Clin Nutr*. 1997 Jan;65(1 Suppl):191S-5S. PMID 8988937

36. Montoye CK, Mehta RH, Baker PL, et al., A rapid-cycle collaborative model to promote guidelines for acute myocardial infarction. *Jt Comm J Qual Saf.* 2003 Sep;29(9):468-78. PMID 14513670
37. Wells KB, The design of Partners in Care: evaluating the cost-effectiveness of improving care for depression in primary care. *Soc Psychiatry Psychiatr Epidemiol.* 1999 Jan;34(1):20-9. PMID 10073117
38. Alexopoulos GS, Reynolds CF, 3rd, Bruce ML, et al., Reducing suicidal ideation and depression in older primary care patients: 24-month outcomes of the PROSPECT study. *Am J Psychiatry.* 2009 Aug;166(8):882-90. PMID 19528195
39. Unutzer J, Katon W, Williams JW, Jr., et al., Improving primary care for depression in late life: the design of a multicenter randomized trial. *Med Care.* 2001 Aug;39(8):785-99. PMID 11468498
40. Unutzer J, Katon W, Callahan CM, et al., Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA.* 2002 Dec 11;288(22):2836-45. PMID 12472325
41. QIO Efforts to reduce healthcare disparities 2002-2005: Final report of progress, findings, and results of QIO projects. Underserved Quality Improvement Organization Support Center. [www.ahqa.org/pub/uploads/QIOs\\_Reduce\\_Disparities\\_Final\\_Report\\_w\\_Cover.pdf](http://www.ahqa.org/pub/uploads/QIOs_Reduce_Disparities_Final_Report_w_Cover.pdf). Accessed on 09/2011.
42. Alexander GR, Wingate MS, Bader D, et al., The increasing racial disparity in infant mortality rates: composition and contributors to recent US trends. *Am J Obstet Gynecol.* 2008 Jan;198(1):51 e1-9. PMID 17870043
43. Weinick RM, Hasnain-Wynia R, Quality improvement efforts under health reform: how to ensure that they help reduce disparities--not increase them. *Health Aff (Millwood).* 2011 Oct;30(10):1837-43. PMID 21976324

## Acronyms and Abbreviations

AA	African-American
ADA	American Diabetes Association
AHRQ	Agency for Healthcare Research and Quality
AMI	Acute myocardial infarction
BP	Blood pressure
CABG	Coronary artery bypass grafting
CAD	Coronary artery disease
CBT	Cognitive behavior therapy
CC	Collaborative care
CHD	Coronary heart disease
CI	Confidence interval
CQG	Closing the Quality Gap
CQI	Continuous Quality Improvement
CRC	Colorectal cancer
DBP	Diastolic blood pressure
DCM	Depression care manager
DCS	Depression care specialist
EPC	Evidence-based practice center
FADE	Quality improvement organizational model: Focus, Analyze, Develop, Execute, Evaluate
FFS	Fee-for-service
FOBT	Fecal occult blood test
FS/COL	Flexible sigmoidoscopy or colonoscopy
GAP	American College of Cardiology's AMI Guidelines Applied in Practice
GCC	Guideline concordant care
HbA1c	Glycosylated hemoglobin
HDL	High density lipoprotein
HDZ	Health disparity zone
HMO	Health maintenance organization
IMPACT	Improving mood-promoting access to collaborative treatment
IOM	Institute of Medicine
IPRO	Medicare quality improvement organization for the State of New York
KQ	Key question
LDL	Low density lipoprotein
MCO	Managed care organization
MCS-12	Mental health component scale
MDD	Major depressive disorder
mm Hg	Millimeter of mercury
mmol/L	Millimole per liter
MRFIT	Multiple risk factor intervention trial
N-O	Newcastle-Ottawa
NA	Not applicable
Non-HDZ	Non-health disparity zone
NP	Nurse practitioner

NR	Not reported
adjusted OR	Adjusted odds ratio
OR	Odds ratio
PA	Physician assistant
PCI	Percutaneous coronary intervention
PCS-12	Physical component score
PDSA	Plan, Do, Study, Act
PIC	Partners in care
PROSPECT	Prevention of Suicide in Primary Care Elderly
QI	Quality improvement
QI–Meds	Quality improvement-enhanced medication management
QI–Therapy	Quality improvement-enhanced therapy management
QoL	Quality of life
RCT	Randomized controlled trial
REALM	Rapid estimate of adult literacy in medicine
RoB	Risk of bias
SBP	Systolic blood pressure
SD	Standard deviation
SES	Socioeconomic status
TEP	Technical Expert Panel
TQM	Total quality management
UC	Usual care
VA	Veterans Affairs

## Appendix A. Literature Search Strategies

**Database: PubMed**

Search	Search terms	Search results
#1	reminder systems[mh] OR guideline adherence[mh] OR medical audit[mh] OR interdisciplinary communication[mh] OR feedback[mh] OR nursing audit[mh] OR patient education as topic[mh] OR education, continuing[mh] OR health personnel/education[mh] OR health education[majr] OR "provider education" OR self care[mh] OR organizational innovation[mh] OR "self management" OR quality improvement[tiab] OR quality assurance, health care[mh] OR quality indicators, health care[mh] OR safety management[majr] OR patient safety[tiab]	481284
#2	health status disparities[mh] OR healthcare disparities[mh] OR minority health[mh] OR ethnic groups[mh] OR minority groups[mh] OR health literacy[mh] OR health literacy[tiab] OR numeracy[tiab] OR socioeconomic factors[mh] OR social class[mh] OR sexuality[mh] OR communication barriers[mh] OR translating[mh] OR language[mh:noexp] OR insurance coverage[mh] OR medically uninsured[mh] OR disparities[tiab] OR disparity[tiab] OR inequity[tiab] OR inequities[tiab] OR inequality[tiab] OR inequalities[tiab]	475923
#3	colorectal neoplasms[mh] OR breast neoplasms[mh] OR heart failure[mh] OR myocardial ischemia[mh] OR coronary disease[mh] OR diabetes mellitus[mh:noexp] OR diabetes mellitus, type 1[mh] OR diabetes mellitus, type 2[mh] OR hypertension[mh:noexp] OR pregnancy outcome[mh] OR birth weight[mh] OR premature birth[mh] OR infant mortality[mh] OR infant, low birth weight[mh] OR infant, premature[mh] OR depressive disorder[mh:noexp] OR depressive disorder, major[mh] OR depression[mh] OR asthma[mh] OR pneumonia[mh] OR pneumococcal vaccines[mh] OR cystic fibrosis[mh] OR kidney failure, chronic[mh] OR renal dialysis[mh]	1517358
#4	#1 AND #2 AND #3 AND eng[la] AND humans[mh] AND 1983:2011[dp]	3616
#5	#4 AND case reports[pt]	44
#6	#4 AND letter[pt]	49
#7	#4 AND review[pt]	288
#8	#4 AND editorial[pt]	43
#9	#4 AND comment[pt]	74
#10	#4 AND practice guideline[pt]	16
#11	#4 AND historical article[pt]	11
#12	#4 AND legal cases[pt]	2
#13	#4 AND news[pt]	27
#14	#4 AND newspaper article[pt]	2
#15	#4 AND meta-analysis[pt]	15
#16	#4 AND jsubsetk	16
#17	#5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16	507
#18	#4 NOT #17	3109

**Key:** jsubsetk consumer health subset; [la] language; [mh] Medical Subject Heading; [mh:noexp] Medical Subject Heading, not including narrower terms; [pt] publication type; [tiab] title or abstract word

**Database: CINAHL (EBSCOhost interface)**

Search	Search terms	Search results
#1	(MH "Quality Assurance") OR (MH "Quality of Health Care") OR (MH "Patient Safety") OR (MH "Reminder Systems") OR (MH "Health Education+") OR (MH "Audit") OR (MH "Feedback") OR (MH "Self Care") OR TX quality OR (MH "Education, Continuing") OR (MH "Education, Medical, Continuing") OR (MH "Education, Nursing, Continuing") OR (MH "Quality Management, Organizational") OR (MH "Organizational Change")	271475
#2	(TX disparity OR disparities OR numeracy OR health literacy OR inequity OR inequities OR inequality OR inequalities) OR (MH "Minority Groups") OR (MH "Socioeconomic Factors+") OR (MH "Communication Barriers") OR (MH "English as a Second Language") OR (MH "Insurance, Health+") OR (MH "GLBT Persons+") OR (MH "Sexuality") OR (MH "Bisexuality") OR (MH "Homosexuality") OR (MH "Medically Uninsured") OR (MH "Ethnic Groups+")	241818
#3	(MH "colorectal neoplasms+") OR (MH "breast neoplasms+") OR (MH "heart failure") OR (MH "myocardial ischemia+") OR (MH "diabetes mellitus, insulin-dependent") OR (MH "diabetes mellitus, non-insulin-dependent") OR (MH "hypertension") OR (MH "infant, low birth weight") OR (MH "infant, premature") OR (MH "pregnancy outcomes") OR (MH "infant mortality") OR (MH "depression") OR (MH "asthma") OR (MH "pneumonia+") OR (MH "pneumococcal vaccine") OR (MH "cystic fibrosis") OR (MH "kidney failure, chronic") OR (MH "hemodialysis")(MH "colorectal neoplasms+") OR (MH "breast neoplasms+") OR (MH "heart failure") OR (MH "myocardial ischemia+") OR (MH "diabetes mellitus, insulin-dependent") OR (MH "diabetes mellitus, non-insulin-dependent") OR (MH "hypertension") OR (MH "infant, low birth weight") OR (MH "infant, premature") OR (MH "pregnancy outcomes") OR (MH "infant mortality") OR (MH "depression") OR (MH "asthma") OR (MH "pneumonia+") OR (MH "pneumococcal vaccine") OR (MH "cystic fibrosis") OR (MH "kidney failure, chronic")	208909
#4	#1 AND #2 AND #3, limited to English, human, peer reviewed journals, research articles; MEDLINE articles excluded	413
#5	#4 AND (PT "abstract")	55
#6	#4 AND (MH "case studies")	10
#7	#4 AND (PT "commentary")	3
#8	#4 AND (PT "editorial")	1
#9	#4 AND (PT "letter")	1
#10	#4 AND (PT "practice guidelines")	1
#11	#4 AND (PT "proceedings")	1
#12	#5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11	70
#13	#4 NOT #12	343

**Key:** MH CINAHL medical subject heading; + explode term; PT publication type; TX text word

**Database: PsycINFO (CSA interface)**

Search	Search terms	Search results
#1	DE=(quality of care OR clinical audits OR feedback OR knowledge of results OR client education OR continuing education OR decision support systems OR self care skills OR self management OR organizational innovation OR quality control OR safety OR "health education") OR (reminder OR reminders), limited to 1980 -2011, journal article, English language, and human	35168
#2	DE=(health disparities OR racial and ethnic groups OR racial and ethnic differences OR health literacy OR minority groups OR english as a second language OR communication barriers OR language proficiency OR numerical ability OR "health insurance" or "employee health insurance" or "workers compensation insurance" or "fee for service" or "health maintenance organizations" or "medicaid" or "medicare" or "underinsured health insurance" or "uninsured health insurance" OR "transgender" or "transsexualism" OR "sexual orientation" or "bisexuality" or "heterosexuality" or "homosexuality" or "lesbianism" or "male homosexuality") OR (disparity OR disparities OR inequity OR inequities OR inequality OR inequalities), limited to 1980 -2011, journal article, English language, and human	80091
#3	DE=(breast neoplasms OR hypertension OR pregnancy outcomes OR premature birth OR birth weight OR asthma OR pneumonia OR cystic fibrosis OR kidney diseases OR "heart disorders" or "angina pectoris" or "arrhythmias heart" or "bradycardia" or "fibrillation heart" or "tachycardia" or "coronary thromboses" or "myocardial infarctions" OR "diabetes" or "diabetes mellitus" OR "major depression" OR "depression emotion" OR "dialysis" or "hemodialysis") OR (DE=(neoplasms) AND (DE=(colon disorders) OR colon OR colorectal)) OR (pneumococcal AND (vaccine OR vaccines OR vaccination OR vaccinated OR vaccinations)), limited to 1980 -2011, journal article, English language, and human	80009
#4	#1 AND #2 AND #3	391
#5	PT=(edited book) or PT=(editorial) or PT=(electronic collection) or PT=(encyclopedia entry) or PT=(encyclopedia) or PT=(erratum/correction) or PT=(handbook/manual) or PT=(letter) or PT=(obituary) or PT=(publication information) or PT=(reference book) or PT=(reprint) or PT=(review-book) or PT=(review-media) or PT=(textbook/study guide) or PT=(dissertation) or PT=(review-software) or PT=(abstract collection) or PT=(authored book) or PT=(bibliography) or PT=(book) or PT=(chapter) or PT=(classic book) or PT=(column/opinion) or PT=(comment/reply) or PT=(conference proceedings) or PT=(dissertation abstract)	1101
#6	ME=(focus group OR interview OR literature review OR meta analysis OR nonclinical case study OR systematic review)	94944
#7	#4 NOT (#5 OR #6)	336

**Key:** DE subject term; PT publication type; ME methodology

**Database: Social Science Citation**

Search	Search terms	Search results
#1	TS=(health literacy OR (language AND (barrier* OR problem*)) OR English as a second language OR (health AND numeracy)) AND Language=(English) AND Document Type=(Article)	11111
#2	TS=(breast cancer OR colorectal cancer OR colon cancer OR diabetes OR heart failure OR coronary artery disease OR heart disease OR myocardial infarction OR myocardial ischemia OR hypertension OR hypertensive OR depression OR depressive disorder OR asthma OR cystic fibrosis OR pneumonia OR end stage renal disease OR (birthweight AND low) OR premature birth OR prematurity OR preterm birth) AND Language=(English) AND Document Type=(Article)	>100000
#3	TS=(reminder OR reminders OR audit OR feedback OR patient education OR provider education OR self management OR quality OR patient safety) AND Language=(English) AND Document Type=(Article)	>100000
#4	#1 AND #2 AND #3 , limited to articles with any US author affiliation	280

**Key:** TS keyword

# Appendix B. Abstract Review Form

*Please complete each item below (items 1-6) irrespective of the response to the previous item.*

<b>Primary Inclusion/Exclusion Criteria</b>			
1. Original research (exclude reviews, systematic reviews, editorials, commentaries, letters to editor, etc.).	Yes	No	Cannot Determine
2. Includes an intervention.	Yes	No	Cannot Determine
3. Includes individuals receiving health care within the U.S.	Yes	No	Cannot Determine
4. The number of participants enrolled is greater than or equal to 50 per group.	Yes	No	Cannot Determine
5. Addresses one or more of the priority conditions ( <i>check one or more</i> ): a. ___ Colorectal cancer including screening b. ___ Breast cancer including screening c. ___ Diabetes mellitus d. ___ Congestive heart failure (i.e. heart failure, left-sided heart failure, right-sided heart failure, cor pulmonale, CHF) e. ___ Coronary artery disease (i.e. coronary heart disease, arteriosclerotic heart disease, CHD, CAD) f. ___ Hypertension g. ___ Pregnancy h. ___ Major depressive disorder i. ___ Asthma j. ___ Cystic fibrosis k. ___ Pneumonia including pneumococcal vaccination l. ___ End stage renal disease	Yes	No	Cannot Determine
6. Do the participants include individuals from a target population defined by one of the following indicators of disparity: a. ___ Race/ethnicity b. ___ Socioeconomic status c. ___ Insurance status d. ___ Sex e. ___ Sexual orientation f. ___ Health literacy/numeracy g. ___ Language barrier	Yes	No	Cannot Determine

***If “No” was marked for any response above, the form is complete\*; otherwise, turn the sheet over and complete Part II***

*\*If not included, the citation may still be marked for retention for one of the following reasons:*

\_\_\_ **BACKGROUND/DISCUSSION**

\_\_\_ **REVIEW OF REFERENCES**

\_\_\_ **OTHER**

**Please complete each item below (items 7-10) irrespective of the response to the previous item.**

<p>7. Addresses one or more quality improvement strategies (i.e. a systematic process designed to improve the quality of care) as an intervention (<i>check one or more</i>):</p> <p>a. <input type="checkbox"/> Provider reminder systems  b. <input type="checkbox"/> Facilitated relay of clinical data to providers  c. <input type="checkbox"/> Audit and feedback  d. <input type="checkbox"/> Provider education  e. <input type="checkbox"/> Patient education  f. <input type="checkbox"/> Promotion of self-management  g. <input type="checkbox"/> Patient reminder systems  h. <input type="checkbox"/> Other (<i>list below, excluding financial incentives and public reporting</i>):</p> <p>_____</p> <p>_____</p>	Yes	No	Cannot Determine
<p>8. Intervention originates from or occurs within at least one of the following settings:</p> <p>a. <input type="checkbox"/> Hospital  b. <input type="checkbox"/> Clinic  c. <input type="checkbox"/> Provider office</p>	Yes	No	Cannot Determine
<p>9. Includes outcomes of interest for a referent group that is either an:</p> <p>a. <input type="checkbox"/> Internal source (i.e. within study referent group) or  b. <input type="checkbox"/> External source (i.e. data from a referent group not included in the study)</p>	Yes	No	Cannot Determine
<p>10. Addresses an outcome of interest (<i>check one or both</i>):</p> <p>a. <input type="checkbox"/> Health outcome and/or process outcome  b. <input type="checkbox"/> Harm and/or unanticipated adverse effect</p>	Yes	No	Cannot Determine

***If “No” was marked for any of the items (#7-#10) above, and the citation is excluded by the second abstract review, the citation will not proceed to full text review.\****

***\*If not included, the citation may still be marked for retention for one of the following reasons:***

**BACKGROUND/DISCUSSION**

**REVIEW OF REFERENCES**

**OTHER**

\_\_\_\_\_

# Appendix C. Full-Text Review Form

*Please complete each item below (items 1-4) irrespective of the response to the previous item.*

<p>1. Does the paper describe original research (i.e. the paper is not a review article, meta-analysis, systematic review, editorial, commentary, letter to the editor, patient summary, etc.)?</p>	Yes	No		
<p>2. Does the intervention or strategy meet the definition of quality improvement?</p> <p>If “yes”, check the definition that applies:</p> <p><u>Quality improvement definition</u></p> <p><input type="checkbox"/> A formal, broad organization model, such as PDSA (plan, do, study, act), Six Sigma, CQI (continuous quality improvement), or TQM (total quality management).</p> <p><input type="checkbox"/> A change process in health care systems, services, or supplier for the purpose of increasing the likelihood of optimal clinical quality of care.</p> <p>Select one or more of the QI categories below.</p> <p><u>Quality improvement taxonomy</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Provider reminder system  <input type="checkbox"/> Facilitated relay of clinical data to provider  <input type="checkbox"/> Audit and feedback  <input type="checkbox"/> Provider education         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Patient education/Promotion of self-management  <input type="checkbox"/> Patient reminder system  <input type="checkbox"/> Other _____         </td> </tr> </table>	<input type="checkbox"/> Provider reminder system <input type="checkbox"/> Facilitated relay of clinical data to provider <input type="checkbox"/> Audit and feedback <input type="checkbox"/> Provider education	<input type="checkbox"/> Patient education/Promotion of self-management <input type="checkbox"/> Patient reminder system <input type="checkbox"/> Other _____	Yes	No
<input type="checkbox"/> Provider reminder system <input type="checkbox"/> Facilitated relay of clinical data to provider <input type="checkbox"/> Audit and feedback <input type="checkbox"/> Provider education	<input type="checkbox"/> Patient education/Promotion of self-management <input type="checkbox"/> Patient reminder system <input type="checkbox"/> Other _____			
<p>3. Does the study target disparities that are based on one of the selected indicators?</p> <p>If “yes”, check all that apply below:</p> <p><u>Disparity indicator(s)</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Race/ethnicity  <input type="checkbox"/> Socioeconomic status  <input type="checkbox"/> Insurance status  <input type="checkbox"/> Sex         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Sexual orientation  <input type="checkbox"/> Health literacy/numeracy  <input type="checkbox"/> Language barrier         </td> </tr> </table>	<input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Socioeconomic status <input type="checkbox"/> Insurance status <input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation <input type="checkbox"/> Health literacy/numeracy <input type="checkbox"/> Language barrier	Yes	No
<input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Socioeconomic status <input type="checkbox"/> Insurance status <input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation <input type="checkbox"/> Health literacy/numeracy <input type="checkbox"/> Language barrier			
<p>4a. Does the study demonstrate or measure a change in disparity by including a referent group (either internal or external) comprising individuals without the disparity of interest?</p> <p>If “yes”, check one of the data sources below:</p> <p><u>Referent data source</u></p> <p><input type="checkbox"/> Internal (i.e. a group of individuals within the study)</p> <p><input type="checkbox"/> External (i.e. data from a source or group outside the study)</p>	Yes	No		
<p>4ai. If the referent data source is external, does it meet both the following conditions?</p> <p style="margin-left: 20px;">a) geographically local (i.e. not greater than state level); and</p> <p style="margin-left: 20px;">b) temporally proximal (i.e. not greater than four years from the date of target group data collection)</p>	Yes	No		
<p>4b. Does the study report data from the referent group (internal or external) both before and after the introduction of the quality improvement intervention?</p>	Yes	No		

**If “no” is checked for one or more of the items above, the form is complete. Otherwise, continue and complete items 5-7 below.**

<p>5. Does the study meet the specified conditions (see below) for inclusion?</p> <p>If “no”, check one or more of the conditions <b>NOT</b> met below:</p> <p><u>Exclusion reason</u></p> <p><input type="checkbox"/> Study participants or centers are not based in the U.S.</p> <p><input type="checkbox"/> The intervention does not originate from a clinic, hospital, or provider office.</p> <p><input type="checkbox"/> The study does not include a control group for the quality improvement strategy/intervention.</p> <p><input type="checkbox"/> The study does not include 50 or more participants for each intervention and control group.</p>	Yes	No		
<p>6. Does the study address a priority condition?</p> <p>If “yes”, check one or more of the conditions below:</p> <p><u>Condition(s)</u></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Colorectal cancer (including screening)  <input type="checkbox"/> Breast cancer (including screening)  <input type="checkbox"/> Diabetes mellitus (insulin and non-insulin dependent)  <input type="checkbox"/> Congestive heart failure  <input type="checkbox"/> Coronary artery disease (including coronary heart disease, acute coronary syndrome, acute myocardial infarction, and STEMI)  <input type="checkbox"/> Hypertension </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Pregnancy (excluding neonatal only)  <input type="checkbox"/> Major depressive disorder (i.e. major depression, clinical depression)  <input type="checkbox"/> Asthma  <input type="checkbox"/> Cystic fibrosis  <input type="checkbox"/> Pneumonia (including pneumococcal vaccination)  <input type="checkbox"/> End stage renal disease (i.e. renal failure) </td> </tr> </table>	<input type="checkbox"/> Colorectal cancer (including screening) <input type="checkbox"/> Breast cancer (including screening) <input type="checkbox"/> Diabetes mellitus (insulin and non-insulin dependent) <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Coronary artery disease (including coronary heart disease, acute coronary syndrome, acute myocardial infarction, and STEMI) <input type="checkbox"/> Hypertension	<input type="checkbox"/> Pregnancy (excluding neonatal only) <input type="checkbox"/> Major depressive disorder (i.e. major depression, clinical depression) <input type="checkbox"/> Asthma <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Pneumonia (including pneumococcal vaccination) <input type="checkbox"/> End stage renal disease (i.e. renal failure)	Yes	No
<input type="checkbox"/> Colorectal cancer (including screening) <input type="checkbox"/> Breast cancer (including screening) <input type="checkbox"/> Diabetes mellitus (insulin and non-insulin dependent) <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Coronary artery disease (including coronary heart disease, acute coronary syndrome, acute myocardial infarction, and STEMI) <input type="checkbox"/> Hypertension	<input type="checkbox"/> Pregnancy (excluding neonatal only) <input type="checkbox"/> Major depressive disorder (i.e. major depression, clinical depression) <input type="checkbox"/> Asthma <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Pneumonia (including pneumococcal vaccination) <input type="checkbox"/> End stage renal disease (i.e. renal failure)			
<p>7. Does the study address an outcome(s) of interest?</p> <p>If “yes”, check one or more outcome categories listed below:</p> <p><u>Outcome category</u></p> <p><input type="checkbox"/> Health outcome and/or process outcome</p> <p><input type="checkbox"/> Harm and/or unanticipated adverse effect</p>	Yes	No		

Optional

Should this article be retained for background information, review of references, or other reasons?  
If “yes”, check one or more reasons below.

Retain for:

- BACKGROUND/DISCUSSION  REVIEW OF REFERENCES  OTHER \_\_\_\_\_

Optional

Enter comments or notes below.

## Appendix D. Cochrane Risk of Bias Tool

### *Cochrane Collaboration modified tool for assessing risk of bias for RCT's, PART I*

*Use this form to assess risk of bias for randomized controlled trials.*

Bias is assessed as a judgement (high, low, or unclear) for individual elements from five domains (selection, performance, attrition, reporting, and other).

Risk of selection, reporting, and other bias are assessed in the **Quality Assessment Form Part I**. Risk of performance, detection, and attrition bias are assessed using the **Quality Assessment Form Part II**.

Using the guidance provided at the end of this form, select either "high", "low" or "unclear" for each judgment. When complete, proceed to **Part II of the Quality Assessment Form**

REF ID:					
Domain	Description	High risk of bias	Low risk of bias	Unclear risk of bias	Reviewer Assessment
<i>Selection bias</i>  <b>Random sequence generation</b>	Described the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups.  <b>Reviewer Comments:</b>	Selection bias (biased allocation to interventions) due to inadequate generation of a randomized sequence.	Random sequence generation method should produce comparable groups	Not described in sufficient detail	<b>Judgement</b>  <b>Random sequence generation</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear
<i>Selection bias</i>  <b>Allocation concealment</b>	Described the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen in advance of, or during, enrollment.  <b>Reviewer Comments:</b>	Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Intervention allocations likely could not have been foreseen in advance of, or during, enrollment	Not described in sufficient detail	<b>Judgement</b>  <b>Allocation concealment</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear
<i>Reporting bias</i>  <b>Selective reporting</b>	Stated how the possibility of selective outcome reporting was examined by the authors and what was found.  <b>Reviewer Comments:</b>	Reporting bias due to selective outcome reporting.	Selective outcome reporting bias not detected	Insufficient information to permit judgement ( <i>It is likely that the majority of studies will fall into this category.</i> )	<b>Judgement</b>  <b>Selective reporting</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear
<i>Other bias</i>  <b>Other sources of bias</b>	Any important concerns about bias not addressed above. If particular questions/entries were pre-specified in the study's protocol, responses should be provided for each question/entry.  <b>Reviewer Comments:</b>	Bias due to problems not covered elsewhere in the table.	No other bias detected	There may be a risk of bias, but there is either insufficient information to assess whether an important risk of bias exists; or insufficient rationale or evidence that an identified problem will introduce bias.	<b>Judgement</b>  <b>Other sources of bias</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear

**Cochrane Collaboration modified tool for assessing risk of bias for RCT's, PART II**

Use this form to assess risk of bias for randomized controlled trials.

Bias is assessed as a judgement (high, low, or unclear) for individual elements from five domains of bias (selection, performance, attrition, reporting, and other).

Risk of selection, reporting, and other bias are assessed in the **Quality Assessment Form Part I**. Risk of performance, detection, and attrition bias are assessed using the **Quality Assessment Form Part II**.

Using the guidance provided at the end of this form, select either "high", "low" or "unclear" for each judgement.

Risk of bias for the domains in the Form Part II will be assessed for each main or class of outcomes. Please indicate the specific outcome and complete the assessment for each.

REF ID:					
Outcomes:					
Domain	Description	High risk of bias	Low risk of bias	Unclear risk of bias	Reviewer Assessment
<i>Performance bias</i>  <b>Blinding (participants and personnel)</b>	Described all measures used, if any, to blind study participants and personnel from knowledge of which intervention a participant received. Provided any information relating to whether the intended blinding was effective.  <b>Reviewer Comments:</b>	Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Blinding was likely effective.	Not described in sufficient detail	<b>Judgement</b>  <b>Blinding (participants and personnel)</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear
<i>Detection bias</i>  <b>Blinding (outcome assessment)</b>	Described all measures used, if any, to blind outcome assessors from knowledge of which intervention a participant received. Provided any information relating to whether the intended blinding was effective.  <b>Reviewer Comments:</b>	Detection bias due to knowledge of the allocated interventions by outcome assessors.	Blinding was likely effective.	Not described in sufficient detail	<b>Judgement</b>  <b>Blinding (outcome assessment)</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear
<i>Attrition bias</i>  <b>Incomplete outcome data</b>	Described the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. Stated whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomized participants), reasons for attrition/exclusions where reported.  <b>Reviewer Comments:</b>	Attrition bias due to amount, nature or handling of incomplete outcome data.	Handling of incomplete outcome data was complete and unlikely to have produced bias	Insufficient reporting of attrition/exclusions to permit judgment of 'Low risk' or 'High risk' (e.g. number randomized not stated, no reasons for missing data provided)	<b>Judgement</b>  <b>Incomplete outcome data</b>  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unclear

## Appendix E. Cochrane Risk of Bias Criteria

### Criteria for judging risk of bias in the 'Risk of bias' assessment tool\*

Bias	Judgment	Criteria
<b>RANDOM SEQUENCE GENERATION</b> Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	'Low risk' of bias.	<p>The investigators describe a random component in the sequence generation process such as:</p> <ul style="list-style-type: none"> <li>• Referring to a random number table;</li> <li>• Using a computer random number generator;</li> <li>• Coin tossing;</li> <li>• Shuffling cards or envelopes;</li> <li>• Throwing dice;</li> <li>• Drawing of lots;</li> <li>• Minimization*.</li> </ul> <p>*Minimization may be implemented without a random element, and this is considered to be equivalent to being random.</p>
	'High risk' of bias.	<p>The investigators describe a non-random component in the sequence generation process. Usually, the description would involve some systematic, non-random approach, for example:</p> <ul style="list-style-type: none"> <li>• Sequence generated by odd or even date of birth;</li> <li>• Sequence generated by some rule based on date (or day) of admission;</li> <li>• Sequence generated by some rule based on hospital or clinic record number.</li> </ul> <p>Other non-random approaches happen much less frequently than the systematic approaches mentioned above and tend to be obvious. They usually involve judgement or some method of non-random categorization of participants, for example:</p> <ul style="list-style-type: none"> <li>• Allocation by judgement of the clinician;</li> <li>• Allocation by preference of the participant;</li> <li>• Allocation based on the results of a laboratory test or a series of tests;</li> <li>• Allocation by availability of the intervention.</li> </ul>
	'Unclear risk' of bias.	Insufficient information about the sequence generation process to permit judgement of 'Low risk' or 'High risk'.
<b>ALLOCATION CONCEALMENT</b> Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	'Low risk' of bias.	<p>Participants and investigators enrolling participants could not foresee assignment because one of the following, or an equivalent method, was used to conceal allocation:</p> <ul style="list-style-type: none"> <li>• Central allocation (including telephone, web-based and pharmacy-controlled randomization);</li> <li>• Sequentially numbered drug containers of identical appearance;</li> <li>• Sequentially numbered, opaque, sealed envelopes.</li> </ul>
	'High risk' of bias.	<p>Participants or investigators enrolling participants could possibly foresee assignments and thus introduce selection bias, such as allocation based on:</p> <ul style="list-style-type: none"> <li>• Using an open random allocation schedule (e.g. a list of random numbers);</li> <li>• Assignment envelopes were used without appropriate safeguards (e.g. if envelopes were unsealed or nonopaque or not sequentially numbered);</li> <li>• Alternation or rotation;</li> <li>• Date of birth;</li> <li>• Case record number;</li> <li>• Any other explicitly unconcealed procedure.</li> </ul>

Bias	Judgment	Criteria
	'Unclear risk' of bias.	Insufficient information to permit judgement of 'Low risk' or 'High risk'. This is usually the case if the method of concealment is not described or not described in sufficient detail to allow a definite judgement – for example if the use of assignment envelopes is described, but it remains unclear whether envelopes were sequentially numbered, opaque and sealed.
<b>SELECTIVE REPORTING</b> Reporting bias due to selective outcome reporting.	'Low risk' of bias.	Any of the following: <ul style="list-style-type: none"> <li>The study protocol is available and all of the study's pre-specified (primary and secondary) outcomes that are of interest in the review have been reported in the pre-specified way;</li> <li>The study protocol is not available but it is clear that the published reports include all expected outcomes, including those that were pre-specified (convincing text of this nature may be uncommon).</li> </ul>
	'High risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>Not all of the study's pre-specified primary outcomes have been reported;</li> <li>One or more primary outcomes is reported using measurements, analysis methods or subsets of the data (e.g. subscales) that were not pre-specified;</li> <li>One or more reported primary outcomes were not pre-specified (unless clear justification for their reporting is provided, such as an unexpected adverse effect);</li> <li>One or more outcomes of interest in the review are reported incompletely so that they cannot be entered in a meta-analysis;</li> <li>The study report fails to include results for a key outcome that would be expected to have been reported for such a study.</li> </ul>
	'Unclear risk' of bias.	Insufficient information to permit judgement of 'Low risk' or 'High risk'. It is likely that the majority of studies will fall into this category.
<b>OTHER BIAS</b> Bias due to problems not covered elsewhere in the table.	'Low risk' of bias.	The study appears to be free of other sources of bias.
	'High risk' of bias.	There is at least one important risk of bias. For example, the study: <ul style="list-style-type: none"> <li>Had a potential source of bias related to the specific study design used; or</li> <li>Has been claimed to have been fraudulent; or</li> <li>Had some other problem.</li> </ul>
	'Unclear risk' of bias.	There may be a risk of bias, but there is either: <ul style="list-style-type: none"> <li>Insufficient information to assess whether an important risk of bias exists; or</li> <li>Insufficient rationale or evidence that an identified problem will introduce bias.</li> </ul>
<b>BLINDING OF PARTICIPANTS AND PERSONNEL</b> Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	'Low risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>No blinding or incomplete blinding, but the review authors judge that the outcome is not likely to be influenced by lack of blinding;</li> <li>Blinding of participants and key study personnel ensured, and unlikely that the blinding could have been broken.</li> </ul>
	'High risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>No blinding or incomplete blinding, and the outcome is likely to be influenced by lack of blinding;</li> <li>Blinding of key study participants and personnel attempted, but likely that the blinding could have been broken, and the outcome is likely to be influenced by lack of blinding.</li> </ul>
	'Unclear risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>Insufficient information to permit judgment of 'Low risk' or 'High risk';</li> <li>The study did not address this outcome.</li> </ul>

Bias	Judgment	Criteria
<b>BLINDING OF OUTCOME ASSESSMENT</b> Detection bias due to knowledge of the allocated interventions by outcome assessors.	'Low risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>No blinding of outcome assessment, but the review authors judge that the outcome measurement is not likely to be influenced by lack of blinding;</li> <li>Blinding of outcome assessment ensured, and unlikely that the blinding could have been broken.</li> </ul>
	'High risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>No blinding of outcome assessment, and the outcome measurement is likely to be influenced by lack of blinding;</li> <li>Blinding of outcome assessment, but likely that the blinding could have been broken and the outcome measurement is likely to be influenced by lack of blinding.</li> </ul>
	'Unclear risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>Insufficient information to permit judgment of 'Low risk' or 'High risk';</li> <li>The study did not address this outcome.</li> </ul>
<b>INCOMPLETE OUTCOME DATA</b> Attrition bias due to amount, nature or handling of incomplete outcome data.	'Low risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>No missing outcome data;</li> <li>Reasons for missing outcome data unlikely to be related to true outcome (for survival data, censoring unlikely to be introducing bias);</li> <li>Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups;</li> <li>For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk not enough to have a clinically relevant impact on the intervention effect estimate;</li> <li>For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes not enough to have a clinically relevant impact on observed effect size;</li> <li>Missing data have been imputed using appropriate methods.</li> </ul>
	'High risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>Reason for missing outcome data likely to be related to true outcome, with either imbalance in numbers or reasons for missing data across intervention groups;</li> <li>For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk enough to induce clinically relevant bias in intervention effect estimate;</li> <li>For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes enough to induce clinically relevant bias in observed effect size;</li> <li>'As-treated' analysis done with substantial departure of the intervention received from that assigned at randomization;</li> <li>Potentially inappropriate application of simple imputation.</li> </ul>
	'Unclear risk' of bias.	Any one of the following: <ul style="list-style-type: none"> <li>Insufficient reporting of attrition/exclusions to permit judgement of 'Low risk' or 'High risk' (e.g. number randomized not stated, no reasons for missing data provided);</li> <li>The study did not address this outcome.</li> </ul>

\* Adapted from the Cochrane Collaboration Risk of Bias Criteria

## Appendix F. Newcastle-Ottawa Quality Assessment Scale

Assessment of quality of a cohort study – Newcastle-Ottawa Scale		
Selection (tick one box in each section)		
1.	Representativeness of the intervention cohort	
	a) truly representative of the <u>average, elderly, community-dwelling resident</u>	<input type="checkbox"/>
	b) somewhat representative of the <u>average, elderly, community-dwelling resident</u>	<input type="checkbox"/>
	c) selected group of patients, <u>e.g. only certain socio-economic groups/areas</u>	<input type="checkbox"/>
	d) no description of the derivation of the cohort	<input type="checkbox"/>
2.	Selection of the non intervention cohort	<input type="checkbox"/>
	a) drawn from the same community as the intervention cohort	<input type="checkbox"/>
	b) drawn from a different source	<input type="checkbox"/>
	c) no description of the derivation of the non intervention cohort	<input type="checkbox"/>
3.	Ascertainment of intervention	<input type="checkbox"/>
	a) secure record (eg health care record)	<input type="checkbox"/>
	b) structured interview	<input type="checkbox"/>
	c) written self report	<input type="checkbox"/>
	d) other / no description	<input type="checkbox"/>
4.	Demonstration that outcome of interest was not present at start of study	<input type="checkbox"/>
	a) yes	<input type="checkbox"/>
	b) no	<input type="checkbox"/>
Comparability (tick one or both boxes, as appropriate)		
1.	Comparability of cohorts on the basis of the design or analysis	<input type="checkbox"/>
	a) study controls for <u>age, sex, marital status</u>	<input type="checkbox"/>
	b) study controls for any additional factors ( <u>e.g. socio-economic status, education</u> )	<input type="checkbox"/>
Outcome (tick one box in each section)		
1.	Assessment of outcome	<input type="checkbox"/>
	a) independent blind assessment	<input type="checkbox"/>
	b) record linkage	<input type="checkbox"/>
	c) self report	<input type="checkbox"/>
	d) other / no description	<input type="checkbox"/>
2.	Was follow up long enough for outcomes to occur	<input type="checkbox"/>
	a) yes, if median duration of follow-up $\geq$ 6 month	<input type="checkbox"/>
	b) no, if median duration of follow-up $<$ 6 months	<input type="checkbox"/>
3.	Adequacy of follow up of cohorts	<input type="checkbox"/>
	a) complete follow up: all subjects accounted for	<input type="checkbox"/>
	b) subjects lost to follow up unlikely to introduce bias: number lost $\leq$ 20%, or description of those lost suggesting no different from those followed	<input type="checkbox"/>
	c) follow up rate $<$ 80% (select an adequate %) and no description of those lost	<input type="checkbox"/>
	d) no statement	<input type="checkbox"/>

## **NOS – CODING MANUAL FOR COHORT STUDIES**

### **SELECTION**

#### **1) Representativeness of the Exposed Cohort (NB exposure = intervention)**

Item is assessing the representativeness of exposed individuals in the community, not the representativeness of the study sample from some general population. For example, subjects derived from groups likely to contain exposed people are likely to be representative of exposed individuals, while they are not representative of all people the community.

*Allocation of points as per rating sheet*

#### **2) Selection of the Non-Exposed Cohort**

*Allocation of points as per rating sheet*

#### **3) Ascertainment of Exposure**

*Allocation of points as per rating sheet*

#### **4) Demonstration That Outcome of Interest Was Not Present at Start of Study**

In the case of mortality studies, outcome of interest is still the presence of a disease/ incident, rather than death. That is to say that a statement of no history of disease or incident earns a point.

### **COMPARABILITY**

#### **1) Comparability of Cohorts on the Basis of the Design or Analysis**

Either exposed and non-exposed individuals must be matched in the design and/or confounders must be adjusted for in the analysis. Statements of no differences between groups or that differences were not statistically significant are not sufficient for establishing comparability. Note: If the relative risk for the exposure of interest is adjusted for the confounders listed, then the groups will be considered to be comparable on each variable used in the adjustment.

*A maximum of 2 points can be allotted in this category.*

### **OUTCOME**

#### **2) Assessment of Outcome**

For some outcomes, reference to the medical record is sufficient to satisfy the requirement for confirmation. This may not be adequate for other outcomes where reference to specific tests or measures would be required.

- a) Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (health records, etc.)
- b) Record linkage (e.g. identified through ICD codes on database records)
- c) Self-report (i.e. no reference to original health records or documented source to confirm the outcome)
- d) No description.

#### **3) Was Follow-Up Long Enough for Outcomes to Occur**

An acceptable length of time should be decided before quality assessment begins.

#### **4) Adequacy of Follow Up of Cohorts**

This item assesses the follow-up of the exposed and non-exposed cohorts to ensure that losses are not related to either the exposure or the outcome.

*Allocation of points as per rating sheet*

# Appendix G. Thresholds for Quality Assessment

## Cochrane Risk of Bias (RoB) Tool for randomized controlled trials (RCTs)

*Cochrane Collaboration uses strict criteria for the threshold: A good-quality study must meet all criteria (Low RoB). A fair-quality study does not meet, or it is not clear that it meets, at least one criterion, but it has no known important limitation that could invalidate its results (Moderate RoB). A poor-quality study has important limitations and/or at least one criterion not met (High RoB).*

- If all criteria met (i.e., all elements are rated as “low” risk of bias) = **Good Quality**
- If 1 criteria not met or 2 criteria unclear, and the assessment that this was *unlikely* to have biased the outcome, and there is no known important limitation that could invalidate the results = Moderate RoB = **Fair Quality**
- If 1 criteria not met or 2 criteria unclear, and the assessment that this was *likely* to have biased the outcome, and there are important limitations that could invalidate the results = High RoB = **Poor Quality**
- If 2 or more criteria not met = High RoB = **Poor Quality**

*Note:* Using the Cochrane RoB Tool, it is possible for a criterion to be met, even when this element was technically not part of the method; for instance, a judgment that knowledge of the allocated interventions was adequately prevented, even though there was no blinding, but the review authors judge that the outcome and the outcome measurement are not likely to be influenced by lack of blinding.

## Newcastle-Ottawa Scale (N-O-S) for observational studies (e.g., cohort studies and case control studies)

*The Newcastle-Ottawa Scale includes 3 categories, with a maximum of 9 points, based on:*

### **Selection (maximum of 4 points)**

- 1) Representativeness of the exposed cohort (one point)
- 2) Selection of the non exposed cohort (one point)
- 3) Ascertainment of exposure (one point)
- 4) Demonstration that outcome of interest was not present at start of study (one point)

### **Comparability (maximum of 2 points)**

- 1) Comparability of cohorts on the basis of the design or analysis
  - a) Study controls for age (one point)
  - b) Study controls for any additional factor (one point)

### **Outcome (maximum of 3 points)**

- 1) Assessment of outcome (one point)
- 2) Was follow-up long enough for outcomes to occur (one point)
- 3) Adequacy of follow up of cohorts (one point)

Scoring algorithm\*

<b>Quality rating</b>	<b># Points in Selection Domain</b>	<b># Points in Comparability Domain</b>	<b># Points in Outcome Domain</b>
Good	$\geq 3$	$\geq 2$	$\geq 2$
Fair	2	$\geq 1$	$\geq 2$
Poor	0-1	0	0-1

## Appendix H. Quality of Individual Studies

**Table H-1. Quality assessment of randomized controlled trials of quality improvement interventions addressing disparities in health outcomes**

Author, Year	Random Sequence Generation	Allocation Concealment	Selective Reporting	Other Bias	Blinding-Participants and Personnel	Blinding-Outcome Assessment	Incomplete Outcome Data	Quality Rating
Arean et al., 2005 <sup>1</sup>	Low	Low	Low	Low	Unclear	High	Unclear	Poor
Arean et al., 2007 <sup>2</sup>	Low	Low	Low	Low	Unclear	Low	Low	Fair
Bao et al., 2011 <sup>3</sup>	Low	Low	Low	Unclear	Low	High	Unclear	Fair
Barr et al., 2001 <sup>4</sup>	Unclear	Unclear	Low	Low	High	Unclear	Unclear	Poor
Beach et al., 2007 <sup>5</sup>	Low	Low	Low	High	Low	Low	Low	Fair
Bosworth et al., 2011 <sup>6</sup>	Low	Unclear	Low	Low	Low	Low	Low	Fair
Connett and Stamler, 1984 <sup>7</sup>	Low	Low	Low	Low	Low	Unclear	Low	Fair
Ferreira et. al., 2005 <sup>8</sup>	Unclear	Unclear	Low	Low	High	High	Low	Poor
Lasser et al., 2011 <sup>9</sup>	Low	Low	Low	Low	High	Low	Low	Fair
Miranda et al., 2003 <sup>10</sup>	Low	Low	Low	Unclear	Low	High	Low	Fair
Miranda et al., 2004 <sup>11</sup>	Low	Low	Low	Unclear	Low	High	Low	Fair
Sequist et al., 2001 <sup>12</sup>	Low	Low	Low	Low	Low	Low	Low	Good
Sherbourne et al., 2004 <sup>13</sup>	Low	Low	Low	Unclear	Low	High	Low	Fair
Siddiqui et al., 2011 <sup>14</sup>	Unclear	Unclear	Low	Low	Low	Low	Unclear	Poor
Wells et al., 2004 <sup>15</sup>	Low	Low	Low	Unclear	Low	High	High	Poor
Wells et al., 2007 <sup>16</sup>	Low	Low	High	Unclear	Low	High	High	Poor

**Table H-2. Quality assessment of observational studies of quality improvement interventions addressing disparities in health outcomes**

<b>Author, Year</b>	<b>Representativeness of exposed cohort</b>	<b>Selection of the nonexposed cohort</b>	<b>Ascertainment of exposure</b>	<b>Demonstration that outcome of interest was not present at start of study</b>	<b>Comparability of cohorts / controlling for confounders</b>	<b>Assessment of outcome</b>	<b>Appropriate duration of followup</b>	<b>Adequacy of followup of cohorts</b>	<b>Total Score</b>	<b>Quality rating</b>
Coberley et al., 2007 <sup>17</sup>	1	1	1	1	1	1	1	0	7	Good
Mahotiere et al., 2006 <sup>18</sup>	1	1	1	1	1	1	1	1	8	Good
Olomu et al., 2010 <sup>19</sup>	1	1	1	0	1	1	1	0	6	Fair

## References

1. Arean PA, Ayalon L, Hunkeler E, et al. Improving depression care for older, minority patients in primary care. *Med Care*. 2005 Apr;43(4):381-90. PMID 15778641.
2. Arean PA, Gum AM, Tang L, et al. Service use and outcomes among elderly persons with low incomes being treated for depression. *Psychiatr Serv*. 2007 Aug;58(8):1057-64. PMID 17664516.
3. Bao Y, Alexopoulos GS, Casalino LP, et al. Collaborative depression care management and disparities in depression treatment and outcomes. *Arch Gen Psychiatry*. 2011 Jun;68(6):627-36. PMID 21646579.
4. Barr JK, Franks AL, Lee NC, et al. A randomized intervention to improve ongoing participation in mammography. *Am J Manag Care*. 2001 Sep;7(9):887-94. PMID 11570022.
5. Beach ML, Flood AB, Robinson CM, et al. Can language-concordant prevention care managers improve cancer screening rates? *Cancer Epidemiol Biomarkers Prev*. 2007 Oct;16(10):2058-64. PMID 17932353.
6. Bosworth HB, Olsen MK, Grubber JM, et al. Racial differences in two self-management hypertension interventions. *Am J Med*. 2011 May;124(5):468 e1-8. PMID 21531237.
7. Connett JE, Stamler J. Responses of black and white males to the special intervention program of the Multiple Risk Factor Intervention Trial. *Am Heart J*. 1984 Sep;108(3 Pt 2):839-48. PMID 6475754.
8. Ferreira MR, Dolan NC, Fitzgibbon ML, et al. Health care provider-directed intervention to increase colorectal cancer screening among veterans: results of a randomized controlled trial. *J Clin Oncol*. 2005 Mar 1;23(7):1548-54. PMID 15735130.
9. Lasser KE, Murillo J, Lisboa S, et al. Colorectal cancer screening among ethnically diverse, low-income patients: a randomized controlled trial. *Arch Intern Med*. 2011 May 23;171(10):906-12. PMID 21606094.
10. Miranda J, Duan N, Sherbourne C, et al. Improving care for minorities: can quality improvement interventions improve care and outcomes for depressed minorities? Results of a randomized, controlled trial. *Health Serv Res*. 2003 Apr;38(2):613-30. PMID 12785564.
11. Miranda J, Schoenbaum M, Sherbourne C, et al. Effects of primary care depression treatment on minority patients' clinical status and employment. *Arch Gen Psychiatry*. 2004 Aug;61(8):827-34. PMID 15289281.
12. Sequist TD, Fitzmaurice GM, Marshall R, et al. Cultural competency training and performance reports to improve diabetes care for black patients: a cluster randomized, controlled trial. *Ann Intern Med*. 2010 Jan 5;152(1):40-6. PMID 20048271.
13. Sherbourne CD, Weiss R, Duan N, et al. Do the effects of quality improvement for depression care differ for men and women? Results of a group-level randomized controlled trial. *Med Care*. 2004 Dec;42(12):1186-93. PMID 15550798.
14. Siddiqui AA, Sifri R, Hyslop T, et al. Race and response to colon cancer screening interventions. *Prev Med*. 2011 Mar-Apr;52(3-4):262-4. PMID 21256149.
15. Wells K, Sherbourne C, Schoenbaum M, et al. Five-year impact of quality improvement for depression: results of a group-level randomized controlled trial. *Arch Gen Psychiatry*. 2004 Apr;61(4):378-86. PMID 15066896.
16. Wells KB, Sherbourne CD, Miranda J, et al. The cumulative effects of quality improvement for depression on outcome disparities over 9 years: results from a randomized, controlled group-level trial. *Med Care*. 2007 Nov;45(11):1052-9. PMID 18049345.
17. Coberley CR, Puckrein GA, Dobbs AC, et al. Effectiveness of disease management programs on improving diabetes care for individuals in health-disparate areas. *Dis Manag*. 2007 Jun;10(3):147-55. PMID 17590145.

18. Mahotiere T, Ocepek-Welikson K, Daley MB, et al. A program to reduce the disparity in the rate of biennial lipid profiles between African-American and white Medicare beneficiaries with diabetes mellitus in New York City. *J Community Health*. 2006 Aug;31(4):263-88. PMID 16894826.
19. Olomu AB, Grzybowski M, Ramanath VS, et al. Evidence of disparity in the application of quality improvement efforts for the treatment of acute myocardial infarction: the American College of Cardiology's Guidelines Applied in Practice Initiative in Michigan. *Am Heart J*. 2010 Mar;159(3):377-84. PMID 20211298.

# Appendix I. Evidence Table

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes**

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Bao et al., 2011</p> <p><b>Region/State:</b> New York City, Philadelphia, and Pittsburgh</p> <p><b>Setting:</b> Primary care clinics</p> <p><b>Enrollment period:</b> May 1999-August 2001</p> <p><b>Funding:</b> National Institute of Mental Health; first author (Bao) supported by the Pfizer Scholar's Grant in Health Policy.</p> <p><b>Conflict of Interest:</b> Authors report that that study sponsor(s) had no role in the design and conduct of the study.</p> <p><b>Design:</b> RCT (secondary analysis)</p>	<p><b>Condition:</b> Depression</p> <p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>• MMSE score <math>\geq 18</math></li> <li>• CESD score <math>\geq 20</math> or from a 5% random sample of those with score <math>&lt; 20</math> but responding positively to supplemental questions regarding previous episodes or treatment of depression</li> </ul> <p><b>Exclusion criteria:</b> See inclusion</p> <p><b>Disparity:</b> Education level (No college); Race/ ethnicity (Minority)</p> <p><b>Referent group:</b> Internal; Any college; White</p> <p><b>Subgroup or secondary analysis description:</b> Randomization not stratified by education level or race/ethnicity</p>	<p><b>Quality improvement intervention(s):</b> Collaborative care model, including practice-based care managers to provide guideline-based treatment recommendations, monitor patient clinical status, and provide psychotherapy.</p> <p><b>Intervention target:</b> Patients and providers</p> <p><b>Groups:</b></p> <p><b>G1:</b> Collaborative care</p> <p><b>G2:</b> Usual care</p> <p><b>N at enrollment:</b> NR</p> <p><b>N at followup:</b></p> <p><b>G1:</b> 214</p> <p><b>G2:</b> 182</p> <p><b>Any college:</b></p> <p><b>G1:</b> 73</p> <p><b>G2:</b> 73</p> <p><b>No college:</b></p> <p><b>G1:</b> 141</p> <p><b>G2:</b> 182</p> <p><b>White:</b></p> <p><b>G1:</b> 151</p> <p><b>G2:</b> 111</p> <p><b>Minority:</b></p> <p><b>G1:</b> 63</p> <p><b>G2:</b> 71</p> <p><b>Length of followup:</b> 24 months</p> <p><b>Measure of fidelity:</b> NR</p>	<p><b>Clinical:</b> NR</p> <p><b>Process:</b></p> <p><b>Adequate depressant medication dose, n (%):</b></p> <p>Collaborative care, any college: 22 (34)</p> <p>Collaborative care, no college: 46 (37)</p> <p>Collaborative care, White: 49 (35)</p> <p>Collaborative care, minority: 19 (37)</p> <p>Usual care, any college: 21 (32)</p> <p>Usual care, no college: 30 (33)</p> <p>Usual care, White: 38 (39)</p> <p>Usual care, minority: 13 (22)</p> <p>Collaborative care, no college: 21.2 <math>\pm</math> 5.3</p> <p>Collaborative care, White: 21.0 <math>\pm</math> 5.7</p> <p>Collaborative care, minority: 20.5 <math>\pm</math> 5.6</p> <p>Usual care, any college: 19.1 <math>\pm</math> 5.3</p> <p>Usual care, no college: 20.0 <math>\pm</math> 5.6</p> <p>Usual care, White: 19.5 <math>\pm</math> 5.7</p> <p>Usual care, minority: 19.6 <math>\pm</math> 5.1</p>	<p><b>Clinical:</b> AD with adequate dose at 24 months*, mean intervention effects in percentage points (bootstrap 95% CI):</p> <p>Any college: -2.5 (-16.0 to 13.1)</p> <p>No college: 15.3 (2.9 to 29.6)</p> <p>White: 13.8 (1.8 to 28.0)</p> <p>Minority: -5.5 (-22.5 to 12.2)</p> <p><b>HDRS score at 24 months*, mean intervention effects in percentage points (bootstrap 95% CI):</b></p> <p>Any college: 1.2 (-1.1 to 3.6)</p> <p>No college: -2.6 (-4.6 to -0.4)</p> <p>White: -2.3 (-4.0 to -0.1)</p> <p>Minority: 1.2 (-1.4 to 4.2)</p>	<p><b>Disparity before intervention:</b> NR</p> <p><b>Disparity after intervention:</b> Differences in the intervention effects between the two education groups did not achieve statistical significance at months 18 and 24.</p> <p><b>Intervention effects, difference in mean percentage points (bootstrap 95% CI) for adequate antidepressant dose at month 24, adjusted for adequate dose at baseline:</b></p> <p>No college – some college, adjusted for AD with adequate dose at baseline: 17.8 (-2.6 to 38.0)</p> <p>Minority – White, adjusted for AD with adequate dose at baseline: -19.3 (-40.6 to 3.3)</p> <p><b>Intervention effects, difference in mean percentage points (bootstrap 95% CI) for HDRS score at month 24:</b></p> <p>No college – some college: -3.8 (-6.8 to -0.4)</p> <p>Minority – White: 3.5 (-0.1 to 6.9)</p>

\*Intervention effects based on mixed effects logistic model with random intercepts at the patient level

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study		Baseline			
Description	Population	Intervention(s)	Characteristics	Outcomes	Disparity
<b>Author:</b> Bosworth et al., 2011	<b>Condition:</b> Hypertension	<b>Quality improvement interventions:</b>	<b>Clinical:</b> Systolic blood pressure, mean mm Hg ± SD:	<b>Clinical:</b> Systolic blood pressure, 12 or 24 months:	<b>Disparity before intervention:</b> NR
<b>Region/State:</b> Durham, North Carolina	<b>Inclusion criteria:</b> • Hypertension diagnosis for ≥ 12 months	Tailored behavioral self-management ( <b>G1</b> )	<b>G1a+G2a+G3a+G4a:</b> 121.5 ± 15.6	<b>G1a:</b> NR <b>G1b:</b> NR	<b>Disparity after intervention:</b> NR
<b>Setting:</b> University-affiliated general internal medicine clinics	• Enrolled with a primary care physician at the study clinic	Home blood pressure monitoring ( <b>G2</b> )	<b>G1b+G2b+G3b+G4b:</b> 128.3 ± 19.0	<b>G2a:</b> NR <b>G2b:</b> NR	<b>Change in disparity:</b> Differences in systolic blood pressure, mm Hg (95% CI), 12 months:
<b>Enrollment period:</b> May 2001-December 2002	• Received hypertensive medication prescription in the previous year	Combination of the two interventions ( <b>G3</b> )	Diastolic blood pressure, mean mm Hg ± SD:	<b>G3a:</b> NR <b>G3b:</b> NR	<b>G1a vs. G4a:</b> 2.3 (-2.4 to 7.0)
<b>Funding:</b> Department of Veterans Affairs Health Services Research Division; National Institutes of Health	• Scheduled for a primary care physician appointment within next 30 days	Usual care ( <b>G4</b> )	<b>G1a+G2a+G3a+G4a:</b> 68.8 ± 10.6	Diastolic blood pressure, 12 or 24 months: <b>G1a:</b> NR <b>G1b:</b> NR	<b>G2a vs. G4a:</b> -1.5 (-6.1 to 3.2)
<b>Conflict of Interest:</b> NR	• Residing in one of 32 specified zip codes	<b>Intervention target:</b> Patient blood pressure changes	<b>G1b+G2b+G3b+G4b:</b> 73.7 ± 10.5	<b>G2a:</b> NR <b>G2b:</b> NR <b>G3a:</b> NR <b>G3b:</b> NR <b>G4a:</b> NR <b>G4b:</b> NR	<b>G3a vs. G4a:</b> -0.7 (-5.2 to 3.9)
<b>Design:</b> RCT	<b>Exclusion criteria:</b> • Diagnosis of dementia, Parkinson's disease, atrial fibrillation, or end-stage renal disease • Residing in a nursing home or receiving home health care	<b>Groups:</b> <b>G1a:</b> White, behavioral intervention <b>G1b:</b> nonwhite, behavioral intervention <b>G2a:</b> White, home blood pressure monitor intervention <b>G2b:</b> nonwhite, home blood pressure monitor intervention <b>G3a:</b> White, combined intervention <b>G3b:</b> nonwhite, combined intervention <b>G4a:</b> White, usual care <b>G4b:</b> nonwhite, usual care <b>N at baseline:</b> <b>G1a:</b> 69 <b>G1b:</b> 89 <b>G2a:</b> 78 <b>G2b:</b> 78 <b>G3a:</b> 88 <b>G3b:</b> 70 <b>G4a:</b> 70 <b>G4b:</b> 87		Race x time x treatment group effect suggested likely differential intervention effects over time for White and nonwhite patients for both systolic blood pressure (p=0.08) and diastolic blood pressure (p=0.01).	<b>G1b vs. G4b:</b> -5.7 (-10.0 to -1.4) <b>G2b vs. G4b:</b> -5.5 (-10.3 to -0.8) <b>G3b vs. G4b:</b> -5.3 (-10.1 to -0.5)
					Differences in systolic blood pressure, mm Hg (95% CI), 24 months: <b>G1a vs. G4a:</b> 2.5 (-3.1 to 8.1) <b>G2a vs. G4a:</b> -0.8 (-6.4 to 4.7) <b>G3a vs. G4a:</b> -0.4 (-5.9 to 5.0) <b>G1b vs. G4b:</b> -0.6 (-6.0 to 4.8) <b>G2b vs. G4b:</b> 1.3 (-4.4 to 7.1) <b>G3b vs. G4b:</b> -7.5 (-13.7 to -1.4)

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Bosworth et al., 2011 (continued)	<p><b>Exclusion criteria (cont):</b></p> <ul style="list-style-type: none"> <li>Hospitalization for stroke or heart attack, surgery for blocked arteries, or diagnosed w/ metastatic cancer in previous 3 mo</li> <li>Poor vision or difficulty hearing on the telephone</li> <li>Difficulty understanding English</li> <li>Participation in another BP study</li> <li>Spouse in the current study</li> <li>Arm circumference &gt;17 in or wrist circumference &gt;8.5 in</li> </ul> <p><b>Disparity indicator(s):</b> Race/ethnicity (Nonwhite)</p> <p><b>Referent group:</b> Internal; White</p> <p><b>Subgroup or secondary analysis description:</b> Post hoc analysis of an RCT</p> <p><b>White, n:</b> 308</p> <p><b>Nonwhite*, n:</b> 328</p>	<p><b>N at 12 months followup:</b></p> <p><b>G1a:</b> 64 <b>G1b:</b> 71 <b>G2a:</b> 68 <b>G2b:</b> 50 <b>G3a:</b> 75 <b>G3b:</b> 47 <b>G4a:</b> 60 <b>G4b:</b> 71</p> <p><b>N at 24 months followup:</b></p> <p><b>G1a:</b> 62 <b>G1b:</b> 62 <b>G2a:</b> 64 <b>G2b:</b> 49 <b>G3a:</b> 72 <b>G3b:</b> 38 <b>G4a:</b> 60 <b>G4b:</b> 68</p> <p><b>Length of followup:</b> 24 months</p> <p><b>Measure of fidelity:</b> NR</p>			<p>Differences in diastolic blood pressure, mm Hg (95% CI), 12 months:</p> <p><b>G1a vs. G4a:</b> 2.9 (0.4 to 5.4)</p> <p><b>G2a vs. G4a:</b> 0.1 (-2.4 to 2.6)</p> <p><b>G3a vs. G4a:</b> 1.3 (-1.2 to 3.7)</p> <p><b>G1b vs. G4b:</b> -3.3 (-5.6 to -0.9)</p> <p><b>G2b vs. G4b:</b> -3.7 (-6.2 to -1.1)</p> <p><b>G3b vs. G4b:</b> -2.7 (-5.3 to -0.2)</p> <p>Differences in diastolic blood pressure, mm Hg (95% CI), 24 months:</p> <p><b>G1a vs. G4a:</b> 2.0 (-1.2 to 5.1)</p> <p><b>G2a vs. G4a:</b> 0.1 (-3.0 to 3.2)</p> <p><b>G3a vs. G4a:</b> 0.5 (-2.5 to 3.5)</p> <p><b>G1b vs. G4b:</b> 0.6 (-2.4 to 3.6)</p> <p><b>G2b vs. G4b:</b> -0.6 (-3.9 to 2.6)</p> <p><b>G3b vs. G4b:</b> -3.5 (-7.0 to -0.1)</p>

Baseline mean systolic blood pressure reported for White and nonwhite groups.

\*Majority of the nonwhite group were African American (95%)

The overall race by time by treatment group effect (6df test) suggested likely differential intervention effects over time for White and nonwhite patients for both systolic blood pressure (p=.08) and diastolic blood pressure (p=.01).

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Lasser et al., 2011</p> <p><b>Region/State:</b> Massachusetts</p> <p><b>Setting:</b> Primary care practice-based research network</p> <p><b>Enrollment period:</b> September 2008-March 2009</p> <p><b>Funding:</b> American Cancer Society</p> <p><b>Conflict of Interest:</b> None</p> <p><b>Design:</b> RCT</p>	<p><b>Condition:</b> Colorectal cancer (CRC) screening</p> <ul style="list-style-type: none"> <li>• Patients aged 52 to 74 years</li> <li>• Spoke English, Haitian Creole, Portuguese, or Spanish as primary language</li> <li>• Not completed CRC screening*</li> </ul> <p><b>Exclusion criteria:</b></p> <ul style="list-style-type: none"> <li>• Patients with acute illness, end stage renal disease, severe psychiatric condition, active substance abuse, or cognitive impairment</li> </ul> <p><b>Disparity indicator(s):</b> Race</p> <p><b>Referent group:</b> Internal</p> <p><b>Subgroup or secondary analysis description:</b> Stratified analysis according to primary language, age, race, and health insurance status.</p>	<p><b>Quality improvement intervention:</b> Patient navigator based intervention</p> <p><b>Intervention target:</b> Patients</p> <p><b>Groups:</b></p> <p><b>G1:</b> participants randomized to intervention</p> <p><b>G1a:</b> white participants, intervention</p> <p><b>G1b:</b> black participants, intervention</p> <p><b>G1c:</b> English speaking participants, intervention</p> <p><b>G1d:</b> non-English speaking participants, intervention</p> <p><b>G2:</b> participants randomized to usual care</p> <p><b>G2a:</b> white participants, usual care</p> <p><b>G2b:</b> black participants, usual care</p> <p><b>G2c:</b> English speaking participants, usual care</p> <p><b>G2d:</b> non-English speaking participants, usual care</p>	<p><b>Clinical:</b> NA</p> <p><b>Process:</b> Colorectal cancer screening: Eligible participants did not have a CRC screening test</p>	<p><b>Clinical:</b> NA</p> <p><b>Process:</b> Colorectal cancer screen test completed, n (%):</p> <p><b>G1a:</b> 38 (33.9)</p> <p><b>G1b:</b> 25 (39.7)</p> <p><b>G1c:</b> 30 (26.8)</p> <p><b>G1d:</b> 49 (39.8)</p> <p><b>G2a:</b> 18 (16.5)</p> <p><b>G2b:</b> 11 (16.7)</p> <p><b>G2c:</b> 24 (21.4)</p> <p><b>G2d:</b> 22 (18.6)</p> <p>Colorectal cancer screening test completed, intervention vs. control, %, p-value:</p> <p><b>G1a vs. G2a:</b> 17.4, p=0.003</p> <p><b>G1b vs. G2b:</b> 23.0, p=0.004</p> <p><b>G1c vs. G2c:</b> 5.4, p=0.35</p> <p><b>G1d vs. G2d:</b> 21.2, p&lt;0.001</p>	<p><b>Disparity before intervention:</b> NA; eligible participants did not have CRC screening</p> <p><b>Disparity after intervention:</b> Intervention was particularly beneficial for non-English language participants</p>

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Lasser et al., 2011 (continued)		<b>N at enrollment:</b> <b>G1a:</b> 112 <b>G1b:</b> 63 <b>G1c:</b> 112 <b>G1d:</b> 123 <b>G2a:</b> 109 <b>G2b:</b> 66 <b>G2c:</b> 112 <b>G2d:</b> 118 <b>N at follow-up:</b> <b>G1a:</b> 112 <b>G1b:</b> 63 <b>G1c:</b> 112 <b>G1d:</b> 123 <b>G2a:</b> 109 <b>G2b:</b> 66 <b>G2c:</b> 112 <b>G2d:</b> 118 <b>Length of follow-up:</b> Up to one year after enrollment <b>Measure of fidelity:</b> • Navigators contacted 181 of the 235 intervention patients (77%).			

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Siddiqui et al., 2011 <b>Region/State:</b> Pennsylvania <b>Setting:</b> Academic primary care practice <b>Enrollment period:</b> February 2002-March 2002 <b>Funding:</b> National Cancer Institute and Pennsylvania Department of Health <b>Conflict of Interest:</b> None <b>Design:</b> RCT	<b>Condition:</b> Colorectal cancer (CRC) screening <b>Inclusion criteria:</b> <ul style="list-style-type: none"> <li>Male and female patients aged 50-74 years</li> <li>Had one visit to the Jefferson Family Medicine Associates practice with the previous two years</li> <li>Had complete contact information available</li> </ul> <b>Exclusion criteria:</b> <ul style="list-style-type: none"> <li>No prior diagnosis of colorectal neoplasia or inflammatory bowel disease</li> <li>Had not undergone recent CRC screening*</li> </ul> <b>Disparity indicator(s):</b> Race <b>Referent group:</b> Internal <b>Subgroup or secondary analysis description:</b> Post-hoc analysis of race-intervention effects from a RCT of tailored interventions for CRC screening	<b>Quality improvement intervention:</b> Patient information and reminders including tailored messages and phone reminders from health educators <b>Intervention target:</b> Appropriate screening for colorectal cancer <b>Groups:</b> <b>G1:</b> participants randomized to control <b>G1a:</b> white, control <b>G1b:</b> black, control <b>G2:</b> participants randomized to standard intervention <b>G2a:</b> white, standard intervention <b>G2b:</b> black, standard intervention <b>G3:</b> participants randomized to tailored intervention <b>G3a:</b> white, tailored intervention <b>G3b:</b> black, tailored intervention <b>G4:</b> participants randomized to tailored intervention plus reminder phone call <b>G4a:</b> white, tailored intervention plus reminder call <b>G4b:</b> black, tailored intervention plus reminder call	<b>Clinical:</b> NA <b>Process:</b> Eligible participants did not have CRC screening	<b>Clinical:</b> NA <b>Process:</b> CRC screening test completed during the 12 month observation period: <b>G1a:</b> 32.9 <b>G1b:</b> 32.1 <b>G2a:</b> 55.1 <b>G2b:</b> 40.78 <b>G3a:</b> 50.4 <b>G3b:</b> 40.2 <b>G4a:</b> 53.9 <b>G4b:</b> 47.7	<b>Disparity before intervention:</b> NA; eligible participants did not have CRC screening <b>Disparity after intervention:</b> Screening rate for whites compared to blacks, OR (95% CI) p value: <b>G1a vs. G1b:</b> 1.01 (0.64 to 1.61) p=0.956 <b>G2a vs. G2b:</b> 1.68 (1.10 to 2.58) p=0.017 <b>G3a vs. G3b:</b> 1.42 (0.92 to 2.21) p=0.117 <b>G4a vs. G4b:</b> 1.25 (0.81 to 1.92) p=0.316 <b>G2a + G3a vs. G2b + G3b:</b> 1.56 (1.14 to 2.12) p=0.005 <b>G2a + G3a +G4a vs. G2b + G3b + G4b:</b> 1.44 (1.12 to 1.86) p=0.005

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

<b>Study Description</b>	<b>Population</b>	<b>Intervention(s)</b>	<b>Baseline Characteristics</b>	<b>Outcomes</b>	<b>Disparity</b>
Siddiqui et al., 2011 (continued)		<b>N at enrollment:</b> <b>G1a:</b> N/R <b>G1b:</b> N/R <b>G2a:</b> N/R <b>G2b:</b> N/R <b>G3a:</b> N/R <b>G3b:</b> N/R <b>G4a:</b> N/R <b>G4b:</b> N/R <b>N at follow-up:</b> <b>G1a:</b> 146 <b>G1b:</b> 215 <b>G2a:</b> 156 <b>G2b:</b> 206 <b>G3a:</b> 135 <b>G3b:</b> 214 <b>G4a:</b> 141 <b>G4b:</b> 217 <b>Length of follow-up:</b> 12 months <b>Measure of fidelity:</b> N/R			

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Olomu et al., 2010	<b>Condition:</b> Acute myocardial infarction (AMI)	<b>Quality improvement intervention(s):</b> American College of Cardiology's Guidelines Applied in Practice (GAP) program including standardized orders; pocket guideline; standardized discharge tool; educational sessions for patients, physicians and nurses; system for measurement	<b>Clinical (inpatient events), n (%):</b> Hypotension: <b>G1a:</b> 350 (30.2) <b>G1b:</b> 68 (32.4) Shock: <b>G1a:</b> 14 (1.2) <b>G1b:</b> 2 (1.0) Heart failure or pulmonary edema: <b>G1a:</b> 548 (47.3) <b>G1b:</b> 104 (49.5) Stroke: <b>G1a:</b> 51 (4.4) <b>G1b:</b> 16 (7.6) Renal insufficiency: <b>G1a:</b> 266 (23.1) <b>G1b:</b> 73 (34.9) Hemorrhage/bleeding <b>G1a:</b> 271 (23.4) <b>G1b:</b> 85 (30.3) <b>Process, in-hospital procedures/treatment, n (%):</b> Admission tool used: <b>G1a:</b> 102 (8.8) <b>G1b:</b> 13 (6.2) Echocardiogram: <b>G1a:</b> 715 (61.7) <b>G1b:</b> 128 (61.0) Cardiac catheterization: <b>G1a:</b> 527 (45.5) <b>G1b:</b> 94 (44.8) PCI: <b>G1a:</b> 229 (19.8) <b>G1b:</b> 33 (15.7) CABG: <b>G1a:</b> 101 (8.7) <b>G1b:</b> 10 (4.8)	<b>Clinical (inpatient events), n (%):</b> Hypotension: <b>G2a:</b> 410 (33.9) <b>G2b:</b> 87 (31.1) Shock: <b>G2a:</b> 16 (1.3) <b>G2b:</b> 1 (0.7) Heart failure or pulmonary edema: <b>G2a:</b> 529 (43.8) <b>G2b:</b> 137 (48.9) Stroke: <b>G2a:</b> 56 (4.6) <b>G2b:</b> 20 (7.1) Renal insufficiency: <b>G2a:</b> 259 (21.6) <b>G2b:</b> 97 (35.3) Hemorrhage/bleeding <b>G2a:</b> 291 (24.1) <b>G2b:</b> 85 (30.3) <b>Process, in-hospital procedures/treatment, n (%):</b> Echocardiogram: <b>G2a:</b> 716 (59.1) <b>G2b:</b> 171 (61.1) Cardiac catheterization: <b>G2a:</b> 614 (50.8) <b>G2b:</b> 103 (36.8) PCI: <b>G2a:</b> 309 (25.6) <b>G2b:</b> 37 (13.2) CABG: <b>G2a:</b> 127 (10.5) <b>G2b:</b> 14 (5.0)	<b>Disparity before intervention:</b> NR <b>Disparity after intervention:</b> Clinical (inpatient events), OR (95% CI)* Hypotension: <b>G2b vs. G2a:</b> 0.88 (0.66 to 1.16) Shock: <b>G2b vs. G2a:</b> 0.54 (0.12 to 2.35) Heart failure or pulmonary edema: <b>G2b vs. G2a:</b> 1.23 (0.95 to 1.60) Stroke: <b>G2b vs. G2a:</b> 1.58 (0.93 to 2.69) Renal insufficiency: <b>G2b vs. G2a:</b> 1.98 (1.49 to 2.63) Hemorrhage/bleeding: <b>G2b vs. G2a:</b> 1.38 (1.03 to 1.83) Process, in-hospital procedures/treatment, OR (95% CI)* Echocardiogram: <b>G2b vs. G2a:</b> 1.08 (0.83 to 1.41) Cardiac catheterization: <b>G2b vs. G2a:</b> 0.56 (0.43 to 0.74) PCI: <b>G2b vs. G2a:</b> 0.44 (0.31 to 0.64) CABG: <b>G2b vs. G2a:</b> 0.46 (0.26 to 0.79) Aspirin administered: <b>G2b vs. G2a:</b> 0.73 (0.37 to 1.47)
<b>Region/State:</b> Michigan	<b>Inclusion criteria:</b> • Pre-GAP sample: 50% random sample with ≥ 20 cases per hospital of Medicare AMI patients (principal diagnosis code 410.xx) treated at participating hospitals in the year before GAP implementation	<b>Intervention target:</b> evidence-based treatments in hospital (aspirin, beta-blocker) and at discharge (aspirin, beta-blocker, lipid-lowering agents, angiotensin-converting enzyme inhibitor, and smoking cessation counseling), in-hospital complications			
<b>Setting:</b> Academic and community hospitals					
<b>Enrollment period:</b> NR	<b>Exclusion criteria:</b> See inclusion criteria				
<b>Funding:</b> National American College of Cardiology Foundation; Centers for Medicare and Medicaid Services; Michigan Peer Review Organization; Pfizer; AstraZeneca; Greater Detroit Area Health Council; Mardigian Foundation; University of Michigan Ann Arbor	<b>Disparity:</b> Race/ethnicity (Nonwhite)				
<b>Conflict of Interest:</b> NR	<b>Referent group:</b> Internal; White				
<b>Design:</b> Retrospective cohort					

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Olomu et al., 2010 (continued)	<b>Subgroup or secondary analysis description:</b> Comparison of nonwhites vs. Whites during the post-guideline implementation period <b>Measure of fidelity:</b> Admission tool used: <b>G2a:</b> 551 (45.6) <b>G2b:</b> 120 (42.9) OR 0.90 (0.69 to 1.16) Discharge tool used: <b>G2a:</b> 364 (30.1) <b>G2b:</b> 66 (23.6) OR 0.72 (0.53 to 0.97)	<b>Groups:</b> <b>G1a:</b> White, patients before GAP <b>G1b:</b> nonwhite, patients before GAP <b>G2a:</b> White, patients after GAP <b>G2b:</b> nonwhite, patients after GAP <b>N at enrollment:</b> <b>G1a:</b> 1158 <b>G1b:</b> 210 <b>G2a:</b> 1209 <b>G2b:</b> 280 <b>N at followup†:</b> <b>G1a:</b> 1158 <b>G1b:</b> 210 <b>G2a:</b> 1209 <b>G2b:</b> 280 <b>Length of followup:</b> Inpatient hospitalization through discharge	Aspirin administered: <b>G1a:</b> 425 (85.7) <b>G1b:</b> 73 (81.1) Beta-blocker initiated: <b>G1a:</b> 192 (76.8) <b>G1b:</b> 35 (66.0) <b>Process, discharge procedures/ treatment, n (%):</b> Aspirin prescribed: <b>G2a:</b> 393 (94.2) <b>G2b:</b> 74 (90.2) Beta-blocker prescribed: <b>G2a:</b> 129 (94.9) <b>G2b:</b> 20 (90.9) Aspirin prescribed: <b>G1a:</b> 296 (83.4) <b>G1b:</b> 58 (89.2) Beta-blocker prescribed: <b>G1a:</b> 102 (87.9) <b>G1b:</b> 31 (96.9) Lipid-lowering therapy prescribed: <b>G1a:</b> 163 (80.3) <b>G1b:</b> 24 (77.4) ACE-inhibitor prescribed: <b>G1a:</b> 164 (82.8) <b>G1b:</b> 29 (93.6) Counseling for smoking cessation: <b>G1a:</b> 48 (39.4) <b>G1b:</b> 13 (34.2)	Aspirin administered: <b>G2a:</b> 419 (92.9) <b>G2b:</b> 115 (90.6) Beta-blocker initiated: <b>G2a:</b> 192 (82.4) <b>G2b:</b> 45 (83.3) <b>Process, discharge procedures/ treatment, n (%):</b> Aspirin prescribed: <b>G2a:</b> 393 (94.2) <b>G2b:</b> 74 (90.2) Beta-blocker prescribed: <b>G2a:</b> 129 (94.9) <b>G2b:</b> 20 (90.9) Lipid-lowering therapy prescribed: <b>G2a:</b> 230 (83.0) <b>G2b:</b> 45 (79.0) ACE-inhibitor prescribed: <b>G2a:</b> 159 (86.9) <b>G2b:</b> 31 (93.9) OR 2.34 (0.53 to 10.41) Counseling for smoking cessation: <b>G2a:</b> 116 (73.4) <b>G2b:</b> 24 (50.0) Admission tool used: <b>G2a:</b> 551 (45.6) <b>G2b:</b> 120 (42.9) Discharge tool used: <b>G2a:</b> 364 (30.1) <b>G2b:</b> 66 (23.6)	Beta-blocker initiated: <b>G2b vs. G2a:</b> 1.07 (0.48 to 2.36) Process, discharge procedures/ treatment, OR (95% CI)* Aspirin prescribed: <b>G2b vs. G2a:</b> 0.56 (0.24 to 1.31) Beta-blocker prescribed: <b>G2b vs. G2a:</b> 0.54 (0.11 to 2.80) Lipid-lowering therapy prescribed: <b>G2b vs. G2a:</b> 0.77 (0.38 to 1.56) ACE-inhibitor prescribed: <b>G2b vs. G2a:</b> 2.34 (0.53 to 10.41) Counseling for smoking cessation: <b>G2b vs. G2a:</b> 0.36 (0.19 to 0.71) Admission tool used: <b>G2b vs. G2a:</b> 0.90 (0.69 to 1.16) Discharge tool used: <b>G2b vs. G2a:</b> 0.72 (0.53 to 0.97)

\*Includes post-GAP patients only, nonwhite vs. White; unclear how the authors derived the OR

† N at followup is equal to N at enrollment because this is retrospective cohort study.

**Comments:**

The intent of the intervention was not to reduce disparity. The intention of the intervention was to improve overall care for patients. The odds ratios focus on whether there was a post-GAP implementation – no demonstration of a pre-GAP disparity in the data set and no analysis of whether a disparity was closed via the intervention.

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Sequist et al., 2010  <b>Region/State:</b> Massachusetts  <b>Setting:</b> Community practice; Harvard Vanguard Medical Associates  <b>Enrollment period:</b> June 2007-May 2008  <b>Funding:</b> Robert Wood Johnson Foundation  <b>Conflict of Interest:</b> First author discloses consultancy for Aetna  <b>Design:</b> Cluster RCT</p>	<p><b>Condition:</b> Diabetes mellitus  <b>Inclusion criteria:</b> <ul style="list-style-type: none"> <li>Chronic disease focused primary care teams comprising physicians, nurse practitioners (NPs) and/or physician assistants (PAs) from 8 health centers</li> <li>Primary care teams were caring for patients with diabetes, defined as having problem list diagnosis of diabetes in the electronic medical record and at least one of the following:                             <ul style="list-style-type: none"> <li>fasting plasma glucose &gt;3.3 mmol/L;</li> <li>random plasma glucose &gt;5.2 mmol/L;</li> <li>completed HbA1c test.</li> </ul> </li> </ul> <b>Exclusion criteria:</b> NR  <b>Disparity:</b> Race/ethnicity (Black)  <b>Referent group:</b> Internal; White</p>	<p><b>Quality improvement intervention(s):</b> Cultural competency training of primary care teams over two days for NPs and PAs and one day for physicians addressed racial and cultural biases, appropriate methods of collecting clinically relevant cultural data, and ways to incorporate cultural data into patient care plans. Training consisted of lectures, group discussion and community engagement activity through which clinicians met with Black patients with diabetes and learned about barriers to diabetes management. Monthly race-stratified physician level diabetes performance feedback reports were provided.  <b>Intervention target:</b> Providers; outcomes measured for patients</p>	<p><b>Clinical:</b>  <b>HbA1c &lt;7 percent, n (%):</b>  <b>G1a+G2a:</b> 1080 (40)  <b>G1b+G2b:</b> 2241 (46.1)  <p>p&lt;0.001</p> <b>LDL cholesterol &lt;2.59 mmol/L, n (%):</b>  <b>G1a+G2a:</b> 1170 (43.4)  <b>G1b+G2b:</b> 2686 (55.3)  <p>p&lt;0.001</p> <b>Blood pressure &lt;130/80 mm Hg, n (%):</b>  <b>G1a+G2a:</b> 640 (23.7)  <b>G1b+G2b:</b> 1535 (31.5)  <p>p&lt;0.001</p> <b>Process:</b>  <b>Annual HbA1c exam, n (%):</b>  <b>G1a+G2a:</b>2395 (88.7)  <b>G1b+G2b:</b>4230 (87.1)  <p>p=0.139</p> <b>Annual LDL cholesterol exam, n (%):</b>  <b>G1a+G2a:</b>2246 (83.2)  <b>G1b+G2b:</b>4032 (83.0)  <p>p=0.99</p> <b>Annual blood pressure measurement, n (%):</b>  <b>G1a+G2a:</b>2561 (94.9)  <b>G1b+G2b:</b>4575 (94.2)  <p>p=0.035</p> </p>	<p><b>Clinical:</b>  <b>HbA1c &lt;7 percent, %:</b>  <b>G1a:</b> 49.3  <b>G1b:</b> 50.3  <b>G2a:</b> 46.0  <b>G2b:</b> 48.4  <b>HbA1c &lt;7 percent, adjusted difference (95% LDL cholesterol &lt;2.59 mmol/L, %):</b>  <b>G1a:</b> 49.0  <b>G1b:</b> 61.6  <b>G2a:</b> 50.8  <b>G2b:</b> 59.6  <b>Blood pressure &lt;130/80 mm Hg, %:</b>  <b>G1a:</b> 24.0  <b>G1b:</b> 30.5  <b>G2a:</b> 25.4  <b>G2b:</b> 34.0  <p>p values nonsignificant for differences between G1a and G2a, and differences between G1b and G2b.  <b>Process:</b> NR</p> </p>	<p><b>Disparity before intervention:</b>  <b>Differences in outcome measures of disease control for White and Black patients, p value:</b>  HbA1c &lt;7 percent: p&lt;0.001  LDL cholesterol &lt;2.59 mmol/L: p&lt;0.001  Blood pressure &lt;130/80 mm Hg: p&lt;0.001  <b>Differences in process measures of disease for White and Black patients, p value:</b>  Annual HbA1c exam: p=0.139  Annual LDL cholesterol exam: p=0.99  Annual blood pressure measurement: p=0.035  <b>Disparity after intervention</b>  <b>Intervention effects on difference between White and Black patients*, p value:</b>  HbA1c &lt;7 percent: p=0.22  LDL cholesterol &lt;2.59 mmol/L: p=0.34  Blood pressure &lt;130/80 mm Hg: p=0.68</p>

**Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)**

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Sequist et al., 2010 (continued)	<b>Subgroup or secondary analysis description:</b> NA	<b>Groups:</b> <b>G1a:</b> Black patients, intervention <b>G1b:</b> White patients, intervention <b>G1c:</b> primary care team, intervention <b>G2a:</b> Black patients, control <b>G2b:</b> White patients, control <b>G2c:</b> primary care team, control <b>N at enrollment:</b> <b>G1a:</b> 1401 <b>G1b:</b> 2383 <b>G2a:</b> 1298 <b>G2b:</b> 2475 <b>G1c:</b> 15 teams; 46 physicians; 16 NPs or PAs <b>G2c:</b> 16 teams; 45 physicians; 17 NPs or PAs <b>N at followup:</b> <b>G1a:</b> 1401 <b>G1b:</b> 2383 <b>G2a:</b> 1298 <b>G2b:</b> 2475 <b>Length of followup:</b> 12 months <b>Measure of fidelity:</b> NA			

\*After adjustment for clustering by primary care team.

The primary care teams were chronic disease management-focused primary care teams and it was 2-3 primary care physicians working collaboratively with a NP or PA; the NP or PA was primary responsible for diabetes management.

The monthly feedback reports highlighted Black-White differences in rates of achieving ideal control of HbA1c, LDL and BP within each clinician's patient panel and across the 8 health centers. Teams also received detailed, patient-specific report during months 4 and 9.

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Arean et al., 2007</p> <p><b>Region/State:</b> 5 U.S. states</p> <p><b>Setting:</b> Primary care clinics</p> <p><b>Enrollment period:</b> NR</p> <p><b>Funding:</b> John A. Hartford Foundation; California Healthcare Foundation; Hogg Foundation; Robert Wood Johnson Foundation</p> <p><b>Conflict of Interest:</b> NR</p> <p><b>Design:</b> RCT (secondary analysis)</p>	<p><b>Condition:</b> Depression</p> <p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>60 years or older</li> <li>Met criteria for major depression or dysthymia according to SCID</li> </ul> <p><b>Exclusion criteria:</b> See inclusion</p> <p><b>Disparity:</b> Socioeconomic status (Poor, ≤ 30% of area median income)</p> <p><b>Referent group:</b> Internal; Not poor, living &gt; 30% of area median income</p> <p><b>Subgroup or secondary analysis description:</b> Randomization not stratified by income; post hoc subgroup analysis conducted to compare outcomes in each income group between intervention and control</p>	<p><b>Quality improvement intervention(s):</b> Collaborative care model, including stepped care approach to managing depression; primary care provider education; depression clinical specialist/ depression care manager works with patient and primary care provider, medication monitoring and brief psychotherapy; use of clinical information tracking system; ready access to a psychiatrist</p> <p><b>Intervention target:</b> Appropriate management of depression</p> <p><b>Groups:</b></p> <p><b>G1a:</b> Collaborative care, poor</p> <p><b>G1b:</b> Collaborative care, not poor</p> <p><b>G2a:</b> Usual care, poor</p> <p><b>G2b:</b> Usual care, not poor</p> <p><b>N at enrollment:</b> <b>G1a+G2a:</b> 576 <b>G1b+G2b:</b> 1225</p> <p><b>N at followup:</b> NR</p>	<p><b>Clinical:</b> SCL-20 score, mean ± SD:</p> <p><b>G1a+G2a:</b> 1.7 ± 0.6</p> <p><b>G1b+G2b:</b> 1.7 ± 0.6 p=0.59</p> <p>General health, mean ± SD:</p> <p><b>G1a+G2a:</b> 3.6 ± 1.0</p> <p><b>G1b+G2b:</b> 3.2 ± 1.1 p&lt;0.01</p> <p>PCS-12, mean ± SD:</p> <p><b>G1a+G2a:</b> 38.6 ± 7.1</p> <p><b>G1b+G2b:</b> 41.1 ± 7.4 p&lt;0.01</p> <p><b>Process, n (%):</b> Any antidepressant use in last 3 months:</p> <p><b>G1a+G2a:</b> 243 (42)</p> <p><b>G1b+G2b:</b> 528 (43) p=0.71</p> <p>Any specialty mental health visits of psychotherapy in the last 3 months:</p> <p><b>G1a+G2a:</b> 46 (8)</p> <p><b>G1b+G2b:</b> 105 (9) p=0.68</p>	<p><b>Clinical outcomes at 12 months:</b></p> <p><b>G1a:</b> 1.07 ± 0.71</p> <p><b>G1b:</b> 0.95 ± 0.65</p> <p><b>G2a:</b> 1.45 ± 0.66</p> <p><b>G2b:</b> 1.36 ± 0.68</p> <p>G1a vs. G2a, adjusted OR (95% CI, p-value): -0.39 (-0.50, -0.27, p&lt;0.001)</p> <p>G1b vs. G2b, adjusted OR (95% CI, p-value): -0.41 (-0.49, -0.33, p&lt;0.001)</p> <p>General health, mean ± SD:</p> <p><b>G1a:</b> 3.40 ± 1.01</p> <p><b>G1b:</b> 3.06 ± 0.98</p> <p><b>G2a:</b> 3.69 ± 0.98</p> <p><b>G2b:</b> 3.38 ± 0.97</p> <p><b>G1a vs. G2a,</b> adjusted OR (95% CI, p-value): -0.29 (-0.45, -0.12, p=0.001)</p> <p><b>G1b vs. G2b,</b> adjusted OR (95% CI, p-value): -0.32 (-0.43, -0.21, p&lt;0.001)</p>	<p><b>Disparity before intervention:</b> General health, mean ± SD:</p> <p><b>G1a+G2a:</b> 3.6 ± 1.0</p> <p><b>G1b+G2b:</b> 3.2 ± 1.1 p&lt;0.01</p> <p>PCS-12, mean ± SD:</p> <p><b>G1a+G2a:</b> 38.6 ± 7.1</p> <p><b>G1b+G2b:</b> 41.1 ± 7.4 p&lt;0.01</p> <p><b>Disparity after intervention:</b> No interaction between income status and use of depression treatment, satisfaction or other clinical outcomes; no interaction between treatment condition and time with service use or other outcomes in mixed effects models</p> <p>Magnitude of intervention effects similar across income groups.</p>

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

<b>Study</b>	<b>Population</b>	<b>Intervention(s)</b>	<b>Baseline Characteristics</b>	<b>Outcomes</b>	<b>Disparity</b>
Arean et al., 2007 (continued)		<b>Length of followup:</b> 12 months <b>Measure of fidelity:</b> NR	Satisfaction with depression care (rating excellent or very good): <b>G1a+G2a:</b> 104 (50) <b>G1b+G2b:</b> 200 (51) p=0.76	PCS-12, mean $\pm$ SD: <b>G1a:</b> 177 (65) <b>G1b:</b> 397 (65) <b>G2a:</b> 137 (48) <b>G2b:</b> 283 (49) <b>G1a vs. G2a,</b> adjusted OR (95% CI, p-value): 1.46 (0.33, 2.60, p=0.011) <b>G1b vs. G2b,</b> adjusted OR (95% CI, p-value): 1.67 (0.78, 2.55, p<0.001)	
				Satisfaction with depression care (rating excellent or very good), n (%): <b>G1a:</b> 168 (71) <b>G1b:</b> 414 (78) <b>G2a:</b> 89 (43) <b>G2b:</b> 182 (50) <b>G1a vs. G2a,</b> adjusted OR (95% CI, p-value): 3.07 (1.23, 7.65, p=0.026)	
				<b>G1b vs. G2b,</b> adjusted OR (95% CI, p-value): 3.35 (1.94, 5.77, p<0.001)	

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Arean et al., 2007 (continued)				<p><b>Process outcomes at 12 months, n (%)</b></p> <p>Any antidepressant:  <b>G1a:</b> 177 (65)  <b>G1b:</b> 397 (65)  <b>G2a:</b> 137 (48)  <b>G2b:</b> 283 (49)  <b>G1a vs. G2a,</b>                      adjusted OR (95% CI, p-value): 3.25 (2.14, 4.96, p&lt;0.001)                      G1b vs. G2b,                      adjusted OR (95% CI, p-value): 2.17 (1.53, 3.08, p&lt;0.001)</p> <p>Any psychotherapy:  <b>G1a:</b> 104 (40)  <b>G1b:</b> 265 (44)  <b>G2a:</b> 42 (15)  <b>G2b:</b> 91 (16)  <b>G1a vs. G2a,</b>                      adjusted OR (95% CI, p-value): 4.16 (2.52, 6.85, p&lt;0.001)</p> <p><b>G1b vs. G2b,</b>                      adjusted OR (95% CI, p-value): 4.33 (3.14, 5.97, p&lt;0.001)</p> <p>Any depression treatment:  <b>G1a:</b> 200 (77)  <b>G1b:</b> 474 (78)  <b>G2a:</b> 152 (53)  <b>G2b:</b> 309 (54)  <b>G1a vs. G2a,</b>                      adjusted OR (95% CI, p-value): 3.80 (2.46, 5.85, p&lt;0.001)</p> <p><b>G1b vs. G2b,</b>                      adjusted OR (95% CI, p-value): 3.58 (2.59, 4.95, p&lt;0.001)</p>	

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Beach et al., 2007	<b>Condition:</b> Cancer screening	<b>Quality improvement intervention(s):</b> Scripted telephone support provided by a Prevention Care Manager (PCM)	<b>Clinical:</b> NA <b>Process:</b> Up-to-date cancer screening status*	<b>Clinical:</b> NA <b>Process:</b> Up-to-date cancer screening status§	<b>Disparity before intervention:</b> Up-to-date cancer screening status*
<b>Region/State:</b> New York City, New York	<b>Inclusion criteria:</b> • Women aged 50 to 69 years	<b>Intervention target:</b> Patient behavior	<b>Cervical cancer†, n (%):</b> <b>G1a+G2a:</b> 264/498 (53.0) <b>G1b+G2b:</b> 528/848 (62.3)	<b>Cervical cancer†, n (%):</b> <b>G1a:</b> 144/239 (60) <b>G1b:</b> 310/431 (72) <b>G2a:</b> 144/259 (56) <b>G2b:</b> 243/417 (58)	<b>Disparity before intervention:</b> Breast cancer, OR (95%): <b>G1a+G2a vs. G2a+G2b:</b> 1.46 (1.16-1.84), p<0.001
<b>Setting:</b> 11 Community/Migrant Health Centers (C/MHC)	• Received care for ≥ 6 months at a C/MHC	<b>Groups:</b> <b>G1a:</b> English speaking, intervention <b>G1b:</b> Spanish speaking, intervention <b>G2a:</b> English speaking, usual care <b>G2b:</b> Spanish speaking, usual care	<b>Colorectal cancer†, n (%):</b> <b>G1a+G2a:</b> 209/368 (56.8) <b>G1b+G2b:</b> 365/599 (60.9)	<b>Colorectal cancer†, n (%):</b> <b>G1a:</b> 106/181 (59) <b>G1b:</b> 237/310 (76) <b>G2a:</b> 100/187 (53) <b>G2b:</b> 173/289 (60)	<b>Disparity before intervention:</b> Cervical cancer†, OR (95%): <b>G1a+G2a vs. G2a+G2b:</b> 1.19 (0.90-1.56)
<b>Enrollment period:</b> November 2001 - October 2002	• Preferred language was English, Spanish or Haitian Creole	<b>N at enrollment:</b> <b>G1a+G2a:</b> 498 <b>G1b +G2b:</b> 848	<b>Any test††, n (%):</b> <b>G1a+G2a:</b> 216/290 (74.5) <b>G1b+G2b:</b> 370/487 (76.0)	<b>Any test, n (%):</b> <b>G1a:</b> 117/146 (80) <b>G1b:</b> 215/246 (87) <b>G2a:</b> 111/144 (77) <b>G2b:</b> 182/241 (76)	<b>Disparity before intervention:</b> Colorectal cancer†, OR (95%): <b>G1a+G2a vs. G2a+G2b:</b> 0.83 (0.61-1.14)
<b>Funding:</b> National Cancer Institute	• Acutely ill	<b>N at followup:</b> <b>G1a:</b> 239 <b>G1b:</b> 431 <b>G2a:</b> 259 <b>G2b:</b> 417	<b>Most tests††, n (%):</b> <b>G1a+G2a:</b> 133/290 (45.9) <b>G1b+G2b:</b> 262/487 (53.8)	<b>Most tests, n (%):</b> <b>G1a:</b> 82/146 (56) <b>G1b:</b> 181/246 (74) <b>G2a:</b> 66/144 (46) <b>G2b:</b> 129/241 (54)	<b>Disparity before intervention:</b> Any test††, OR (95%): <b>G1a+G2a vs. G2a+G2b:</b> 1.08 (0.76-1.54)
<b>Conflict of Interest:</b> NR	<b>Exclusion criteria:</b> • Undergoing cancer treatment	<b>Length of followup:</b> 18 months	<b>All tests††, n (%):</b> <b>G1a+G2a:</b> 31/290 (10.7) <b>G1b+G2b:</b> 54/487 (11.1)	<b>All tests, n (%):</b> <b>G1a:</b> 42/146 (29) <b>G1b:</b> 98/246 (40) <b>G2a:</b> 27/144 (19) <b>G2b:</b> 61/241 (25)	<b>Disparity before intervention:</b> Most tests††, OR (95%): <b>G1a+G2a vs. G2a+G2b:</b> 1.37 (1.02-1.86), p<0.05
<b>Design:</b> RCT	<b>Disparity indicator(s):</b> Language barrier (Spanish-speaking)	<b>Measure of fidelity:</b> NR			<b>Disparity before intervention:</b> All tests††, OR (95%): <b>G1a+G2a vs. G2a+G2b:</b> 1.04 (0.64-1.72)

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Beach et al., 2007 (continued)	<b>Subgroup or secondary analysis description:</b> Secondary analysis of data from an RCT of an intervention to improve screening among low-income women. A subgroup analysis of relative efficacy of the intervention among Spanish versus English speaking participants				<b>Disparity after intervention:</b> Not explicitly reported. See outcome data.

\* Up-to-date status: breast cancer (mammography within 18 months), cervical cancer (Pap test within 18 months), and colorectal cancer (home fecal occult blood test within 18 months).

†Excludes women with a hysterectomy (n=379)

‡ Excludes women up-to-date at baseline on any screening test valid for  $\geq 5$  years (i.e. colonoscopy, barium enema, or sigmoidoscopy; n=276)

§Up-to-date status: breast cancer (mammography within 18 months); cervical cancer (Pap test within 18 months); and colorectal cancer (home fecal occult blood test within 18 months, a barium enema or sigmoidoscopy within 5 years, or a colonoscopy within 10 years). Patients with a hysterectomy or a baseline colorectal cancer screening test valid for 5 years or more were excluded from analyses (n = 569).

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Coberley et al., 2007</p> <p><b>Region/State:</b> multistate, U.S.</p> <p><b>Setting:</b> Members of 20 health plans and participants in diabetes disease management programs</p> <p><b>Enrollment period:</b> NR</p> <p><b>Funding:</b> NR</p> <p><b>Conflict of Interest:</b> NR</p> <p><b>Design:</b> Retrospective cohort</p>	<p><b>Condition:</b> Diabetes mellitus</p> <p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>Members of Healthways health plans with diabetes identified by administrative claims</li> <li>At least 10 months of eligibility in Healthways diabetes disease management programs</li> </ul> <p><b>Exclusion criteria:</b> NR</p> <p><b>Disparity:</b> Race/ethnicity*</p> <p><b>Referent group:</b> Internal; Non-health disparity zones, non-minority zip codes</p> <p><b>Subgroup or secondary analysis description:</b> NA</p> <p><b>Measure of fidelity:</b> NR</p>	<p><b>Quality improvement intervention(s):</b> Diabetes disease management program (all patients), including telephone intervention to improve A1C testing rates in previously non-adherent members (lacked test in baseline period)</p> <p><b>Intervention target:</b> Patients</p> <p><b>Groups:</b></p> <p><b>G1a:</b> patients living in health disparity zone (HDZ), pre-intervention</p> <p><b>G1b:</b> patients living in minority zip codes in HDZ, pre-intervention</p> <p><b>G1c:</b> patients living in non-HDZ, pre-intervention</p> <p><b>G2a:</b> patients living in HDZ, post-intervention</p> <p><b>G2b:</b> patients living in non-minority zip codes in HDZ, post-intervention</p> <p><b>G2c:</b> patients living in non-HDZ, post-intervention</p> <p><b>N:</b> 37,425</p> <p><b>G1a:</b> 3359</p> <p><b>G1b:</b> 2068</p> <p><b>G1c:</b> 34,066</p> <p><b>G2a:</b> 3359</p> <p><b>G2b:</b> 2068</p> <p><b>G2c:</b> 34,066</p> <p><b>Length of followup:</b> 12 months prior to start of disease management (baseline period) and 12 months following disease management intervention</p>	<p><b>Clinical:</b> NR</p> <p><b>Process:</b> HbA1c testing rate, %:</p> <p><b>G1a:</b> 51.8</p> <p><b>G1c:</b> 64.0</p>	<p><b>Clinical:</b> NR</p> <p><b>Process:</b> HbA1c testing rate, %:</p> <p><b>G2a:</b> 59.4</p> <p><b>G2c:</b> 68.6</p> <p>HbA1c testing rate relative increase†, % (p value):</p> <p><b>G1a:</b> 7.6 (p&lt;0.001)</p> <p><b>G2a:</b> 4.6 (p&lt;0.0001)</p>	<p><b>Disparity before intervention:</b></p> <p><b>Process:</b> HbA1c testing rate, %</p> <p><b>G1a:</b> 51.8</p> <p><b>G2a:</b> 64.0</p> <p><b>Disparity after intervention:</b></p> <p><b>Process:</b> HbA1c testing rate, %:</p> <p><b>G2a:</b> 59.4</p> <p><b>G2c:</b> 68.6</p>

\*Analyzed by whether members lived in minority zip codes (>50% of the population minorities) or health disparity zones (an area in which the diabetes disease prevalence was above the national average for minority zip codes).

†Difference from pre-intervention (i.e. baseline)

Additional baseline and outcome data reported only graphically

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Wells et al., 2007; Wells et al., 2004 ; Miranda et al., 2004</p> <p><b>Region/State:</b> Across U.S.</p> <p><b>Setting:</b> Six nonacademic managed Healthcare Organizations; 46 clinics with 181 primary care providers</p> <p><b>Enrollment period:</b> June 1996 – March 1997</p> <p><b>Funding:</b> National Institute of Mental Health (NIMH)</p> <p><b>Conflict of Interest:</b> NR</p> <p><b>Design:</b> RCT</p>	<p><b>Condition:</b> Depression</p> <p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>Use the practice for the next 12 months</li> <li>Positive for current depressive symptoms and probable depressive disorder in the last year</li> </ul> <p><b>Exclusion criteria:</b></p> <ul style="list-style-type: none"> <li>&lt; 18 years old</li> <li>Not fluent in English or Spanish</li> <li>Lacked insurance coverage for the local therapists participating in the interventions</li> </ul> <p><b>Disparity:</b> Race/ethnicity (Minorities)</p> <p><b>Referent group:</b> Internal; White</p> <p><b>Subgroup or secondary analysis description:</b> NR</p>	<p><b>Quality improvement intervention(s):</b> Partners in Care (PIC) quality improvement programs included commitment of in-kind resources from clinician teams; clinician toolkit and patient education materials; trained nurse specialist; plus either enhanced medication management (QI-Meds) or enhanced psychotherapy (QI-Therapy).</p> <p><b>Intervention target:</b> Patient</p> <p><b>Groups:</b></p> <p><b>G1:</b> QI-Meds</p> <p><b>G2:</b> QI-Therapy</p> <p><b>G3:</b> Usual care (UC)</p> <p><b>G1a:</b> minorities, QI-Meds</p> <p><b>G1b:</b> Whites, QI-Meds</p> <p><b>G2a:</b> minorities, QI-Therapy</p> <p><b>G2b:</b> Whites, QI-Therapy</p> <p><b>G3a:</b> minorities, usual care</p> <p><b>G3b:</b> Whites, usual care</p>	<p><b>Clinical:</b></p> <p><b>PCS-12 score at 9 years, mean ± SD:</b></p> <p>Minority: 36.98 ± 10.95</p> <p>White: 34.80 ± 10.24</p> <p><b>MCS-12 score at 9 years, mean ± SD:</b></p> <p>Minority: 44.69 ± 10.81</p> <p>White: 46.49 ± 11.55</p> <p><b>Process:</b> NR</p>	<p><b>Clinical:</b></p> <p><b>Mental Health Inventory, mean ± SD:</b></p> <p>Displayed graphically without numerical values</p> <p><b>Appropriate care at 6 month followup, %:</b></p> <p>QI-Meds, White: 35.2</p> <p>QI-Meds, minority: 36</p> <p>QI-Therapy, White: 38.1</p> <p>QI-Therapy, minority: 45</p> <p>UC, White: 26.7</p> <p>UC, minority: 19</p> <p><b>Depressed and not in appropriate care at 57 months, % (95% CI), p-value for comparison vs. usual care:</b></p> <p>QI-Meds, White: 12.8 (5.3, 20.4) p=0.70</p> <p>QI-Meds, minority: 24.6 (16.5, 32.7) p=0.07</p> <p>QI-Therapy, White: 16.4 (10.6, 22.1) p=0.70</p> <p>QI-Therapy, minority: 21.7 (13.1, 30.3) p=0.03</p> <p>UC, White: 14.7 (8.3, 21.1)</p> <p>UC, minority: 34.3 (27.2, 41.5)</p>	<p><b>Disparity before intervention:</b> NR</p> <p><b>Disparity after intervention:</b> QI-ethnicity interaction,% depressed and not in appropriate care at 57 months, t-test (p-value):</p> <p>QI-Meds: 0.67 (0.51)</p> <p>QI-Therapy: 1.83 (0.07)</p> <p>Omnibus test of QI effects at 9 years, minority vs. White (95% CI): -11.40 (-27.97, 5.18) p=0.176</p> <p><b>Interaction model† for disparity at 9 years, adjusted estimate‡ (95% CI), p value:</b></p> <p>QI-Meds, minority vs. White: -35.81 (-62.13, -9.50) p=0.008</p> <p>QI-Therapy, minority vs. White: 18.08 (-8.50, 44.66) p=0.179</p> <p>UC, minority vs. White: -21.36 (-47.36, 4.65) p=0.106</p>

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Wells et al., 2007; Wells et al., 2004 ; Miranda et al., 2004 (continued)		<p><b>N at enrollment:</b> Minority participants: 714 White participants: 474</p> <p><b>N at followup, time, N:</b> <b>All:</b> 12 months, (1126); 24 months, (1159); 5 years, (991); 9 years, (805)</p> <p><b>Length of followup:</b> 9 years</p> <p><b>Measure of fidelity:</b> NR</p>		<p><b>Interaction model† for intervention effects at 9 years, adjusted analyses estimate‡ (95% CI):</b> QI-Meds vs. UC, White: 9.40 (-13.07, 31.87) p=0.408</p> <p>QI-Meds vs. UC, minority: -5.06 (-34.71, 24.60) p=0.735</p> <p>QI-Therapy vs. UC, White: -1.52 (-25.59, 22.55) p=0.900</p> <p>QI-Therapy vs. UC, minority: 37.92 (9.42, 66.42) p=0.010</p> <p>QI-Therapy vs. Meds, White: -10.92 (-33.92, 12.07)</p> <p>QI-Therapy vs. Meds, minority: 42.97 (16.40, 69.54)</p> <p><b>Overall effect of QI at 9 years, F test, (adjusted p-value):</b> White: 0.53 (0.592) Minority: 5.72 (0.004)</p> <p><b>Process:</b> NR</p>	<p><b>Interaction model† for intervention group difference on disparity at 9 years, adjusted analyses estimate‡ (95% CI), p value:</b> QI-Meds vs. UC: -14.46 (-49.47, 20.56) p=0.415</p> <p>QI-Therapy vs. UC at 9 years: 39.44 (2.41, 76.47) p=0.037</p> <p>QI-Therapy vs. Meds at 9 years: 53.90 (19.61, 88.18) p=0.002</p> <p><b>QI-minority interaction at 9 years, F test (adjusted p-value):</b> 4.96 (0.008)</p>

†Interaction model (intervention status X ethnic minority)

‡Presented as area under curve over 9-year time period, derived from the 3-level mixed effects model.

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Mahotiere et al., 2006</p> <p><b>Region/State:</b> New York City (Bronx, Kings, New York and Kings counties)</p> <p><b>Setting:</b> Community and hospital clinics, community settings</p> <p><b>Enrollment period:</b> April 1999-March 2001</p> <p><b>Funding:</b> Centers for Medicare and Medicaid Services contract</p> <p><b>Conflict of Interest:</b> NR</p> <p><b>Design:</b> Prospective cohort study</p>	<p><b>Condition:</b> Diabetes mellitus</p> <p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>African American and White New York City Medicare fee-for-service beneficiaries in senior centers, religious organizations, and senior housing complexes</li> <li>Facilities and providers who serve this population were also targeted, including African-American serving physicians in New York City, identified participants of IPRO's physician office quality improvement project in the Bronx, Kings, New York and Queens counties, and African-American-serving hospital outpatient clinics and community health centers</li> </ul>	<p><b>Quality improvement intervention(s):</b> Five rounds of on-site visits with providers; initial visit consisted of introduction to IPRO Diabetes Disparities project, review of ADA guidelines for lipid disorder screening, and distribution of provider toolkits including decision support tools for diabetes prevention and management, provider reminder materials, and culturally and linguistically appropriate patient reminders and educational materials. Additional visits provided technical assistance, promoted a CME program, and implementation of Outpatient Rapid Assessment Tool. Cultural competency training was also offered statewide. Also two provider performance feedback reports and updated toolkits to primary care physicians who cared for sizable number of African-American Medicare beneficiaries with diabetes.</p>	<p><b>Clinical:</b> NR</p> <p><b>Process:</b> Receipt of biennial lipid profile, n (%):  <b>G1:</b> 7,981 (63.8)  <b>G2:</b> 12,313 (85.0)  <b>G3:</b> 18,612 (82.8)</p>	<p><b>Clinical:</b> NR</p> <p><b>Process:</b> Receipt of biennial lipid profile, n (%):  <b>G1:</b> 12,993 (80.5)  <b>G2:</b> 13,942 (89.8)  <b>G3:</b> 24,150 (89.7)</p>	<p><b>Disparity before intervention:</b></p> <p><b>Disparity in receipt of biennial lipid profile, %:</b>  <b>G1 vs. G2:</b> 21.2  <b>G1 vs. G3:</b> 19.0</p> <p><b>Predictor of receipt of biennial lipid profile, OR (95% CI), p value:</b>  <b>G1:</b> 0.42 (0.37 to 0.47)  <b>G3:</b> 1.00  p&lt;0.0001</p> <p><b>Disparity after intervention:</b></p> <p><b>Disparity in receipt of biennial lipid profile, %:</b>  <b>G1 vs. G2:</b> 9.3  <b>G1 vs. G3:</b> 9.2</p> <p><b>Change in disparity in receipt of biennial lipid profile, %:</b>  <b>G1 vs. G2:</b> -11.9  <b>G1 vs. G3:</b> -9.8</p>

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Mahotiere et al., 2006 (continued)	<p><b>Exclusion criteria:</b></p> <ul style="list-style-type: none"> <li>Richmond County excluded due to small number of African American Medicare fee-for-service beneficiaries</li> </ul> <p><b>Disparity:</b> Race/ethnicity (African American)</p> <p><b>Referent group:</b> Internal; White</p> <p><b>Subgroup or secondary analysis description:</b> NA</p> <p><b>Measure of fidelity:</b> NR</p>	<p><b>Quality improvement intervention(s) (cont):</b></p> <p>Community interventions involved focus groups to understand characteristics, needs, and perspectives of AA patients. Culturally appropriate diabetes self-management education was offered in senior centers and religious organizations. A nutritional toolkit was also developed to address healthy food and to reflect cultural/ethnic diets. Assorted other educational media and interventions were also conducted including radio advertising.</p> <p><b>Intervention target:</b> Patients and providers</p>			

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Mahotiere et al., 2006 (continued)		<p><b>Groups:</b>  <b>G1:</b> African-American Medicare fee-for-service (FFS) beneficiaries with diabetes residing in Bronx, Kings, New York and Queens counties.  <b>G2:</b> White non-dual enrolled Medicare fee-for service beneficiaries in Bronx, Kings, New York and Queens counties  <b>G3:</b> all White Medicare fee-for-service beneficiaries with diabetes in Bronx, Kings, New York and Queens counties  <b>N at enrollment:</b>  <b>G1:</b> 12,510  <b>G2:</b> 14,490  <b>G3:</b> 22,487  <b>N at followup:</b>  <b>G1:</b> 16,140  <b>G2:</b> 15,526  <b>G3:</b> 26,923  <b>Length of followup:</b>  Remeasurement was in 3/31/02-3/31/04</p>			

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Arean et al., 2005	<b>Condition:</b> Depression	<b>Quality improvement intervention(s):</b> Collaborative care model, including stepped care approach to managing depression; primary care provider education; depression clinical specialist/ depression care manager works with patient and primary care provider, medication monitoring and brief psychotherapy; use of clinical information tracking system; ready access to a psychiatrist	<b>Clinical:</b> HSCL-20 depression score (range 0-4), mean $\pm$ SD: <b>G1a+G2a:</b> 1.7 $\pm$ 0.6 <b>G1b+G2b:</b> 1.5 $\pm$ 0.6 <b>G1c+G2c:</b> 1.8 $\pm$ 0.7 <b>Process:</b> Any antidepressant use in the past 3 months, n (%): <b>G1a+G2a:</b> 594 (43) <b>G1b+G2b:</b> 91 (41) <b>G1c+G2c:</b> 62 (45) Any specialty mental health visits or psychotherapy in the past 3 months, n (%): <b>G1a+G2a:</b> 123 (9) <b>G1b+G2b:</b> 9 (4) <b>G1c+G2c:</b> 12 (9)	<b>Clinical:</b> Response ( $\geq$ 50% decrease in HSCL-20 depression score from baseline), adjusted %: <b>G1a:</b> 42 <b>G1b:</b> 54 <b>G1c:</b> 42 <b>G2a:</b> 19 <b>G2b:</b> 23 <b>G2c:</b> 14 <b>G1a vs. G2a:</b> p<0.001 <b>G1b vs. G2b:</b> p<0.001 <b>G1c vs. G2c:</b> p<0.001 Remission (HSCL-20 depression score <0.5), adjusted %: <b>G1a:</b> 24 <b>G1b:</b> 33 <b>G1c:</b> 25 <b>G2a:</b> 8 <b>G2b:</b> 8 <b>G2c:</b> 9 <b>G1a vs. G2a:</b> p<0.001 <b>G1b vs. G2b:</b> p<0.001 <b>G1c vs. G2c:</b> p=0.014 HSCL-20 depression score (range 0-4), mean: <b>G1a:</b> 1 <b>G1b:</b> 0.9 <b>G1c:</b> 1 <b>G2a:</b> 1.39 <b>G2b:</b> 1.4 <b>G2c:</b> 1.4 <b>G1a vs. G2a:</b> p<0.001 <b>G1b vs. G2b:</b> p<0.001 <b>G1c vs. G2c:</b>	<b>Disparity before intervention:</b> Any specialty mental health visits or psychotherapy in the past 3 months, n (%): <b>G1a+G2a:</b> 123 (9) <b>G1b+G2b:</b> 9 (4) <b>G1c+G2c:</b> 12 (9) p=0.06 <b>Disparity after intervention:</b> Intervention effects on measures of depression and health-related functioning were of similar magnitude among minorities as among Whites.  No significant interactions between intervention and ethnic group for clinical outcomes, including measures of depression and health related functioning.
<b>Region/State:</b> 5 U.S. states	<b>Inclusion criteria:</b> • 60 years or older • Met criteria for major depression or dysthymia according to SCID				
<b>Setting:</b> Primary care clinics					
<b>Enrollment period:</b> NR					
<b>Funding:</b> John A. Hartford Foundation; California Healthcare Foundation; Hogg Foundation; Robert Wood Johnson Foundation	<b>Exclusion criteria:</b> See inclusion <b>Disparity:</b> Race/ethnicity (Black and Latino) <b>Referent group:</b> Internal; White				
<b>Conflict of Interest:</b> NR	<b>Subgroup or secondary analysis description:</b> Randomization not stratified by race/ethnicity; post hoc subgroup analysis conducted to compare outcomes in each race/ethnic group between intervention and control				
<b>Design:</b> RCT (secondary analysis)					
		<b>Groups:</b> <b>G1a:</b> Collaborative care, White patients <b>G1b:</b> Collaborative care, Black patients <b>G1c:</b> Collaborative care, Latino patients <b>G2a:</b> Usual care, White patients <b>G2b:</b> Usual care, Black patients <b>G2c:</b> Usual care, Latino patients  <b>N at enrollment:</b> <b>G1a+G2a:</b> 1388 <b>G1b+G2b:</b> 222 <b>G1c+G2c:</b> 138 <b>N at followup:</b> <b>G1a+G2a:</b> 1208 <b>G1b+G2b:</b> 186 <b>G1c+G2c:</b> 119			

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

<b>Study</b>	<b>Population</b>	<b>Intervention(s)</b>	<b>Baseline Characteristics</b>	<b>Outcomes</b>	<b>Disparity</b>
Arean et al., 2005 (continued)		<b>Length of followup:</b> 12 months <b>Measure of fidelity:</b> NR	<b>G1c+G2c:</b> 21 (48)	<p><math>p=0.002</math> Overall functional impairment (range 0-10), mean: <b>G1a:</b> 3.6 <b>G1b:</b> 3.7 <b>G1c:</b> 3.9 <b>G2a:</b> 4.5 <b>G2b:</b> 4.7 <b>G2c:</b> 4.7 <b>G1a vs. G2a:</b> <math>p&lt;0.001</math> <b>G1b vs. G2b:</b> <math>p=0.005</math> <b>G1c vs. G2c:</b> <math>p=0.089</math> <b>Process:</b> Any antidepressant use, adjusted %: <b>G1a:</b> 66 <b>G1b:</b> 62 <b>G1c:</b> 68 <b>G2a:</b> 50 <b>G2b:</b> 46 <b>G2c:</b> 44 <b>G1a vs. G2a:</b> <math>p&lt;0.001</math> <b>G1b vs. G2b:</b> <math>p=0.036</math> <b>G1c vs. G2c:</b> <math>p=0.016</math></p> <p>Any psychotherapy or specialty mental health visits, adjusted %: <b>G1a:</b> 55 <b>G1b:</b> 35 <b>G1c:</b> 42 <b>G2a:</b> 16 <b>G2b:</b> 14 <b>G2c:</b> 12 <b>G1a vs. G2a:</b> <math>p&lt;0.001</math> <b>G1b vs. G2b:</b> <math>p=0.01</math> <b>G1c vs. G2c:</b> <math>p=0.005</math></p>	

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Arean et al., 2005 (continued)				Satisfaction (excellent/very good) with depression care, adjusted %: <b>G1a:</b> 76 <b>G1b:</b> 72 <b>G1c:</b> 71 <b>G2a:</b> 49 <b>G2b:</b> 42 <b>G2c:</b> 50 <b>G1a vs. G2a:</b> p<0.001 <b>G1b vs. G2b:</b> p=0.001 <b>G1c vs. G2c:</b> p=0.035	

No disparity measured at outset of study; numbers for depression related baseline values look similar

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<p><b>Author:</b> Ferreira et al., 2005  <b>Region/State:</b> Illinois  <b>Setting:</b> General medicine primary care outpatient firms at a Veterans Affairs Medical Center  <b>Enrollment period:</b> May 2001-December 2002  <b>Funding:</b> Department of Veterans Affairs Health Services Research Division and National Institutes of Health grants  <b>Conflict of Interest:</b> None  <b>Design:</b> RCT</p>	<p><b>Condition:</b> Colorectal cancer (CRC) screening  <b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>• Male veterans</li> <li>• 50 years or older</li> <li>• Scheduled to be seen by a provider from the two outpatient firms at the study medical center</li> </ul> <p><b>Exclusion criteria:</b></p> <ul style="list-style-type: none"> <li>• Personal or family history of colorectal cancer or polyps</li> <li>• Personal history of inflammatory bowel disease</li> <li>• Home FOBT in the previous year</li> <li>• Flexible sigmoido-scopy or colonoscopy (FS/COL) in the previous 5 years</li> </ul> <p><b>Disparity indicator(s):</b> Health literacy (Limited health literacy)  <b>Referent group:</b> Internal original RCT participants had completed in the literacy assessment)</p>	<p><b>Quality improvement intervention:</b> Health care provider-directed intervention including education and feedback  <b>Intervention target:</b> Appropriate screening for colorectal cancer  <b>Groups:</b>  <b>G1:</b> participants treated at firm randomized to intervention  <b>G1a:</b> high literacy, intervention  <b>G1b:</b> limited literacy, intervention  <b>G2a:</b> high literacy, usual care  <b>G2b:</b> limited literacy, usual care  <b>N at enrollment:</b>  <b>G1a:</b> 118  <b>G1b:</b> 79  <b>G2a:</b> 125  <b>G2b:</b> 60  <b>N at followup*:</b>  <b>G1a:</b> 118  <b>G1b:</b> 79  <b>G2a:</b> 125  <b>G2b:</b> 60  <b>Length of followup:</b> 6 - 18 months after index visit</p>	<p><b>Clinical:</b> NA  <b>Process:</b> Eligible participants did not have a FOBT in the previous year or FS/COL in the previous 5 years.</p>	<p><b>Clinical:</b> NA  <b>Process:</b> Colorectal cancer screening recommended:  <b>G1a:</b> NR  <b>G1b:</b> NR  <b>G2a:</b> NR  <b>G2b:</b> NR  Colorectal cancer screen test completed:  FOBT only (%):  <b>G1a:</b> 21.2  <b>G1b:</b> 30.4  <b>G2a:</b> 15.2  <b>G2b:</b> 6.7  FS/COL only (%):  <b>G1a:</b> 12.7  <b>G1b:</b> 17.7  <b>G2a:</b> 16.8  <b>G2b:</b> 21.7  Both FOBT and FS/COL (%):  <b>G1a:</b> 5.1  <b>G1b:</b> 7.6  <b>G2a:</b> 4.0  <b>G2b:</b> 1.7  Any screening (%):  <b>G1a:</b> 39.0  <b>G1b:</b> 55.7  <b>G2a:</b> 36.0  <b>G2b:</b> 30.0  <b>G1a vs. G1b:</b> p=0.35  <b>G1b vs. G2b:</b> p=0.002</p>	<p><b>Disparity before intervention:</b> NA; all eligible participants did not have a FOBT in the previous year, or FS/COL in the previous 5 years.  <b>Disparity after intervention:</b> No significant difference in overall CRC screening incidence between intervention and usual care among patients with high literacy.  Individuals with limited literacy in the intervention group were more likely to complete any CRC screening tests than individuals with limited literacy in the intervention group.</p>

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Ferreira et al., 2005 (continued)	<b>Subgroup or secondary analysis description:</b> Exploratory analysis of individuals with limited (<9 <sup>th</sup> grade level) versus high literacy (≥ 9 <sup>th</sup> grade level) as measured by the REALM instrument	<b>Measure of fidelity:</b> <ul style="list-style-type: none"> <li>• 15 of the 60 providers in the intervention firm did not participate in the initial workshop.</li> <li>• 84% of the physicians and nurse practitioners attended at least one of the four feedback sessions.</li> </ul>			

\*N at baseline is derived from the N at followup.

N at baseline indicates 185 in the control firm completed health literacy assessment, and 197 in the intervention firm completed health literacy assessment. Authors state that data was available for all patients included in the study.

Patients who died during followup are not included in the final analysis

Randomization was at the outpatient clinic level (one intervention clinic and one usual care clinic)

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Sherbourne et al., 2004 <b>Region/State:</b> Across U.S. <b>Setting:</b> Six nonacademic managed Healthcare Organizations <b>Enrollment period:</b> June 1996-March 1997 <b>Funding:</b> AHRQ, National Institute of Mental Health, John D. and Catherine T. MacArthur Foundation <b>Conflict of Interest:</b> NR <b>Design:</b> RCT	<b>Condition:</b> Depression <b>Inclusion criteria:</b> <ul style="list-style-type: none"> <li>Intended to use clinic as source of care for next year</li> <li>Older than 17</li> <li>No acute medical emergency</li> <li>Spoke English or Spanish</li> <li>Insurance or public-pay arrangement to cover intervention care</li> </ul> <b>Exclusion criteria:</b> See inclusion <b>Disparity:</b> Sex <b>Referent group:</b> Internal <b>Subgroup or secondary analysis description:</b> NR <b>Measure of fidelity:</b> NR	<b>Quality improvement intervention(s):</b> QI- MEDS, QI-THERAPY; in-kind resources, local expert and staff nurses training <b>Intervention target:</b> Increase access/adherence with any form of appropriate care for depression; Improved health and employment outcomes among ethnic minorities. <b>Groups:</b> <b>G1:</b> QI-Meds <b>G2:</b> QI-Therapy <b>G3:</b> Usual care (UC) <b>N at enrollment:</b> 1358 <b>N at followup (completed ≥ 1 followup questionnaire):</b> Women: 941 Men: 358 <b>N at 24 months:</b> NR <b>Length of followup:</b> 24 months	<b>Clinical:</b> <b>MCS-12, mean:</b> Women: 34.0 Men: 36.39 <b>PCS-12, mean:</b> Women: 45.06 Men: 44.66 <b>CESD, mean:</b> Women: 45.59 Men: 43.09	<b>Clinical:</b> <b>Probable unmet need for appropriate care at 24 months, %*:</b> QI-Meds, women: 53 QI-Meds, men: 52 QI-Therapy, women: 54 QI-Therapy, men: 57 UC, women: 45 UC, men: 57 UC vs. QI-Meds, women: p=0.13 UC vs. QI-Therapy, women: p=0.10 QI-Meds vs. QI-Therapy, women: p=0.92 UC vs. QI-Meds, men: p=0.53 UC vs. QI-Therapy, men: p=0.96 QI-Meds vs. QI-Therapy, men: p=0.59 <b>Mental HRQOL at 24 months, mean:</b> QI-Meds, women: 40.18 QI-Meds, men: 40.25 QI-Therapy, women: 41.10 QI-Therapy, men: 41.41 UC, women: 39.22 UC, men: 38.47 UC vs. QI-Meds, women: p=0.41 UC vs. QI-Therapy, women: p=0.01 QI-Meds vs. QI-Therapy, women: p=0.56	<b>Disparity before intervention:</b> NR <b>Disparity after intervention:</b> Significant main effect for gender: t=3.97, p=0.0001 Probable unmet need for appropriate care, 3 way interaction model (sex X time X intervention): F=2.16, p=0.028 Mental HRQOL, 3 way interaction model (sex X time X intervention): F=2.12, p=0.031 Employment status, 3 way interaction model (sex X time X intervention): F=1.99, p=0.044

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Sherbourne et al., 2004 (continued)				UC vs. QI-Meds, men: p=0.32 UC vs. QI-Therapy, men: p=0.12 QI-Meds vs. QI- Therapy, men: p=0.55  <b>Working at 24 months, %*:</b> QI-Meds, women: 65 QI-Meds, men: 57 QI-Therapy, women: 53 QI-Therapy, men: 59 UC, women: 60 UC, men: 56 UC vs. QI-Meds, women: p=0.23 UC vs. QI-Therapy, women: p=0.10 QI-Meds vs. QI- Therapy, women: p=0.00 UC vs. QI-Meds, men: p=0.90 UC vs. QI-Therapy, men: p=0.61 QI-Meds vs. QI- Therapy, men: p=0.71  <b>Process:</b> NR	

\*Percent derived from proportion

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Miranda et al., 2003 <b>Region/State:</b> Across U.S. <b>Setting:</b> Six nonacademic managed Healthcare Organizations <b>Enrollment period:</b> June 1996-March 1997 <b>Funding:</b> AHRQ, National Institute of Mental Health, John D. and Catherine T. MacArthur Foundation <b>Conflict of Interest:</b> NR <b>Design:</b> RCT	<b>Condition:</b> Depression <b>Inclusion criteria:</b> <ul style="list-style-type: none"> <li>Intended to use clinic as source of care for next year</li> <li>Older than 17</li> <li>No acute medical emergency</li> <li>Spoke English or Spanish</li> <li>Insurance or public-pay arrangement to cover intervention care</li> </ul> <b>Exclusion criteria:</b> See inclusion criteria <b>Disparity:</b> Race/ethnicity (African American, Latino) <b>Referent group:</b> Internal; Non-minority <b>Subgroup or secondary analysis description:</b> NR <b>Measure of fidelity:</b> NR	<b>Quality improvement intervention(s):</b> QI- MEDS, QI-THERAPY; in-kind resources, local expert and staff nurses training <b>Intervention target:</b> Increase access/adherence with any form of appropriate care for depression; Improved health and employment outcomes among ethnic minorities. <b>Groups:</b> <b>G1a:</b> Latino, intervention <b>G1b:</b> African American, intervention <b>G1c:</b> White, intervention <b>G2a:</b> Latino, usual care <b>G2b:</b> African American, usual care <b>G2c:</b> White, usual care <b>N at enrollment:</b> <b>G1a+G2a:</b> 398 <b>G1b+G2b:</b> 93 <b>G1c+G2c:</b> 778 <b>N at followup:</b> 6 month: <b>All:</b> 1150-1156 12 month: <b>All:</b> 1075-1126 <b>Length of followup:</b> Self-administered mail surveys: baseline and every six months for two years	<b>Clinical:</b> <b>MCS-12, mean <math>\pm</math> SD</b> <b>G1a+G2a:</b> 36.9 <b>G1b+G2b:</b> 38.3 <b>G1c+G2c:</b> 35.0 $\pm$ 10.3 <b>PCS-12, mean <math>\pm</math> SD</b> <b>G1a+G2a:</b> 44.1 $\pm$ 11.2 <b>G1b+G2b:</b> 45.5 $\pm$ 9.9 <b>G1c+G2c:</b> 45.4 $\pm$ 12.0 <b>Process:</b> <b>Appropriate care, N* (%)</b> <b>G1a+G2a:</b> 51 (12.8) <b>G1b+G2b:</b> 28 (29.4) <b>G1c+G2c:</b> 275 (35.3) <b>G1a+G2a vs. G1c+G2c,</b> $p < 0.001$ <b>Employment status, N* (%)</b> <b>G1a+G2a:</b> 243 (60.9) <b>G1b+G2b:</b> 69 (42.3) <b>G1c+G2c:</b> 502 (64.5)	<b>Clinical:</b> <b>6 months, Appropriate care %, (95% CI)</b> <b>G1a:</b> 30.0 (23.9-36.2) <b>G2a:</b> 21.8 (12.9-30.7) $p = 0.13$ <b>G1b:</b> 43.1 (33.0-53.2) <b>G2b:</b> 28.8 (19.1-38.5) $p = 0.04$ <b>G1c:</b> 47.7 (41.6-53.8) <b>G2c:</b> 38.9 (32.1-45.7) $p = 0.05$ <b>12 months, Appropriate care %, (95% CI)</b> <b>G1a:</b> 39.4 (31.7-47.1) <b>G2a:</b> 26.4 (17.3-35.5) $p = 0.03$ <b>G1b:</b> 55.7 (27.1-84.4) <b>G2b:</b> 35.2 (7.8-62.6) $p = 0.33$ <b>G1c:</b> 62.1 (57.2-67.1) <b>G2c:</b> 53.7 (45.7-61.7) $p = 0.07$ <b>Process:</b> <b>6 months, Working, % (95% CI)</b> <b>G1a:</b> 59.2 (52.4-66.1) <b>G2a:</b> 60.0 (52.5-67.6) $p = 0.80$ <b>G1b:</b> 64.7 (52.3-77.0) <b>G2b:</b> 66.1 (54.7-77.5) $p = 0.84$ <b>G1c:</b> 68.0 (60.8-75.3) <b>G2c:</b> 61.5 (53.7-69.2) $p = 0.01$	<b>Disparity before intervention:</b> <b>Disparity after intervention:</b> No significant interaction between intervention and ethnic group for the rate of appropriate care or work status (Latinos and African Americans combined and compared with White patients). Significantly more improvement under interventions among the two minority groups as compared with White patients ( $p = 0.02$ ) at 6 months.

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Miranda et al., 2003 (continued)				<p><b>12 months, Working, % (95% CI)</b>  <b>G1a:</b> 60.1 (51.3-68.8)  <b>G2a:</b> 56.6 (47.1-65.9)                      p=0.38  <b>G1b:</b> 70.3 (56.2-84.4)  <b>G2b:</b> 75.6 (67.1-84.0)                      p=0.43  <b>G1c:</b> 66.0 (58.1-73.8)  <b>G2c:</b> 59.8 (51.6-68.0)                      p=0.02  <b>Counseling or antidepressant use at appropriate dose, controls vs. intervention, 6 months, %:</b>  <b>G1a+G1b+G1c:</b> 50.9  <b>G2a+G2b+G2c:</b> 39.7                      p&lt;0.001  <b>Counseling or antidepressant use at appropriate dose, controls vs. intervention, 12 months, %:</b>  <b>G1a+G1b+G1c:</b> NR  <b>G2a+G2b+G2c:</b>                      NR                      p=0.006  <b>Ethnicity x Intervention interaction;</b>                      p=0.02</p>	

\*N calculated

N varies for appropriate care and working data in outcome (1150-1156, 6 months) and (1075-1126, 12 months).  
The N for each ethnicity is not broken down further, hence percentages are used.

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Barr et al., 2001 <b>Region/State:</b> Northeast U.S. <b>Setting:</b> Large group-model HMO <b>Enrollment period:</b> October 1995* <b>Funding:</b> CDC <b>Conflict of Interest:</b> NR <b>Design:</b> RCT	<b>Condition:</b> Breast cancer, screening <b>Inclusion criteria:</b> <ul style="list-style-type: none"> <li>• Women aged 50-75 years</li> <li>• Bilateral mammography in 1<sup>st</sup> quarter</li> </ul> 1994 with no subsequent mammogram 18-21 months after initial mammogram <ul style="list-style-type: none"> <li>• Continuously enrolled in the health plan from April 1, 1994 through March 31, 1996</li> </ul> <b>Exclusion criteria:</b> See inclusion criteria <b>Disparity:</b> Insurance status (Medicaid or Medicare) <b>Referent group:</b> Internal/Commercial insurance  <b>Subgroup or secondary analysis description:</b> analysis of outcomes within each insurance status by intervention group; analysis of overall likelihood of followup mammography by insurance status	<b>Quality improvement intervention(s):</b> Mail or telephone reminders <b>Intervention target:</b> subsequent bilateral mammogram (after onset of intervention and within 2 years after initial mammogram) <b>Groups:</b> G1: Mail reminder <b>G1a:</b> commercially insured, mail reminder <b>G1b:</b> Medicare, mail reminder G2: telephone reminder <b>G2a:</b> commercially insured, telephone reminder <b>G2b:</b> Medicare, telephone reminder G3: usual care <b>G3a:</b> commercially insured, usual care <b>G3b:</b> Medicare, usual care <b>N at enrollment:</b> G1: 630 <b>G1a:</b> 448 <b>G1b:</b> 158 G2: 653 <b>G2a:</b> 437 <b>G2b:</b> 195 G3: 625 <b>G3a:</b> 421 <b>G3b:</b> 180	<b>Clinical:</b> NA <b>Process:</b> Bilateral mammogram, %: <b>G1a:</b> 0 <b>G1b:</b> 0 <b>G2a:</b> 0 <b>G2b:</b> 0 <b>G3a:</b> 0 <b>G3b:</b> 0	<b>Clinical:</b> NA <b>Process:</b> Subsequent bilateral mammogram, %: <b>G1a:</b> 44.4 <b>G1b:</b> 43.6 <b>G2a:</b> 55.6 <b>G2b:</b> 56.4 <b>G3a:</b> 39.4 <b>G3b:</b> 42.7 <b>G1a vs. G2a vs. G3a:</b> p=0.001 <b>G1b vs. G2b vs. G3b:</b> p=0.01	<b>Disparity before the intervention:</b> NR <b>Disparity after the intervention:</b> Estimated relative risk of subsequent mammography, RR (95%CI): <b>G1b+G2b+G3b vs. G1a+G2a+G3a:</b> 1.04 (0.93-1.14).

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Barr et al., 2001 (continued)		<b>Length of followup:</b> 5 months† <b>N at followup:</b> G1: 630 G1a: 448 G1b: 158 G2: 653 G2a: 437 G2b: 195 G3: 625 G3a: 421 G3b: 180 <b>Measure of fidelity:</b> 79% of women randomized to telephone reminders were reached by phone			

Medicaid groups were all < 50 patients, and were excluded from the table.

\*The sample was defined and randomized initially in October 1995, though eligibility was assessed from the 1<sup>st</sup> quarter of 1994.

† Followup began 10/24/1995 and ended 3/30/1996, two years after the last initial mammogram ( 3/30/1994).

‡ Per the sample definition, none had a subsequent mammogram at the start of the followup period

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study Description	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
<b>Author:</b> Connett et al., 1984	<b>Condition:</b> Coronary heart disease, prevention	<b>Quality improvement intervention(s):</b> MRFIT	<b>Clinical:</b> Diastolic blood pressure, mean mm Hg ± SD:	<b>Clinical:</b> Diastolic blood pressure, mean mm Hg:	<b>Change in disparity:</b> Diastolic blood pressure, % change in mean mm Hg:
<b>Region/State:</b> 18 U.S. cities	<b>Inclusion criteria:</b> • Men, ages 35-57	Multifactorial intervention (Blood pressure management, dietary counseling, smoking cessation)	<b>G1a+G2a:</b> 90.7 ± 8.7	<b>G1a:</b> 80.4 <b>G1b:</b> 81.3	<b>G1a:</b> -11.4 <b>G1b:</b> -13.6
<b>Setting:</b> Clinical centers	• Elevated CHD risk (Framingham score in top 10-15%)	Usual care	<b>G1b+G2b:</b> 94.0 ± 9.2	<b>G2a:</b> 83.5 <b>G2b:</b> 85.6	<b>G2a:</b> -7.9 <b>G2b:</b> -8.1
<b>Enrollment period:</b> 1973-1975	• Exclusion criteria: • Known CHD, diabetes, diastolic blood pressure ≥ 115, total cholesterol ≥ 350, use of lipid-lowering drugs, body weight ≥ 150% desirable, dietary restrictions incompatible with study	<b>Intervention target:</b> CHD risk factor control	Systolic blood pressure, mean mm Hg ± SD: <b>G1a+G2a:</b> 135.4 [14.1]	Systolic blood pressure, mean mm Hg: <b>G1a:</b> 121.4 <b>G1b:</b> 122.3	Systolic blood pressure, % change in mean mm Hg: <b>G1a:</b> -10.3 <b>G1b:</b> -11.7
<b>Funding:</b> National Heart, Lung and Blood Institute	• underlying condition likely to interfere with study participation	<b>Groups:</b> <b>G1:</b> MRFIT intervention <b>G1a:</b> White, intervention <b>G1b:</b> Black, intervention <b>G2:</b> usual care <b>G2a:</b> White, usual care <b>G2b:</b> Black, usual care	Smokers, % ± SD: <b>G1a+G2a:</b> 63.0 ± 48.2 <b>G1b+G2b:</b> 68.7 ± 46.4	Smokers, %: <b>G1a:</b> 33.3 <b>G1b:</b> 38.0 <b>G2a:</b> 43.8 <b>G2b:</b> 42.9	Smokers, % change: <b>G1a:</b> -46.2 <b>G1b:</b> -43.0 <b>G2a:</b> -29.0 <b>G2b:</b> -22.5
<b>Conflict of Interest:</b> NR	• Disparity indicator(s): Race/Ethnicity (Black)	<b>N at enrollment:</b> <b>G1:</b> 6,428 <b>G1a:</b> NR <b>G1b:</b> NR <b>G2:</b> 6,438 <b>G2a:</b> NR <b>G2b:</b> NR <b>G1a+G2a:</b> 11,935 <b>G1b+G2b:</b> 931 <b>N at 6<sup>th</sup> annual followup:</b> <b>G1:</b> 5754 <b>G1a:</b> 5338 <b>G1b:</b> 416 <b>G2:</b> 5638 <b>G2a:</b> 5227 <b>G2b:</b> 411 <b>G1a+G2a:</b> 10,565 <b>G1b+G2b:</b> 827	Serum cholesterol (1 <sup>st</sup> screening visit), mean mg/dl ± SD: <b>G1a+G2a:</b> 254.2 ± 36.4 <b>G1b+G2b:</b> 245.7 ± 37.8	Serum cholesterol, mean mg/dl: <b>G1a:</b> 235.8 <b>G1b:</b> 231.0 <b>G2a:</b> 240.5 <b>G2b:</b> 237.3	Serum cholesterol, % change in mean mg/dl: <b>G1a:</b> -7.3 <b>G1b:</b> -6.0 <b>G2a:</b> -5.6 <b>G2b:</b> -3.7
<b>Design:</b> RCT	<b>Referent group:</b> Internal; White		Plasma cholesterol (2 <sup>nd</sup> screening visit), mean mg/dl ± SD: <b>G1a+G2a:</b> 240.8 ± 36.7 <b>G1b+G2b:</b> 236.4 ± 38.4	Plasma cholesterol, mean mg/dl: <b>G1a:</b> 228.5 <b>G1b:</b> 224.4 <b>G2a:</b> 233.3 <b>G2b:</b> 230.2	Plasma cholesterol, % change in mean mg/dl: <b>G1a:</b> -6.4 <b>G1b:</b> -6.5 <b>G2a:</b> -4.5 <b>G2b:</b> -4.3
			Plasma HDL cholesterol, mean mg/dl ± SD: <b>G1a+G2a:</b> 41.6 ± 11.2 <b>G1b+G2b:</b> 48.8 ± 15.8	Plasma HDL cholesterol, mean mg/dl: <b>G1a:</b> 41.3 <b>G1b:</b> 46.0 <b>G2a:</b> 41.4 <b>G2b:</b> 47.6	Plasma HDL cholesterol, % change in mean mg/dl: <b>G1a:</b> -2.6 <b>G1b:</b> -6.5 <b>G2a:</b> -2.6 <b>G2b:</b> -4.8

Evidence Table I-1. Characteristics and outcomes from studies of quality improvement interventions addressing disparities in health outcomes (continued)

Study	Population	Intervention(s)	Baseline Characteristics	Outcomes	Disparity
Connett et al., 1984 (continued)	<b>Subgroup or secondary analysis description:</b> Secondary analysis of Black and White* participants from the Multiple Risk Factor Intervention Trial (MRFIT) to identify intervention effects for reducing CHD risk factors	<b>Length of followup:</b> 6-8 years, average length of followup 7 years <b>Measure of fidelity:</b> NR	Plasma LDL cholesterol, mean mg/dl ± SD: <b>G1a+G2a:</b> 160.1 ± 35.8 <b>G1b+G2b:</b> 158.8 ± 39.1  Plasma triglycerides, mean mg/dl ± SD: <b>G1a+G2a:</b> 198.2 ± 147.2 <b>G1b+G2b:</b> 143.9 ± 97.0  Weight, mean lb ± SD: <b>G1a+G2a:</b> 189.1 ± 27.1 <b>G1b+G2b:</b> 190.4 ± 28.5 <b>Process:</b> NA	Plasma LDL cholesterol, mean mg/dl: <b>G1a:</b> 148.7 <b>G1b:</b> 148.3 <b>G2a:</b> 152.8 <b>G2b:</b> 153.8  Plasma triglycerides, mean mg/dl: <b>G1a:</b> 200.9 <b>G1b:</b> 153.9 <b>G2a:</b> 203.0 <b>G2b:</b> 147.1  Weight, mean lb: <b>G1a:</b> 187.7 <b>G1b:</b> 192.3 <b>G2a:</b> 190.1 <b>G2b:</b> 190.1 <b>Process:</b> Overall missed visit rate per year (%): <b>G1a:</b> 7.0 <b>G1b:</b> 6.0 <b>G2a:</b> 8.0 <b>G2b:</b> 10.8	Plasma LDL cholesterol, % change in mean mg/dl: <b>G1a:</b> -8.6 <b>G1b:</b> -8.5 <b>G2a:</b> -6.4 <b>G2b:</b> -5.4  Plasma triglycerides, % change in mean mg/dl: <b>G1a:</b> +1.7 <b>G1b:</b> +7.2 <b>G2a:</b> +3.3 <b>G2b:</b> +4.0  Weight, percent change in mean lb: <b>G1a:</b> -0.7 <b>G1b:</b> -0.2 <b>G2a:</b> +0.7 <b>G2b:</b> +0.7

\*White group includes 376 participants (2.9%) identified as an ethnic/racial group other than black or white

## Appendix J. Strength of Evidence for Outcomes

**Table J1. Strength of evidence for outcomes in studies addressing disparities associated with race or ethnicity**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>Colorectal cancer screening</b>						
Multifaceted patient education/self management with limited language concordance and patient reminders	1 <sup>1</sup> (465) RCT	High	Unknown	Indirect	Imprecise	Insufficient
<b>Depression Severity Score (HSCL-20)</b>						
Collaborative care model plus clinical information tracking	1 <sup>2</sup> (1748) RCT	High	Inconsistent	Direct	Imprecise	Insufficient
<b>Mental Health Inventory</b>						
Collaborative care with medication adherence support.	1 <sup>3</sup> (474) RCT	High	Inconsistent	Direct	Imprecise	Insufficient
Collaborative care with cognitive behavioral therapy	1 <sup>3</sup> (474) RCT	High	Inconsistent	Direct	Imprecise	Insufficient
<b>Depression symptoms</b>						
Collaborative care model	1 <sup>4</sup> (396) RCT	Moderate	Inconsistent	Direct	Imprecise	Insufficient
<b>Probable depressive disorder</b>						
Collaborative care with medication adherence support.	2 <sup>5-7</sup> (1269) RCT	High	Inconsistent	Direct	Imprecise	Insufficient
Collaborative care with cognitive behavioral therapy	2 <sup>5-7</sup> (1269) RCT	High	Inconsistent	Direct	Imprecise	Insufficient
<b>Use of antidepressant medications</b>						
Collaborative care model plus clinical information tracking	1 <sup>2</sup> (1748) RCT	High	Inconsistent	Indirect	Imprecise	Insufficient
Collaborative care model	1 <sup>4</sup> (396) RCT	Moderate	Inconsistent	Indirect	Imprecise	Insufficient
<b>HbA1c goal &lt;7% achieved</b>						
Patient education (cultural competency training)	1 <sup>8</sup> (3773) RCT	Low	Unknown	Indirect	Imprecise	Insufficient
<b>BP goal achieved</b>						
Patient education (cultural competency training)	1 <sup>8</sup> (3773) RCT	Low	Unknown	Indirect	Imprecise	Insufficient

**Table J-1. Strength of evidence for outcomes in studies addressing disparities associated with race or ethnicity (continued)**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>LDL cholesterol level goal achieved</b>						
Patient education (cultural competency training)	1 <sup>8</sup> (3773) RCT	Low	Unknown	Indirect	Imprecise	Insufficient
<b>HbA1c test</b>						
Patient reminder	1 <sup>9</sup> (37425) Cohort	High	Unknown	Indirect	Imprecise	Insufficient
<b>Lipid test</b>						
Multifaceted provider and community intervention	1 <sup>10</sup> (28650) Cohort	Moderate	Unknown	Indirect	Imprecise	Insufficient
<b>Smoking cessation</b>						
Patient education/self-management	1 <sup>11</sup> (11392) Cohort	Moderate	Unknown	Indirect	Imprecise	Insufficient
<b>Frequency of PCI, CABG, and cardiac catheterization</b>						
Multifaceted patient and provider education intervention and AMI GAP implementation	1 <sup>12</sup> (2857) Cohort	High	Unknown	Indirect	Imprecise	Insufficient
<b>Decreased systolic and diastolic blood pressure</b>						
Patient education/self-management	1 <sup>13</sup> (636) RCT	Moderate	Unknown	Direct	Imprecise	Insufficient
<b>Achieving diastolic blood pressure goal</b>						
Patient education/self-management	1 <sup>11</sup> (11392) Cohort	Moderate	Unknown	Direct	Imprecise	Insufficient

**Abbreviations:** AMI=acute myocardial infarction; BP=blood pressure; GAP=American College of Cardiology's AMI Guidelines Applied in Practice; HbA1c=glycosylated hemoglobin; LDL=low density lipoprotein; PCI=percutaneous coronary intervention; RCT=randomized controlled trial; SOE=strength of evidence

**Table J2. Strength of evidence for outcomes in studies addressing disparities associated with insurance status**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>Colorectal cancer screening</b>						
Multifaceted patient education/self management with limited language concordance and patient reminders	1 <sup>1</sup> (465) RCT	High	Unknown	Indirect	Imprecise	Insufficient
<b>Breast cancer screening</b>						
Patient reminder system plus scheduling	1 <sup>14</sup> (3034) RCT	High	Unknown	Indirect	Precise	Insufficient

**Abbreviations:** RCT=randomized controlled trial; SOE=strength of evidence

**Table J3. Strength of evidence for outcomes in studies addressing disparities associated with language**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>Colorectal cancer screening</b>						
Language concordant patient education/self-management	1 <sup>15</sup> (1070) RCT	Moderate	Unknown	Indirect	Imprecise	Insufficient
Multifaceted patient education/self management with limited language concordance and patient reminders	1 <sup>1</sup> (465) RCT	High	Unknown	Indirect	Imprecise	Insufficient
<b>Breast cancer screening</b>						
Language concordant patient education/self-management	1 <sup>15</sup> (1346) RCT	Moderate	Unknown	Indirect	Imprecise	Insufficient

**Abbreviations:** RCT=randomized controlled trial; SOE=strength of evidence

**Table J4. Strength of evidence for outcomes in studies addressing disparities associated with health literacy**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>Colorectal cancer screening</b>						
Multifaceted patient and provider education and reminder intervention with audit and feedback	1 <sup>16</sup> (1978) RCT	High	Unknown	Indirect	Imprecise	Insufficient

**Abbreviations:** RCT=randomized controlled trial; SOE=strength of evidence

**Table J5. Strength of evidence for outcomes in studies addressing disparities associated with socioeconomic status**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>Use of antidepressant medications</b>						
Collaborative care model plus clinical information tracking	1 <sup>17</sup> (1801) RCT	Moderate	Inconsistent	Indirect	Precise	Insufficient
Collaborative care model	1 <sup>4</sup> (396) RCT	Moderate	Inconsistent	Indirect	Imprecise	Insufficient
<b>Depression Severity Score (HSCL-20)</b>						
Collaborative care model plus clinical information tracking	1 <sup>17</sup> (1801) RCT	Moderate	Inconsistent	Direct	Precise	Insufficient
<b>HbA1c test</b>						
Patient reminder	1 <sup>9</sup> (37425) Cohort	High	Unknown	Indirect	Imprecise	Insufficient

**Abbreviations:** HbA1c=glycosylated hemoglobin; RCT=randomized controlled trial; SOE=strength of evidence

**Table J6. Strength of evidence for outcomes in studies addressing disparities associated with sex**

Outcome/ Intervention	Number of Studies (N) Study Design	Risk of Bias	Consistency	Directness	Precision	Overall SOE
<b>Probable depressive disorder</b>						
Collaborative care with medication adherence support.	1 <sup>18</sup> (1299) RCT	Moderate	Inconsistent	Direct	Imprecise	Insufficient
Collaborative care with cognitive behavioral therapy	1 <sup>18</sup> (1299) RCT	Moderate	Inconsistent	Direct	Imprecise	Insufficient
<b>Use of mental health services</b>						
Collaborative care with medication adherence support.	1 <sup>18</sup> (1299) RCT	Moderate	Inconsistent	Indirect	Imprecise	Insufficient
Collaborative care with cognitive behavioral therapy	1 <sup>18</sup> (1299) RCT	Moderate	Inconsistent	Indirect	Imprecise	Insufficient

**Abbreviations:** RCT=randomized controlled trial; SOE=strength of evidence

**Table J7. Strength of evidence domains and domain definitions**

Domain	Definition and elements	Score and application
Risk of bias	<p>Risk of bias is the degree to which the included studies for a given outcome or comparison have a high likelihood of adequate protection against bias (i.e., good internal validity), assessed through two main elements:</p> <ul style="list-style-type: none"><li>• Study design (e.g., RCTs or observational studies)</li><li>• Aggregate quality of the studies under consideration. Information for this determination comes from the rating of quality (good/fair/poor) done for individual studies</li></ul>	<p>Use one of three levels of aggregate risk of bias:</p> <ul style="list-style-type: none"><li>• Low risk of bias</li><li>• Medium risk of bias</li><li>• High risk of bias</li></ul>
Consistency	<p>The principal definition of consistency is the degree to which reported effect sizes from included studies appear to have the same direction of effect. This can be assessed through two main elements:</p> <ul style="list-style-type: none"><li>• Effect sizes have the same sign (that is, are on the same side of “no effect”)</li><li>• The range of effect sizes is narrow.</li></ul>	<p>Use one of three levels of consistency:</p> <ul style="list-style-type: none"><li>• Consistent (i.e., no inconsistency)</li><li>• Inconsistent</li><li>• Unknown or not applicable (e.g., single study)</li></ul>
Directness	<p>The rating of directness relates to whether the evidence links the interventions directly to health outcomes. Evidence is indirect if:</p> <ul style="list-style-type: none"><li>• It uses intermediate or surrogate outcomes instead of health outcomes.</li><li>• It uses two or more bodies of evidence to compare interventions A and B.</li></ul>	<p>Score dichotomously as one of two levels of directness:</p> <ul style="list-style-type: none"><li>• Direct</li><li>• Indirect</li></ul>
Precision	<p>Precision is the degree of certainty surrounding an effect estimate with respect to a given outcome (i.e., for each outcome separately).</p>	<p>Score dichotomously as one of two levels of precision:</p> <ul style="list-style-type: none"><li>• Precise</li><li>• Imprecise</li></ul>

## References

1. Lasser KE, Murillo J, Lisboa S, et al. Colorectal cancer screening among ethnically diverse, low-income patients: a randomized controlled trial. *Arch Intern Med*. 2011 May 23;171(10):906-12. PMID 21606094.
2. Areal PA, Ayalon L, Hunkeler E, et al. Improving depression care for older, minority patients in primary care. *Med Care*. 2005 Apr;43(4):381-90. PMID 15778641.
3. Wells KB, Sherbourne CD, Miranda J, et al. The cumulative effects of quality improvement for depression on outcome disparities over 9 years: results from a randomized, controlled group-level trial. *Med Care*. 2007 Nov;45(11):1052-9. PMID 18049345.
4. Bao Y, Alexopoulos GS, Casalino LP, et al. Collaborative depression care management and disparities in depression treatment and outcomes. *Arch Gen Psychiatry*. 2011 Jun;68(6):627-36. PMID 21646579.
5. Miranda J, Schoenbaum M, Sherbourne C, et al. Effects of primary care depression treatment on minority patients' clinical status and employment. *Arch Gen Psychiatry*. 2004 Aug;61(8):827-34. PMID 15289281.
6. Miranda J, Duan N, Sherbourne C, et al. Improving care for minorities: can quality improvement interventions improve care and outcomes for depressed minorities? Results of a randomized, controlled trial. *Health Serv Res*. 2003 Apr;38(2):613-30. PMID 12785564.
7. Wells K, Sherbourne C, Schoenbaum M, et al. Five-year impact of quality improvement for depression: results of a group-level randomized controlled trial. *Arch Gen Psychiatry*. 2004 Apr;61(4):378-86. PMID 15066896.
8. Sequist TD, Fitzmaurice GM, Marshall R, et al. Cultural competency training and performance reports to improve diabetes care for black patients: a cluster randomized, controlled trial. *Ann Intern Med*. 2010 Jan 5;152(1):40-6. PMID 20048271.
9. Coberley CR, Puckrein GA, Dobbs AC, et al. Effectiveness of disease management programs on improving diabetes care for individuals in health-disparate areas. *Dis Manag*. 2007 Jun;10(3):147-55. PMID 17590145.
10. Mahotiere T, Ocepek-Welikson K, Daley MB, et al. A program to reduce the disparity in the rate of biennial lipid profiles between African-American and white Medicare beneficiaries with diabetes mellitus in New York City. *J Community Health*. 2006 Aug;31(4):263-88. PMID 16894826.
11. Connett JE, Stamler J. Responses of black and white males to the special intervention program of the Multiple Risk Factor Intervention Trial. *Am Heart J*. 1984 Sep;108(3 Pt 2):839-48. PMID 6475754.
12. Olomu AB, Grzybowski M, Ramanath VS, et al. Evidence of disparity in the application of quality improvement efforts for the treatment of acute myocardial infarction: the American College of Cardiology's Guidelines Applied in Practice Initiative in Michigan. *Am Heart J*. 2010 Mar;159(3):377-84. PMID 20211298.
13. Bosworth HB, Olsen MK, Grubber JM, et al. Racial differences in two self-management hypertension interventions. *Am J Med*. 2011 May;124(5):468 e1-8. PMID 21531237.
14. Barr JK, Franks AL, Lee NC, et al. A randomized intervention to improve ongoing participation in mammography. *Am J Manag Care*. 2001 Sep;7(9):887-94. PMID 11570022.
15. Beach ML, Flood AB, Robinson CM, et al. Can language-concordant prevention care managers improve cancer screening rates? *Cancer Epidemiol Biomarkers Prev*. 2007 Oct;16(10):2058-64. PMID 17932353.
16. Ferreira MR, Dolan NC, Fitzgibbon ML, et al. Health care provider-directed intervention to increase colorectal cancer screening among veterans: results of a randomized controlled trial. *J Clin Oncol*. 2005 Mar 1;23(7):1548-54. PMID 15735130.

17. Arean PA, Gum AM, Tang L, et al. Service use and outcomes among elderly persons with low incomes being treated for depression. *Psychiatr Serv.* 2007 Aug;58(8):1057-64. PMID 17664516.
18. Sherbourne CD, Weiss R, Duan N, et al. Do the effects of quality improvement for depression care differ for men and women? Results of a group-level randomized controlled trial. *Med Care.* 2004 Dec;42(12):1186-93. PMID 15550798.

## Appendix K. Applicability Tables

**Table K-1. Applicability of evidence from cancer screening studies**

Domain	Description of applicability of evidence
Population	Studies included patients cared for at community clinics in New York City, men treated at two Veterans Affairs clinics in Chicago, low-income primary care patients, men and women patients of a large urban primary care practice, and women enrolled in a large group model HMO in the northeastern US. As the populations were varied, study results may or may not be applicable to other areas.
Intervention	The studied interventions included provider education, audit and feedback, and patient education that was sensitive to low health literacy; mailed or telephone reminders to undergo screening; a targeted intervention by mail or mail intervention plus telephone reminders to encourage screening; patient navigator based education to undergo screening; and language-concordant patient education and care management. With the exception of mailed reminders (which were ineffective), these interventions required significant organizational resources to develop and implement and may not be feasible in other settings.
Comparators	The studies employed usual care as the comparator, which may differ in other settings.
Outcomes	Studies focused on process measures, namely, performance of breast, cervical, and colorectal cancer screening during follow-up. Included studies did not assess clinical outcomes, such as diagnosis of malignancies, leaving the long-term clinical impact unclear.
Setting	Studies were conducted in community clinics in New York City, VA clinics in Chicago, community health centers and public hospitals in Massachusetts, an academic primary care practice in Philadelphia, and a large group model HMO in the Northeast.

**Table K-2. Applicability of evidence from cardiovascular disease studies**

Domain	Description of applicability of evidence
Population	Studies of CAD risk factor control included men enrolled at clinical centers in 18 US cities and patients cared for at two university-affiliated primary care clinics in North Carolina. A study of AMI treatment included patients at academic and community hospitals in Michigan. The results of the latter two studies are applicable to ambulatory and hospitalized patients, respectively. However, the 18-city study, involving men only, has limited applicability to women.
Intervention	Interventions for CAD risk factor control included intensive patient education and self-management. The intervention for AMI treatment involved provider education, practice feedback, and a toolkit. The CAD risk factor interventions required significant institutional resources, and may or may not be feasible outside the research setting. The AMI intervention is part of a national guideline implementation initiative and has been applied in both research and clinical contexts.
Comparators	Usual care served as the comparator, which may differ in other settings.
Outcomes	Studies of CAD risk factor control reported intermediate clinical outcomes (blood pressure, cholesterol, smoking, weight). The study of AMI treatment assessed numerous process and utilization measures (prescription of evidence-based medications, smoking cessation counseling, use of the toolkit, echocardiography, cardiac catheterization, PCI, CABG), as well as proximal adverse clinical events (hypotension, shock, heart failure, pulmonary edema, stroke, renal insufficiency, bleeding). None of these studies reported subsequent health care utilization or longer-term clinical outcomes such as myocardial infarction (or reinfarction), or mortality, leaving the effect of the interventions on such issues unclear.
Setting	Among studies to improve CAD risk factor control, one was conducted in university-affiliated clinics; its results are applicable to academic primary care practices and may or may not be applicable to other outpatient primary care and subspecialty clinics. The other occurred in community clinics in 18 cities around the US, but enrolled patients between 1973 and 1975 and has limited applicability to present day practice. The AMI treatment intervention took place in academic and community hospitals, and is applicable to those settings.

**Table K-3. Applicability of evidence from depression care studies**

Domain	Description of applicability of evidence
Population	Two of the three studies focused on elderly patients in primary care. One included a range of ages in adulthood. All included both men and women and were racially diverse. Nonetheless, this represents a small proportion of the individuals who struggle with depression. It is unclear whether the observed results apply to patient populations who receive their primary and mental health care outside of a managed care system, or to harder to reach individuals not receiving regular medical care. Given the settings in which the study took place, they also may not apply to vulnerable populations receiving care through public health systems.
Intervention	The intervention in all cases was some variation on a collaborative care model that included a care manager, usually a nurse. The interventions were all intensive in terms of demand on resources and required strong communication between care providers. One study had two interventions: one focused on providing training to the practice in medical management and one on therapy. Patients and their physicians, however, could also select any approach to managing their depression.
Comparators	All of the studies compared the intervention to usual care, although usual care was not ever completely described and therefore would be expected to vary.
Outcomes	Generally speaking, outcomes were appropriate and reflected those that would and could be used in practice. They included changes in depressive symptoms, incidence of probably depressive disorder, mental health related quality of life, functional impairment, and receipt of appropriate depression care.
Setting	All of the studies were conducted in primary care practices associated with larger healthcare organizations. It is unclear whether results would therefore apply to other settings, including individual practices without the resources of a larger organization, or assisted living facilities (pertinent because of the focus on the elderly population).

**Table K-4. Applicability of evidence from diabetes care studies**

Domain	Description of applicability of evidence
Population	Studies included people cared for by primary care clinicians in ambulatory health centers in eastern Massachusetts, diabetes disease management program members living in socioeconomic disparate areas throughout the U.S., and Medicare patients in New York State. Therefore, the results may or may not be applicable to other populations in other regions.
Intervention	Interventions evaluated included cultural competency training for clinicians and race-stratified performance reports with recommendations for Black diabetic patients, patient telephone reminders in Health Disparity Zones, defined as one with diabetes prevalence above the national average for minorities, and Medicare New York State Quality Improvement Organization (IPRO) multifaceted provider and community interventions. The interventions may not be available in other regions and settings, since they required significant programmatic and implementation resources.
Comparators	Comparators included usual care, process measures in Non-Health Disparity Zones; statewide interventions that IPRO implemented for the Physician Office Quality Improvement Project (POQIP). The usual care described in these studies may not be applicable to other settings and regions.
Outcomes	Studies reported surrogate clinical outcomes (HbA1c control), clinical risk factors for diabetes comorbidities (BP and lipid control), and process measures (HbA1c and LDL measurements). Duration of studies was generally 12 months. No studies reported any critically important clinical outcomes of diabetes such as death or micro-vascular and/or macro-vascular complications. Results from surrogate outcomes may not apply to important long-term clinical outcomes in people with diabetes.
Setting	Studies were conducted in ambulatory health centers in eastern Massachusetts, in diabetes disease management programs across the United States, and in New York state. As much of diabetes care is delivered in primary care ambulatory settings, the evidence would be applicable. However, specialty clinic settings were not reported and the evidence may not apply.

## Appendix L. Excluded Papers

**Table L-1. Excluded papers: exclusion code, exclusion reason, and count**

Exclusion code	Exclusion reason	Count
<b>X-1</b>	Not original research (e.g. review articles, systematic reviews, editorials, commentaries, letters to editor, etc.)	763
<b>X-2</b>	Does not include an intervention	2,880
<b>X-3</b>	Does not include individuals receiving health care within the U.S.	1, 123
<b>X-4</b>	The number of participants enrolled is less than 50 per group	2,758
<b>X-5</b>	Does not address a pre-specified condition*	669
<b>X-6</b>	Does not include individuals from a target population with selected characteristics known to be associated with health disparities†	1,937
<b>X-7</b>	Does not address a quality improvement strategy or intervention (i.e. a systematic process designed to improve the quality of care)	534
<b>X-8</b>	Intervention does not originate from or occur within a health care setting (i.e. hospital, clinic, or provider office)	59
<b>X-9</b>	Does not include a qualifying referent group‡	863
<b>X-10</b>	Does not addresses an outcome of interest (i.e. health outcome, process outcome, harm, or unanticipated adverse effect)	92
<b>X-11</b>	Does not include a control group for the intervention	19
<b>X-12</b>	Not a qualifying study design	8
<b>X-13</b>	Unable to obtain	7

**Notes:**

\*Included: asthma; colorectal cancer (including screening); breast cancer (including screening); cardiovascular disease (including congestive heart failure, coronary artery disease, and hypertension); cystic fibrosis; depression (major depressive disorder only); diabetes mellitus; end stage renal disease; pregnancy; pneumonia (including pneumococcal vaccination); and pregnancy.

†Included: race or ethnicity, socioeconomic status, insurance status, sex, sexual orientation, health literacy/numeracy, and language barrier.

‡A qualifying referent group was from either an internal (i.e., within study referent group) or external (i.e., data from a referent group not included in the study) source and had to provide adequate data (i.e. baseline characteristics and post-intervention outcome data) to facilitate an actual measure of disparity. Data from external referent groups needed to have been collected within four years of the enrollment of the target group and be from a source that was at the state or local level.

1. A study of women’s awareness and use of mammograms. J Ky Med Assoc. 1987 Sep;85(9):553-5. PMID: 3668368. **X-2, X-4**
2. Hypoglycemia and employment/licensure. Diabetes Care. 1990 May;13(5):535. PMID: 2190777. **X-1, X-2, X-3, X-4, X-5, X-6**
3. Testimony of the American Dietetic Association: non-insulin-dependent diabetes mellitus--an unrelenting but undeserved threat to the health of minorities. J Am Diet Assoc. 1992 Jun;92(6):671-2. PMID: 1607556. **X-1, X-2, X-3, X-4, X-6**
4. The effects of nonpharmacologic interventions on blood pressure of persons with high normal levels. Results of the Trials of Hypertension Prevention, Phase I. JAMA. 1992 Mar 4;267(9):1213-20. PMID: 1586398. **X-6**

5. SSI (Supplemental Security Income) for premature infants. *Continuum*. 1995 Jul-Aug;15(4):17-8. PMID: 10145060. **X-1, X-2, X-3, X-4, X-5, X-6**
6. Setting the standards for asthma care. *Bus Health*. 1995 Jul;13(7 Suppl D):27-31. PMID: 10144994. **X-1, X-2, X-3, X-4, X-6**
7. A survey of treatment routines and educational level of health care providers in the initial phase of suspected acute myocardial infarction in Sweden in 1994. Swedish Working Group on Early Heart Attack Care. *Eur J Emerg Med*. 1996 Sep;3(3):149-56. PMID: 9023493. **X-2, X-3, X-4, X-6**
8. Pediatric asthma DM programs help kids breathe easier. *Healthc Demand Dis Manag*. 1997 Jan;3(1):1-7. PMID: 10174584. **X-1, X-6, X-7, X-9**
9. Outcome data on Medicare patients with pneumonia. *Connecticut Nursing News*. 1997;70(9):10-1. **X-2**
10. Effects of weight loss and sodium reduction intervention on blood pressure and hypertension incidence in overweight people with high-normal blood pressure. The Trials of Hypertension Prevention, phase II. The Trials of Hypertension Prevention Collaborative Research Group. *Arch Intern Med*. 1997 Mar 24;157(6):657-67. PMID: 9080920. **X-6**
11. Tools help pinpoint cap rates, forecast changes in utilization. *Capitation Manag Rep*. 1998 Nov;5(11):174-6. PMID: 10338921. **X-1, X-2, X-3, X-4, X-5, X-6**
12. Community health initiative uses casefinding, intervention to boost prevention and revenues. *Healthc Demand Dis Manag*. 1998 Oct;4(10):151-4. PMID: 10338756. **X-1, X-6, X-7, X-9**
13. Disease management program improves diabetes outcomes, curbs hospital costs, utilization. *Health Care Cost Reengineering Rep*. 1998 Mar;3(3):42-5. PMID: 10178787. **X-1, X-2, X-3, X-4, X-6**
14. Target individual needs to boost diabetic compliance. *Hosp Case Manag*. 1998 Feb;6(2):35-9. PMID: 10177974. **X-1, X-6, X-7, X-9**
15. Big changes for diabetes management. Is your MCO missing the boat? *Manag Care Strateg*. 1998 Feb;6(2):16, 21-2. PMID: 10177093. **X-1, X-2, X-3, X-4, X-6**
16. Quality compass '99: slow, but steady improvements. *Med Manag Netw*. 1999 Sep;7(9):5-7. PMID: 10558153. **X-1, X-2, X-3, X-4, X-5, X-6**
17. From the Centers for Disease Control and Prevention. Patients' reports of counseling on mammography screening by health-care providers--North Carolina, 1997. *JAMA*. 1999 Jul 14;282(2):124-5. PMID: 10411182. **X-6, X-7, X-9**
18. Patients' reports of counseling on mammography screening by health-care providers--North Carolina, 1997. *MMWR Morb Mortal Wkly Rep*. 1999 May 7;48(17):356-8. PMID: 10363960. **X-2, X-4**
19. Cutting RNs a false economy? *Hosp Peer Rev*. 1999 Feb;24(2):29-30. PMID: 10345889. **X-1, X-2, X-3, X-4, X-5, X-6**

20. Innovative breast cancer education programs for African-Americans. *Oncology* (Williston Park). 1999 Mar;13(3):298, 303. PMID: 10204152. **X-1, X-6, X-7, X-9**
21. Medicare program; expanded coverage for outpatient diabetes self-management training and diabetes outcome measurements. Health Care Financing Administration (HCFA), HHS. Final rule. *Fed Regist.* 2000 Dec 29;65(251):83130-54. PMID: 11503741. **X-1, X-2, X-3, X-4, X-6**
22. The Diabetes Prevention Program: baseline characteristics of the randomized cohort. The Diabetes Prevention Program Research Group. *Diabetes Care.* 2000 Nov;23(11):1619-29. PMID: 11092283. **X-2, X-4**
23. Health plans bear down on quality, HEDIS scores improve dramatically. *Manag Care.* 2001 Oct;10(10):34-5. PMID: 11688109. **X-1, X-2, X-3, X-4, X-5, X-6**
24. Report highlights gaps in care for older asthmatics. *Dis Manag Advis.* 2001 Sep;7(9):141-3, 29. PMID: 11584649. **X-1, X-2, X-3, X-4, X-6**
25. Managed care outlook. 'Quality of care' in eye of beholder. *Manag Care.* 2001 Jun;10(6):64. PMID: 11474636. **X-1, X-2, X-3, X-4, X-6**
26. Health plan incentives and quality improvement: do employers support them? *Manag Care Interface.* 2001 Jun;Suppl:3, 6. PMID: 11428230. **X-1, X-2, X-3, X-4, X-6**
27. Are we missing the grade on report cards? *Manag Care Interface.* 2001 Jun;Suppl:2, 4. PMID: 11428229. **X-1, X-2, X-3, X-4, X-6**
28. 2002 HEDIS data mark big changes for high-performing physicians. *Capitation Rates Data.* 2002 Oct;7(10):116-8. PMID: 12412317. **X-1, X-2, X-3, X-4, X-6**
29. Diverse approaches to asthma DM succeed in Medicaid populations. *Dis Manag Advis.* 2002 May;8(5):71-7, 65. PMID: 12048765. **X-1, X-2, X-3, X-4, X-6**
30. Developing a CRI pre-screening program for African-Americans. *Nephrol News Issues.* 2002 Apr;16(5):28. PMID: 11962148. **X-1, X-7, X-9**
31. Use of intermittent or continuous interstitial fluid glucose monitoring in patients with diabetes mellitus. *TEC Bull (Online).* 2003 Nov 6;20(3):38-42. PMID: 15043083. **X-13**
32. Lay educators shore up diabetes DM efforts in Hispanic communities. *Dis Manag Advis.* 2003 Aug;9(8):107-10, 5. PMID: 14556558. **X-1, X-6, X-7, X-9**
33. Health promoters make diabetes educators more efficient. *Perform Improv Advis.* 2003 Aug;7(8):114-6, 05. PMID: 12971011. **X-1, X-6, X-7, X-9**
34. A laser-like focus on diabetes pays off for multi-plan coalition in NM. *Dis Manag Advis.* 2003 Feb;9(2):21-5, 17. PMID: 12658951. **X-1, X-2, X-4**
35. Training patients to become experts. *Nurs Times.* 2003 Feb 23-Mar 3;99(8):44-5. PMID: 12656025. **X-1, X-2, X-4**
36. Intensive approach pays off in diabetics with low literacy skills. *Dis Manag Advis.* 2004 Dec;10(12):133-7. PMID: 15673127. **X-1, X-6, X-7, X-9**
37. Knowledge about preconception care in French women with type 1 diabetes. *Diabetes Metab.* 2005 Nov;31(5):443-7. PMID: 16357787. **X-2, X-3, X-4, X-6**

38. New depression programs are designed with the employer in mind. *Dis Manag Advis.* 2005 Jun;11(6):65-9, 1. PMID: 16060295. **X-1, X-2**
39. Initiative shines spotlight on real-world models for diabetes care in diverse populations. *Dis Manag Advis.* 2006 Dec;12(12):133-6. PMID: 17225629. **X-1, X-6, X-7, X-9**
40. Summaries for patients. Relationship of insurance type with the care of acute coronary syndromes. *Ann Intern Med.* 2006 Nov 21;145(10):147. PMID: 17116915. **X-1, X-6, X-7, X-9**
41. For the patient. Diabetes education and personal doctors team up for better care for persons with diabetes. *Ethn Dis.* 2006 Autumn;16(4):1015. PMID: 17063585. **X-1, X-2, X-3, X-4, X-6**
42. For the patient. Preparing diabetes education materials for targeted groups. *Ethn Dis.* 2006 Autumn;16(4):1011-2. PMID: 17063582. **X-1, X-2, X-3, X-4, X-6**
43. For the patient. Managing and treating diabetes. *Ethn Dis.* 2006 Winter;16(1):321-2. PMID: 16602156. **X-1, X-2, X-3, X-4, X-6**
44. Summaries for patients. Can providing support to dementia caregivers improve their quality of life? *Ann Intern Med.* 2006 Nov 21;145(10):I39. PMID: 17116914. **X-1, X-2, X-4, X-5**
45. Discharge planning advisor. Project targets diabetes in Latino community. *Hosp Peer Rev.* 2007 Oct;32(10):139-41. PMID: 17957883. **X-1, X-6, X-7, X-9**
46. Project targets diabetes in Latino community. *Hosp Case Manag.* 2007 Oct;15(10):155-7. PMID: 17955894. **X-1, X-6, X-7, X-9**
47. Program aims to leverage the skills of community pharmacists to boost diabetes care. *Dis Manag Advis.* 2007 Jun;13(6):71-2, 61. PMID: 17595921. **X-1, X-2, X-4, X-6**
48. For the patient. Breast-conserving surgery and radiation therapy: do the two go hand-in-hand as recommended? *Ethn Dis.* 2007 Winter;17(1):173-4. PMID: 17278287. **X-1, X-6, X-7, X-9**
49. AADE position statement. Cultural sensitivity and diabetes education: recommendations for diabetes educators. *Diabetes Educ.* 2007 Jan-Feb;33(1):41-4. PMID: 17272791. **X-1, X-2, X-4**
50. Hypoglycemia and employment/licensure. *Diabetes Care.* 2007 Jan;30 Suppl 1:S85. PMID: 17192383. **X-14**
51. Practice notes: strategies in health education. Program: Talk It Up Texas! A depression awareness program for Mexican American adolescents. *Health Education & Behavior.* 2007;34(3):417-8. **X-1, X-2, X-4**
52. Self-monitoring of blood glucose in type 2 diabetes: an inter-country comparison. *Diabetes Res Clin Pract.* 2008 Dec;82(3):e15-8. PMID: 18995920. **X-2**
53. Summaries for patients. Association of numeracy and diabetes control. *Ann Intern Med.* 2008 May 20;148(10):I53. PMID: 18490670. **X-1, X-2, X-3, X-4, X-6**

54. Medicare and Medicaid programs; conditions for coverage for end-stage renal disease facilities. Final rule. Fed Regist. 2008 Apr 15;73(73):20369-484. PMID: 18464351. **X-1, X-2, X-3, X-4, X-6**
55. A lifesaving education. Ethn Dis. 2008 Winter;18(1):108. PMID: 18447111. **X-1, X-7, X-9**
56. Hypoglycemia and employment/licensure. Diabetes Care. 2008 Jan;31 Suppl 1:S94. PMID: 18165342. **X-1, X-6, X-7, X-9**
57. For the patient. Fit body and soul: a diabetes prevention program in African American churches. Ethn Dis. 2009 Spring;19(2):219. PMID: 19537237. **x-1, x-6, x-7, x-9**
58. TRICARE; diabetic education. Final rule. Fed Regist. 2010 Aug 6;75(151):47458-60. PMID: 20695037. **X-1, X-2, X-4**
59. Vital signs: breast cancer screening among women aged 50-74 years - United States, 2008. MMWR Morb Mortal Wkly Rep. 2010 Jul 9;59(26):813-6. PMID: 20613705. **X-2, X-4**
60. Vital signs: asthma prevalence, disease characteristics, and self-management education: United States, 2001--2009. MMWR Morb Mortal Wkly Rep. 2011 May 6;60(17):547-52. PMID: 21544044. **X-2, X-4, X-6**
61. Abdel Gawwad ES, El-Herishi S. Asthma education for school staff in Riyadh city: effectiveness of pamphlets as an educational tool. J Egypt Public Health Assoc. 2007;82(1-2):147-71. PMID: 18217329. **X-3, X-6**
62. Abdelhamid AS, Maisey S, Steel N. Predictors of the quality of care for asthma in general practice: An observational study. Family Practice. 2010 Apr;27(2):186-91. PMID: 20026552. **X-2, X-3**
63. Abdel-Kader K, Dew MA, Bhatnagar M, et al. Numeracy Skills in CKD: Correlates and Outcomes. Clinical Journal of the American Society of Nephrology. 2010 Sep;5(9):1566-73. PMID: 20507954 **X-2**
64. Abdullah L, Margolis S, Townsend T. Primary health care patients' knowledge about diabetes in the United Arab Emirates. East Mediterr Health J. 2001 Jul-Sep;7(4-5):662-70. PMID: 15332764. **X-2, X-3, X-6**
65. Abercrombie EL, Greenbaum LA, Baxter DH, et al. Effect of intensified diet education on serum phosphorus and knowledge of pediatric peritoneal dialysis patients. J Ren Nutr. 2010 May;20(3):193-8. PMID: 20303791. **X-4, X-6**
66. Abhyankar P, Bekker HL, Summers BA, et al. Why values elicitation techniques enable people to make informed decisions about cancer trial participation. Health Expect. 2011 Mar;14 Suppl 1:20-32. PMID: 20629765. **X-3, X-4, X-5, X-6**
67. Abood DA, Coster DC, Mullis AK, et al. Evaluation of a "loss-framed" minimal intervention to increase mammography utilization among medically un- and under-insured women. Cancer Detect Prev. 2002;26(5):394-400. PMID: 12518870. **X-9**

68. Abrams LS, Dornig K, Curran L. Barriers to service use for postpartum depression symptoms among low-income ethnic minority mothers in the United States. *Qual Health Res.* 2009 Apr;19(4):535-51. PMID: 19299758. **X-2, X-4**
69. Abrams RC, Lachs M, McAvay G, et al. Predictors of self-neglect in community-dwelling elders. *Am J Psychiatry.* 2002 Oct;159(10):1724-30. PMID: 12359679. **X-2, X-4, X-5, X-6**
70. Abreo K, Allon M, Asif A, et al. Which direction is right for vascular access surveillance? A debate. *Nephrol News Issues.* 2010 Jun;24(7):30, 2, 4. PMID: 20617629. **X-1, X-2, X-4**
71. Absetz P, Valve R, Oldenburg B, et al. Type 2 diabetes prevention in the “real world”: one-year results of the GOAL Implementation Trial. *Diabetes Care.* 2007 Oct;30(10):2465-70. PMID: 17586741. **X-3, X-6**
72. Abu-Rayya HM. Psychological traits of mixed-ethnic Arab-European adolescents in Israel. *Internet Journal of Mental Health.* 2005;2(2):16p. **X-2, X-3, X-5**
73. Acik Y, Bulut HY, Gulbayrak C, et al. Effectiveness of a diabetes education and intervention program on blood glucose control for patients with type 2 diabetes in a Turkish community. *Southeast Asian J Trop Med Public Health.* 2004 Dec;35(4):1012-8. PMID: 15916107. **X-3, X-4, X-5, X-6**
74. Adams A, Receveur O, Mundt M, et al. Healthy lifestyle indicators in children (grades 4 to 6) from the Kahnawake Schools Diabetes Prevention Project. *Canadian Journal of Diabetes.* 2005;29(4):403-9. **X-2, X-3**
75. Adams AS, Mah C, Soumerai SB, et al. Barriers to self-monitoring of blood glucose among adults with diabetes in an HMO: a cross sectional study. *BMC Health Serv Res.* 2003 Mar 19;3(1):6. PMID: 12659642. **X-2**
76. Adams AS, Trinacty CM, Zhang F, et al. Medication adherence and racial differences in A1C control. *Diabetes Care.* 2008 May;31(5):916-21. PMID: 18235050. **X-2**
77. Adams EF, Lee AJ, Pritchard CW, et al. What stops us from healing the healers: a survey of help-seeking behaviour, stigmatisation and depression within the medical profession. *Int J Soc Psychiatry.* 2010 Jul;56(4):359-70. PMID: 19617278. **X-2, X-3, X-4, X-6**
78. Adams ML. The African American Breast Cancer Outreach Project: Partnering With Communities. *Family & Community Health: The Journal of Health Promotion & Maintenance.* 2007 Jan-Mar;30(1,Suppl):S85-S94. PMID: 17159636. **X-1, X-2, X-4**
79. Adams RJ, Smith BJ, Ruffin RE. Factors associated with hospital admissions and repeat emergency department visits for adults with asthma. *Thorax.* 2000 Jul;55(7):566-73. PMID: 10856316. **X-2, X-4**
80. Adams RJ, Smith BJ, Ruffin RE. Patient preferences for autonomy in decision making in asthma management. *Thorax.* 2001 Feb;56(2):126-32. PMID: 11209101. **X-2, X-4**
81. Adams RJ, Weiss ST, Fuhlbrigge A. How and by whom care is delivered influences anti-inflammatory use in asthma: Results of a national population survey. *J Allergy Clin Immunol.* 2003 Aug;112(2):445-50. PMID: 12897755. **X-6, X-7, X-9**

82. Adderley-Kelly B, Green PM. Breast cancer education, self-efficacy, and screening in older African American women. *J Natl Black Nurses Assoc.* 1997 Spring-Summer;9(1):45-57. PMID: 9384102. **X-2, X-4**
83. Adib SM, Sabbah MA, Hlais S, et al. Research in action: mammography utilization following breast cancer awareness campaigns in Lebanon 2002-05. *East Mediterr Health J.* 2009 Jan-Feb;15(1):6-18. PMID: 19469422. **X-2, X-3, X-4**
84. Adolfsson ET, Rosenblad A, Wikblad K. The Swedish National Survey of the Quality and Organization of Diabetes Care in Primary Healthcare—Swed-QOP. *Primary Care Diabetes.* 2010 Jul;4(2):91-7. PMID: 20434973. **X-2, X-3, X-4**
85. Afable-Munsuz A, Braveman P. Pregnancy intention and preterm birth: Differential associations among a diverse population of women. *Perspectives on Sexual and Reproductive Health.* 2008 Jun;40(2):66-73. PMID: 18577138. **X-2**
86. Afshar A, Afshar N. Long-term follow-up evaluation of bilateral total hand loss. *J Hand Surg Am.* 2007 Oct;32(8):1148-53. PMID: 17923294. **X-2, X-4, X-5, X-6**
87. Agabiti N, Ancona C, Forastiere F, et al. Evaluating outcomes of hospital care following coronary artery bypass surgery in Rome, Italy. *Eur J Cardiothorac Surg.* 2003 Apr;23(4):599-606; discussion 7-8. PMID: 12694783. **X-2, X-3, X-6**
88. Agban H, Elley CR, Kenealy T, et al. Trends in the management of risk of diabetes complications in different ethnic groups in New Zealand primary care. *Prim Care Diabetes.* 2008 Dec;2(4):181-6. PMID: 18829410. **X-2, X-3**
89. Agho AO, Mosley BW, Rivers PA, et al. Utilization of mammography services among elderly rural and urban African American women. *Health Education Journal.* 2007;66(3):245-61. **X-9**
90. Agosti V, Stewart JW. Hypomania with and without Dysphoria: comparison of comorbidity and clinical characteristics of respondents from a national community sample. *J Affect Disord.* 2008 May;108(1-2):177-82. PMID: 17963847. **X-2, X-5**
91. Aguado O, Morcillo C, Delas J, et al. Long-term implications of a single home-based educational intervention in patients with heart failure. *Heart Lung.* 2010 Nov-Dec;39(6 Suppl):S14-22. PMID: 20598745. **X-4, X-6**
92. Aguilar MM. Humanizing the teaching-learning environment for Vietnamese clients with ESRD. *ANNA J.* 1986 Apr;13(2):61-4, 79. PMID: 3634601. **X-1, X-6, X-7, X-9**
93. Aguilera N, Marrufo GM. Can better infrastructure and quality reduce hospital infant mortality rates in Mexico? *Health Policy.* 2007 Feb;80(2):239-52. PMID: 16632069. **X-2, X-3, X-6**
94. Agurs-Collins T, Smoot D, Afful J, et al. Legume intake and reduced colorectal adenoma risk in African-Americans. *J Natl Black Nurses Assoc.* 2006 Dec;17(2):6-12. PMID: 17410754. **X-2, X-7, X-8**
95. Agurs-Collins TD, Kumanyika SK, Ten Have TR, et al. A randomized controlled trial of weight reduction and exercise for diabetes management in older African-American subjects. *Diabetes Care.* 1997 Oct;20(10):1503-11. PMID: 9314625. **X-4**

96. Ahlers-Schmidt CR, Golbeck AL, Paschal AM, et al. Breast cancer counts: numeracy in breast cancer information on the Web. *J Cancer Educ.* 2006 Summer;21(2):95-8. PMID: 17020522. **X-2, X-3, X-4, X-6**
97. Ahluwalia HK, Miller CE, Pickard SP, et al. Prevalence and correlates of preventive care among adults with diabetes in Kansas. *Diabetes Care.* 2000 Apr;23(4):484-9. PMID: 10857939. **X-2, X-4**
98. Ahluwalia JS, McNagny SE, Kanuru NK. A randomized trial to improve follow-up care in severe uncontrolled hypertensives at an inner-city walk-in clinic. *J Health Care Poor Underserved.* 1996 Nov;7(4):377-89. PMID: 8908893. **X-9**
99. Ahluwalia JS, McNagny SE, Rask KJ. Correlates of controlled hypertension in indigent, inner-city hypertensive patients. *J Gen Intern Med.* 1997 Jan;12(1):7-14. PMID: 9034941. **X-2, X-4**
100. Ahmad F, Stewart DE. Predictors of clinical breast examination among South Asian immigrant women. *J Immigr Health.* 2004 Jul;6(3):119-26. PMID: 15269515. **X-2, X-3, X-4**
101. Ahmed A, Weaver MT, Allman RM, et al. Quality of Care of Nursing Home Residents Hospitalized With Heart Failure. *Journal of the American Geriatrics Society.* 2002 Nov;50(11):1831-6. PMID: 12410902. **X-2**
102. Ahmed F, Elbasha EE, Thompson BL, et al. Cost-benefit analysis of a new HEDIS performance measure for pneumococcal vaccination. *Med Decis Making.* 2002 Sep-Oct;22(5 Suppl):S58-66. PMID: 12369232. **X-2, X-3, X-4, X-6**
103. Akamatsu K, Saito A, Wada T, et al. Analysis of comprehensive geriatric assessment of elderly residents in a social welfare home for the aged compared with those in a residential care home in an urban area in Japan. *Geriatrics & Gerontology International.* 2005;5(1):53-8. **X-3**
104. Akbar DH, Ahmed MM, Algamdi AA. Cardiovascular risk factors in Saudi Arabian and non-Saudi Arabian diabetic patients in Saudi Arabia. *East Mediterr Health J.* 2003 Sep-Nov;9(5-6):884-92. PMID: 16450518. **X-2, X-3, X-6**
105. Akerman MJ, Sinert R. A successful effort to improve asthma care outcome in an inner-city emergency department. *J Asthma.* 1999 May;36(3):295-303. PMID: 10350227. **X-6, X-9**
106. Akin S, Can G, Durna Z, et al. The quality of life and self-efficacy of Turkish breast cancer patients undergoing chemotherapy. *Eur J Oncol Nurs.* 2008 Dec;12(5):449-56. PMID: 18842460. **X-2, X-3, X-6**
107. Aktan-Collan K, Mecklin JP, Jarvinen H, et al. Predictive genetic testing for hereditary non-polyposis colorectal cancer: uptake and long-term satisfaction. *Int J Cancer.* 2000 Jan 20;89(1):44-50. PMID: 10719730. **X-2, X-3, X-4, X-6**
108. Al Hamarneh YN, Crealey GE, McElnay JC. Coronary heart disease: health knowledge and behaviour. *Int J Clin Pharm.* 2011 Feb;33(1):111-23. PMID: 21365403. **X-2, X-3, X-4, X-6**

109. Al Zabadi H, El Sharif N. Risk factors for asthma severity among emergency rooms attendees, Palestine. *Pulm Pharmacol Ther.* 2009 Jun;22(3):208-13. PMID: 19138752. **X-2, X-3, X-6**
110. Al-Adsani AM, Moussa MA, Al-Jasem LI, et al. The level and determinants of diabetes knowledge in Kuwaiti adults with type 2 diabetes. *Diabetes Metab.* 2009 Apr;35(2):121-8. PMID: 19250850. **X-2, X-3, X-6**
111. Albano MG, Crozet C, d'Ivernois JF. Analysis of the 2004-2007 literature on therapeutic patient education in diabetes: results and trends. *Acta Diabetol.* 2008 Dec;45(4):211-9. PMID: 18633570. **X-1, X-2, X-3, X-4, X-5, X-6**
112. Albarran NB, Ballesteros MN, Morales GG, et al. Dietary behavior and type 2 diabetes care. *Patient Educ Couns.* 2006 May;61(2):191-9. PMID: 15905066. **X-3, X-4**
113. Albert NM. Promoting self-care in heart failure state of clinical practice based on the perspectives of healthcare systems and providers. *Journal of Cardiovascular Nursing.* 2008 May-Jun;23(3):277-84. **X-1, X-2, X-4**
114. Albert NM, Trochelman K, Meyer KH, et al. Characteristics Associated with Racial Disparities in Illness Beliefs of Patients with Heart Failure. *Behavioral Medicine.* 2009 Win;35(4):112-25. PMID: 19933058. **X-2**
115. Alberti H, Boudriga N, Nabli M. Primary care management of diabetes in a low/middle income country: a multi-method, qualitative study of barriers and facilitators to care. *BMC Fam Pract.* 2007;8:63. PMID: 17996084. **X-2, X-3, X-4, X-6**
116. Alberti H, Boudriga N, Nabli M. "Damm sokkor": factors associated with the quality of care of patients with diabetes: a study in primary care in Tunisia. *Diabetes Care.* 2007 Aug;30(8):2013-8. PMID: 17507697. **X-2, X-3, X-6**
117. Aldana S, Barlow M, Smith R, et al. A worksite diabetes prevention program: two-year impact on employee health. *AAOHN J.* 2006 Sep;54(9):389-95. PMID: 17001837. **X-2, X-4, X-6**
118. Alderman AK, McMahon L, Jr., Wilkins EG. The national utilization of immediate and early delayed breast reconstruction and the effect of sociodemographic factors. *Plast Reconstr Surg.* 2003 Feb;111(2):695-703; discussion 4-5. PMID: 12560690. **X-2**
119. Alegria M, Frank R, McGuire T. Managed care and systems cost-effectiveness: treatment for depression. *Med Care.* 2005 Dec;43(12):1225-33. PMID: 16299434. **X-2**
120. Alexander GK, Uz SW, Hinton I, et al. Culture brokerage strategies in diabetes education. *Public Health Nurs.* 2008 Sep-Oct;25(5):461-70. PMID: 18816363. **X-1, X-7, X-9**
121. Alexander J, Divin-Cosgrove C, Faner ML, et al. Increasing the knowledge base of asthmatics and their families through asthma clubs along the southwest border. *J Am Acad Nurse Pract.* 2000 Jul;12(7):260-6. PMID: 11930464. **X-7, X-9**
122. Alexander KP, Roe MT, Chen AY, et al. Evolution in cardiovascular care for elderly patients with non-ST-segment elevation acute coronary syndromes: results from the CRUSADE National Quality Improvement Initiative. *J Am Coll Cardiol.* 2005 Oct 18;46(8):1479-87. PMID: 16226171. **X-6**

123. Alexandraki I, Mooradian AD. Barriers Related to Mammography Use for Breast Cancer Screening Among Minority Women. *Journal of the National Medical Association*. 2010 Mar;102(3):206-18. PMID: 20355350. **X-1, X-2, X-4**
124. Alkadry MG, Wilson C, Nicholson D. Stroke awareness among rural residents: the case of West Virginia. *Soc Work Health Care*. 2005;42(2):73-92. PMID: 16390837. **X-2, X-4, X-5, X-6**
125. Al-Lawati JA, Barakat NM, Al-Lawati AM, et al. Optimal cut-points for body mass index, waist circumference and waist-to-hip ratio using the Framingham coronary heart disease risk score in an Arab population of the Middle East. *Diab Vasc Dis Res*. 2008 Nov;5(4):304-9. PMID: 18958841. **X-2, X-3, X-6**
126. Allen C, LeCaire T, Palta M, et al. Risk factors for frequent and severe hypoglycemia in type 1 diabetes. *Diabetes Care*. 2001 Nov;24(11):1878-81. PMID: 11679450. **X-2, X-4, X-6**
127. Allen J, Annells M, Nunn R, et al. Evaluation of effectiveness and satisfaction outcomes of a mental health screening and referral clinical pathway for community nursing care. *J Psychiatr Ment Health Nurs*. 2011 Jun;18(5):375-85. PMID: 21539682. **X-3, X-5, X-6**
128. Allen JD, Shelton RC, Harden E, et al. Follow-up of abnormal screening mammograms among low-income ethnically diverse women: Findings from a qualitative study. *Patient Education and Counseling*. 2008 Aug;72(2):283-92. PMID: 18490127. **X-2**
129. Allen MC. Preterm outcomes research: A critical component of neonatal intensive care. *Mental Retardation and Developmental Disabilities Research Reviews*. 2002;8(4):221-33. PMID: 12454898. **X-1, X-2, X-4, X-5**
130. Allen NA, Fain JA, Braun B, et al. Continuous glucose monitoring in non-insulin-using individuals with type 2 diabetes: acceptability, feasibility, and teaching opportunities. *Diabetes Technol Ther*. 2009 Mar;11(3):151-8. PMID: 19216684. **X-2, X-4, X-6**
131. Allen-Ramey FC, Diette GB, McDonald RC, et al. Methods aimed at improving asthma care and outcomes management: a case study. *Disease Management & Health Outcomes*. 2002;10(8):495-503. **X-2**
132. Allgar VL, Neal RD, Ali N, et al. Urgent GP referrals for suspected lung, colorectal, prostate and ovarian cancer. *Br J Gen Pract*. 2006 May;56(526):355-62. PMID: 16638251. **X-2, X-3, X-6**
133. Allison JT. Enhancing care, one community at a time. *Hosp Health Netw*. 2011 May;85(5):52. PMID: 21682242. **X-1, X-7, X-9**
134. Allison MA, Crane LA, Beaty BL, et al. School-based health centers: improving access and quality of care for low-income adolescents. *Pediatrics*. 2007 Oct;120(4):e887-94. PMID: 17846146. **X-2, X-5**
135. Allsworth JE, Toppa R, Palin NC, et al. For the patient. Many nursing home patients do not receive diabetes medicine. *Ethn Dis*. 2005 Spring;15(2):351. PMID: 15825983. **X-1, X-2, X-3, X-4**

136. Allsworth JE, Toppa R, Palin NC, et al. Racial and ethnic disparities in the pharmacologic management of diabetes mellitus among long-term care facility residents. *Ethn Dis*. 2005 Spring;15(2):205-12. PMID: 15825966. **X-2, X-4**
137. Almendarez IS, Boysun M, Clark K. Thunder and Lightning and Rain: a Latino/Hispanic diabetes media awareness campaign. *Fam Community Health*. 2004 Apr-Jun;27(2):114-22. PMID: 15596978. **X-7, X-9**
138. Alnasir FA, Skerman JH. Schoolteachers' knowledge of common health problems in Bahrain. *East Mediterr Health J*. 2004 Jul-Sep;10(4-5):537-46. PMID: 16335644. **X-2, X-3, X-4, X-6**
139. Alnigenis MNY, Bradley JD, Wallick J, et al. Massage therapy in the management of fibromyalgia: a pilot study. *Journal of Musculoskeletal Pain*. 2001;9(2):55-67. **X-4, X-5**
140. Alonso A, Beunza JJ, Delgado-Rodriguez M, et al. Validation of self reported diagnosis of hypertension in a cohort of university graduates in Spain. *BMC Public Health*. 2005;5:94. PMID: 16156889. **X-2, X-3, X-4, X-6**
141. Al-Saedi M, Elzubier AG, Bahnassi AA, et al. Patterns of belief and use of traditional remedies by diabetic patients in Mecca, Saudi Arabia. *East Mediterr Health J*. 2003 Jan-Mar;9(1-2):99-107. PMID: 15562738. **X-2, X-3, X-6**
142. Al-Safi SA, Alkofahi AS, El-Eid HS. Public response to chest pain in Jordan. *Eur J Cardiovasc Nurs*. 2005 Jun;4(2):139-44. PMID: 15904884. **X-2, X-3, X-6**
143. Al-Shadli AM, Bener A, Brebner J, et al. Asthma diagnosis and management in adults: is the risk of underdiagnosis and undertreatment related to patients' education levels? *J Asthma*. 2001 Apr;38(2):121-6. PMID: 11321681. **X-2, X-3, X-4, X-6**
144. Alshamsan R, Majeed A, Vamos EP, et al. Ethnic differences in diabetes management in patients with and without comorbid medical conditions: a cross-sectional study. *Diabetes Care*. 2011 Mar;34(3):655-7. PMID: 21282346. **X-2, X-3, X-4**
145. Alshamsan R, Millett C, Majeed A, et al. Has pay for performance improved the management of diabetes in the United Kingdom? *Primary Care Diabetes*. 2010 Jul;4(2):73-8. PMID: 20363200. **X-1, X-2, X-3, X-4, X-6**
146. Alt PS, Schatell D. How to make the new conditions for coverage work in your dialysis clinic: Teaching self-management: new conditions emphasize patient participation in care. *Nephrol News Issues*. 2009 Jun;23(7):36, 8, 40-1. PMID: 19585808. **X-1, X-2, X-4**
147. Alter DA, Austin PC, Naylor CD, et al. Factoring socioeconomic status into cardiac performance profiling for hospitals: does it matter? *Med Care*. 2002 Jan;40(1):60-7. PMID: 11748427. **X-2, X-3, X-4**
148. Alter DA, Austin PC, Tu JV. Community factors, hospital characteristics and inter-regional outcome variations following acute myocardial infarction in Canada. *Can J Cardiol*. 2005 Mar;21(3):247-55. PMID: 15776114. **X-2, X-3, X-6**
149. Alter DA, Khaykin Y, Austin PC, et al. Processes and outcomes of care for diabetic acute myocardial infarction patients in Ontario: do physicians undertreat? *Diabetes Care*. 2003 May;26(5):1427-34. PMID: 12716800. **X-2, X-3, X-6**

150. Alter DA, Venkatesh V, Chong A. Evaluating the performance of the Global Registry of Acute Coronary Events risk-adjustment index across socioeconomic strata among patients discharged from the hospital after acute myocardial infarction. *Am Heart J.* 2006 Feb;151(2):323-31. PMID: 16442894. **X-2, X-6**
151. Altimiras J, Borrás JM, Méndez E, et al. Knowledge of medication in hospitalized chronic respiratory patients. *Pharm Weekbl Sci.* 1992 Aug 21;14(4):174-9. PMID: 1437495. **X-2, X-3, X-4, X-5**
152. Altok M, Yılmaz M. Opinions of Individuals Who have had Myocardial Infarction About Sex. *Sexuality & Disability.* 2011;29(3):263-73. **X-6, X-7, X-9**
153. Alto WA, Albu RE, Irabo G. An alternative to unattended delivery--a training programme for village midwives in Papua New Guinea. *Soc Sci Med.* 1991;32(5):613-8. PMID: 2017729. **X-3, X-4**
154. Alzate MM. Welfare recipients' quality of life: lessons from the United Nations' Human Development Index for the US Welfare Policy. *European Journal of Social Work.* 2006;9(1):85-101. **X-2**
155. Amaral S, Hwang W, Fivush B, et al. Serum albumin level and risk for mortality and hospitalization in adolescents on hemodialysis. *Clin J Am Soc Nephrol.* 2008 May;3(3):759-67. PMID: 18287254. **X-2**
156. Amaya H, Petersen J. Introduction: Breast cancer and the perils of health literacy. *International Journal of Qualitative Studies in Education.* Special Issue: Constructing Breast Cancer: Discourses and Practices. 2004 Jul-Aug;17(4):467-71. **X-1, X-2, X-4**
157. Ambriz EH, Woodard LD, Kressin NR, et al. Use of smoking cessation interventions and aspirin for secondary prevention: are there racial disparities? *Am J Med Qual.* 2004 Jul-Aug;19(4):166-71. PMID: 15368781. **X-7, X-9**
158. Ambrosino JM, Fennie K, Whittemore R, et al. Short-term effects of coping skills training in school-age children with type 1 diabetes. *Pediatr Diabetes.* 2008 Jun;9(3 Pt 2):74-82. PMID: 18540868. **X-4, X-6**
159. Amirehsani KA. Mexican Americans with type 2 diabetes in an emerging Latino community: Evaluation of health disparity factors and interventions. *Home Health Care Management & Practice.* 2010 Dec;22(7):470-8. **X-1, X-2, X-4**
160. Ammerman AS, Devellis BM, Haines PS, et al. Nutrition education for cardiovascular-disease prevention among low income populations- description and pilot evaluation of a physician-based model. *Patient Education and Counseling.* 1992 Feb;19(1):5-18. PMID: 1298949. **X-1, X-2, X-4**
161. Amoako E, Skelly AH. Managing uncertainty in diabetes: an intervention for older African American women. *Ethn Dis.* 2007 Summer;17(3):515-21. PMID: 17985507. **X-4, X-10**
162. Amoako E, Skelly AH, Rossen EK. Outcomes of an intervention to reduce uncertainty among African American women with diabetes. *West J Nurs Res.* 2008 Dec;30(8):928-42. PMID: 18596303. **X-4**

163. Amthauer H, Gaglio B, Glasgow RE, et al. Lessons learned: patient recruitment strategies for a type 2 diabetes intervention in a primary care setting [corrected]. *Diabetes Educ.* 2003 Jul-Aug;29(4):673-81. PMID: 13677178. **X-2, X-7**
164. Anand SS, Razak F, Vuksan V, et al. Diagnostic strategies to detect glucose intolerance in a multiethnic population. *Diabetes Care.* 2003 Feb;26(2):290-6. PMID: 12547851. **X-2, X-3**
165. Anarella J, Roohan P, Balistreri E, et al. A survey of Medicaid recipients with asthma: perceptions of self-management, access, and care. *Chest.* 2004 Apr;125(4):1359-67. PMID: 15078746. **X-2**
166. Andersen JR, Sognen E, Natvig GK. Diet quality in 116 Norwegian men and women with coronary heart disease. *Eur J Cardiovasc Nurs.* 2006 Sep;5(3):244-50. PMID: 16376153. **X-2, X-3, X-4, X-6**
167. Anderson BJ, Wolf FM, Burkhart MT, et al. Effects of peer-group intervention on metabolic control of adolescents with IDDM. Randomized outpatient study. *Diabetes Care.* 1989 Mar;12(3):179-83. PMID: 2649330. **X-6, X-9**
168. Anderson BO, Yip CH, Smith RA, et al. Guideline implementation for breast healthcare in low-income and middle-income countries: overview of the Breast Health Global Initiative Global Summit 2007. *Cancer.* 2008 Oct 15;113(8 Suppl):2221-43. PMID: 18816619. **X-1, X-2, X-3, X-4**
169. Anderson DR, Christison-Lagay J, Procter-Gray E. Self-management goal setting in a community health center: the impact of goal attainment on diabetes outcomes. *Diabetes Spectrum.* 2010;23(2):97-105. **X-6, X-7, X-9**
170. Anderson DR, Christison-Lagay J, Villagra V, et al. Managing the space between visits: a randomized trial of disease management for diabetes in a community health center. *J Gen Intern Med.* 2010 Oct;25(10):1116-22. PMID: 20556536. **X-4**
171. Anderson RM, Arnold MS, Donnelly MB, et al. Continuing education needs of dietitians who are diabetes educators. *J Am Diet Assoc.* 1992 May;92(5):607-9. PMID: 1573146. **X-1, X-2, X-4, X-5, X-6**
172. Anderson RM, Barr PA, Edwards GJ, et al. Using focus groups to identify psychosocial issues of urban black individuals with diabetes. *Diabetes Educ.* 1996 Jan-Feb;22(1):28-33. PMID: 8697953. **X-2, X-4**
173. Anderson RM, Fitzgerald JT, Funnell MM, et al. Evaluation of an activated patient diabetes education newsletter. *Diabetes Educ.* 1994 Jan-Feb;20(1):29-34. PMID: 8137701. **X-6, X-10**
174. Anderson RM, Funnell MM, Arnold MS, et al. Assessing the cultural relevance of an education program for urban African Americans with diabetes. *Diabetes Educ.* 2000 Mar-Apr;26(2):280-9. PMID: 10865593. **X-6, X-7, X-9**
175. Anderson RM, Funnell MM, Nwankwo R, et al. Evaluating a problem-based empowerment program for African Americans with diabetes: results of a randomized controlled trial. *Ethn Dis.* 2005 Autumn;15(4):671-8. PMID: 16259492. **X-9**

176. Anderson RM, Goddard CE, Garcia R, et al. Using focus groups to identify diabetes care and education issues for Latinos with diabetes. *Diabetes Educ.* 1998 Sep-Oct;24(5):618-25. PMID: 9830959. **X-2, X-4**
177. Anderson RM, Musch DC, Nwankwo RB, et al. Personalized follow-up increases return rate at urban eye disease screening clinics for African Americans with diabetes: results of a randomized trial. *Ethn Dis.* 2003 Winter;13(1):40-6. PMID: 12723011. **X-9**
178. Anderson RT, Balkrishnan R, Camacho F, et al. Patient-centered outcomes of diabetes self-care. Associations with satisfaction and general health in a community clinic setting. *N C Med J.* 2003 Mar-Apr;64(2):58-65. PMID: 12774734. **X-2**
179. Anderson-Loftin W, Barnett S, Sullivan P, et al. Culturally competent dietary education for southern rural African Americans with diabetes. *Diabetes Educ.* 2002 Mar-Apr;28(2):245-57. PMID: 11924302. **X-4**
180. Andersson P, Sjoberg RL, Ohrvik J, et al. Knowledge about cardiovascular risk factors among obese individuals. *Eur J Cardiovasc Nurs.* 2006 Dec;5(4):275-9. PMID: 16616876. **X-2, X-3, X-5, X-6**
181. Andrade WC, Camargos P, Lasmar L, et al. A pediatric asthma management program in a low-income setting resulting in reduced use of health service for acute asthma. *Allergy.* 2010 Nov;65(11):1472-7. PMID: 20557301. **X-2, X-3, X-4**
182. Andrews D, Popiel A, Margolis SA, et al. Improving diabetic patients' outcomes in family medicine in the United Arab Emirates. *East Mediterr Health J.* 2002 Jul-Sep;8(4-5):566-73. PMID: 15603039. **X-2, X-6**
183. Andrulis DP. Reducing racial and ethnic disparities in disease management to improve health outcomes. *Disease Management & Health Outcomes.* 2003;11(12):789-800. PMID: n/a. **X-1, X-2, X-4**
184. Angus J, Evans S, Lapum J, et al. "Sneaky disease": the body and health knowledge for people at risk for coronary heart disease in Ontario, Canada. *Soc Sci Med.* 2005 May;60(9):2117-28. PMID: 15743659. **X-2, X-3, X-4, X-6**
185. Ani C, Bazargan M, Hindman D, et al. Comorbid chronic illness and the diagnosis and treatment of depression in safety net primary care settings. *J Am Board Fam Med.* 2009 Mar-Apr;22(2):123-35. PMID: 19264935. **X-2, X-6**
186. Anne Kelsey L, Joel E, Kathryn L, et al. Reducing Asthma Disparities by Addressing Environmental Inequities: A Case Study of Regional Asthma Management and Prevention's Advocacy Efforts. *Family and Community Health.* 2011;34(1S):S54. PMID: 21160331. **X-7, X-10**
187. Ansa VO, Oyo-Ita A, Essien OE. Perception of ischaemic heart disease, knowledge of and attitude to reduction of its risk factors. *East Afr Med J.* 2007 Jul;84(7):318-23. PMID: 17886425. **X-2, X-3, X-6**
188. Ansell D, Grabler P, Whitman S, et al. A community effort to reduce the black/white breast cancer mortality disparity in Chicago. *Cancer Causes Control.* 2009 Nov;20(9):1681-8. PMID: 19688184. **X-2, X-4**

189. Ansell D, Lacey L, Whitman S, et al. A nurse-delivered intervention to reduce barriers to breast and cervical cancer screening in Chicago inner city clinics. *Public Health Rep.* 1994 Jan-Feb;109(1):104-11. PMID: 8303003. **X-7, X-9**
190. Antoniassi, Villela. A representaÃ§Ã£o da sexualidade por idosas e a educaÃ§Ã£o para a saÃºde. *Revista EletrÃ´nica de Enfermagem.* 2010;12(4):622-9. **X-2, X-3, X-4, X-5, X-6**
191. Apostolopoulou E, Veldekis D. Excess nursing workload and extra cost attributable to ventilator associated pneumonia in intensive care unit. *ICUs & Nursing Web Journal.* 2004(20):8p. **X-2, X-5**
192. Appel LJ, Champagne CM, Harsha DW, et al. Effects of comprehensive lifestyle modification on blood pressure control: main results of the PREMIER clinical trial. *JAMA.* 2003 Apr 23-30;289(16):2083-93. PMID: 12709466. **X-6, X-7, X-9**
193. Appel LJ, Espeland MA, Easter L, et al. Effects of reduced sodium intake on hypertension control in older individuals: results from the Trial of Nonpharmacologic Interventions in the Elderly (TONE). *Arch Intern Med.* 2001 Mar 12;161(5):685-93. PMID: 11231700. **X-6, X-9**
194. Appiah AP, Ganthier R, Jr., Watkins N. Delayed diagnosis of diabetic retinopathy in black and Hispanic patients with diabetes mellitus. *Ann Ophthalmol.* 1991 Apr;23(4):156-8. PMID: 2064260. **X-2, X-4**
195. Applegate BW, Ames SC, Mehan DJ, Jr., et al. Maximizing medication adherence in low-income hypertensives: a pilot study. *J La State Med Soc.* 2000 Jul;152(7):349-56. PMID: 10986847. **X-9**
196. Appleton S, Garcia-Minaur S, Porteous M, et al. The development of a psychoeducational intervention for women living with an increased risk of breast cancer. *Patient Educ Couns.* 2004 Oct;55(1):99-104. PMID: 15476996. **X-1, X-2, X-4, X-6**
197. Appleton SL, Adams RJ, Wilson DH, et al. Spirometric criteria for asthma: adding further evidence to the debate. *J Allergy Clin Immunol.* 2005 Nov;116(5):976-82. PMID: 16275363. **X-2, X-3, X-6**
198. Apte DV. A plan to prevent adolescent pregnancy and reduce infant mortality. *Public Health Rep.* 1987 Jan-Feb;102(1):80-6. PMID: 3101128. **X-1, X-2, X-3, X-4, X-6**
199. Apter AJ. Advances in adult asthma diagnosis and treatment and health outcomes, education, delivery, and quality in 2008. *Journal of Allergy and Clinical Immunology.* 2009 Jan;123(1):35-40. PMID: 19130925. **X-1, X-2, X-4, X-6**
200. Apter AJ, Cheng J, Small D, et al. Asthma numeracy skill and health literacy. *J Asthma.* 2006 Nov;43(9):705-10. PMID: 17092853. **X-2**
201. Apter AJ, Reisine ST, Affleck G, et al. Adherence with twice-daily dosing of inhaled steroids. Socioeconomic and health-belief differences. *Am J Respir Crit Care Med.* 1998 Jun;157(6 Pt 1):1810-7. PMID: 9620910. **X-2, X-4**
202. Apter AJ, Van Hoof TJ, Sherwin TE, et al. Assessing the quality of asthma care provided to Medicaid patients enrolled in managed care organizations in Connecticut. *Ann Allergy Asthma Immunol.* 2001 Feb;86(2):211-8. PMID: 11258692. **X-2, X-4**

203. Apter AJ, Wang X, Bogen D, et al. Linking numeracy and asthma-related quality of life. *Patient Educ Couns*. 2009 Jun;75(3):386-91. PMID: 19217741. **X-2**
204. Apter AJ, Wang XM, Bogen DK, et al. Problem solving to improve adherence and asthma outcomes in urban adults with moderate or severe asthma: A randomized controlled trial. *Journal of Allergy and Clinical Immunology*. 2011 Sep;128(3):516-U122. PMID: 21704360. **X-4, X-6, X-9**
205. Aragonés A, Schwartz MD, Shah NR, et al. A randomized controlled trial of a multilevel intervention to increase colorectal cancer screening among Latino immigrants in a primary care facility. *J Gen Intern Med*. 2010 Jun;25(6):564-7. PMID: 20213208. **X-4**
206. Aragonés A, Schwartz MD, Shah NR, et al. A randomized controlled trial of a multilevel intervention to increase colorectal cancer screening among Latinos immigrants in a primary care facility. *Journal of General Internal Medicine*. 2010 Jun;25(6):564-7. PMID: 20213208. **X-14**
207. Arber S, McKinlay J, Adams A, et al. Influence of patient characteristics on doctors' questioning and lifestyle advice for coronary heart disease: a UK/US video experiment. *Br J Gen Pract*. 2004 Sep;54(506):673-8. PMID: 15353053. **X-2, X-4**
208. Arber S, McKinlay J, Adams A, et al. Patient characteristics and inequalities in doctors' diagnostic and management strategies relating to CHD: a video-simulation experiment. *Soc Sci Med*. 2006 Jan;62(1):103-15. PMID: 16002197. **X-2, X-3, X-4, X-6**
209. Arcury TA, Bell RA, Snively BM, et al. Complementary and alternative medicine use as health self-management: rural older adults with diabetes. *J Gerontol B Psychol Sci Soc Sci*. 2006 Mar;61(2):S62-70. PMID: 16497962. **X-2, X-5, X-6**
210. Arcury TA, Skelly AH, Gesler WM, et al. Diabetes beliefs among low-income, white residents of a rural North Carolina community. *J Rural Health*. 2005 Fall;21(4):337-45. PMID: 16294657. **X-2, X-4**
211. Ard JD, Rosati R, Oddone EZ. Culturally-sensitive weight loss program produces significant reduction in weight, blood pressure, and cholesterol in eight weeks. *J Natl Med Assoc*. 2000 Nov;92(11):515-23. PMID: 11152083. **X-4, X-5**
212. Ardena GJ, Paz-Pacheco E, Jimeno CA, et al. Knowledge, attitudes and practices of persons with type 2 diabetes in a rural community: phase I of the community-based Diabetes Self-Management Education (DSME) Program in San Juan, Batangas, Philippines. *Diabetes Res Clin Pract*. 2010 Nov;90(2):160-6. PMID: 20828851. **X-2, X-3, X-4, X-6**
213. Ardron M, MacFarlane I, Robinson C. Educational achievements, employment and social class of insulin-dependent diabetics: a survey of a young adult clinic in Liverpool. *Diabet Med*. 1987 Nov-Dec;4(6):546-8. PMID: 2962812. **X-2, X-3, X-4**
214. Armstrong K, Berlin M, Schwartz JS, et al. Barriers to influenza immunization in a low-income urban population. *American Journal of Preventive Medicine*. 2001 Jan;20(1):21-5. PMID: 11137770. **X-2, X-5**

215. Arnetz JE, Winblad U, Hoglund AT, et al. Is patient involvement during hospitalization for acute myocardial infarction associated with post-discharge treatment outcome? An exploratory study. *Health Expect*. 2010 Sep;13(3):298-311. PMID: 20579120. **X-2, X-3, X-4, X-6**
216. Arnold LB, Usery JB, Finch CK, et al. Inadequate documentation of asthma management in hospitalized adult patients. *South Med J*. 2009 May;102(5):510-4. PMID: 19373150. **X-2, X-4**
217. Aronson RA. A work in progress. *WMJ*. 2000 Apr;99(2):18-24. PMID: 10843019. **X-1, X-6, X-7, X-9**
218. Arora S, Marzec K, Gates C, et al. Diabetes knowledge in predominantly Latino patients and family caregivers in an urban emergency department. *Ethn Dis*. 2011 Winter;21(1):1-6. PMID: 21462722. **X-2, X-4**
219. Arshad S, Williams KP, Mabiso A, et al. Evaluating the knowledge of breast cancer screening and prevention among Arab-American women in Michigan. *J Cancer Educ*. 2011 Mar;26(1):135-8. PMID: 20443095. **X-2, X-4**
220. Arslanian-Engoren C. Patient cues that predict nurses' triage decisions for acute coronary syndromes. *Appl Nurs Res*. 2005 May;18(2):82-9. PMID: 15991105. **X-2, X-4**
221. Arslanian-Engoren C, Hagerty B, Antonakos CL, et al. The feasibility and utility of the aid to cardiac triage intervention to improve nurses' cardiac triage decisions. *Heart Lung*. 2010 May-Jun;39(3):201-7. PMID: 20457340. **X-4**
222. Artinian NT. Best practice. Perceived benefits and barriers of eating heart healthy. *MEDSURG Nursing*. 2001;10(3):129-38. **X-1, X-2, X-4**
223. Artinian NT, Harden JK, Kronenberg MW, et al. Pilot study of a Web-based compliance monitoring device for patients with congestive heart failure. *Heart Lung*. 2003 Jul-Aug;32(4):226-33. PMID: 12891162. **X-4, X-6**
224. Artinian NT, Magnan M, Christian W, et al. What do patients know about their heart failure? *Appl Nurs Res*. 2002 Nov;15(4):200-8. PMID: 12444578. **X-2, X-4**
225. Artinian NT, Washington OG, Templin TN. Effects of home telemonitoring and community-based monitoring on blood pressure control in urban African Americans: a pilot study. *Heart Lung*. 2001 May-Jun;30(3):191-9. PMID: 11343005. **X-4**
226. Aruda MM. Diagnosing and tracking pregnant teens: development of a quality improvement project. *Women's Health Care: A Practical Journal for Nurse Practitioners*. 2007;6(9):25. **X-1**
227. Asarnow JR, Jaycox LH, Duan N, et al. Effectiveness of a quality improvement intervention for adolescent depression in primary care clinics: a randomized controlled trial. *JAMA*. 2005 Jan 19;293(3):311-9. PMID: 15657324. **X-6**
228. Asarnow JR, Jaycox LH, Tang L, et al. Long-term benefits of short-term quality improvement interventions for depressed youths in primary care. *Am J Psychiatry*. 2009 Sep;166(9):1002-10. PMID: 19651711. **X-6**

229. Asch SM, Baker DW, Keeseey JW, et al. Does the collaborative model improve care for chronic heart failure? *Med Care*. 2005 Jul;43(7):667-75. PMID: 15970781. **X-6, X-9**
230. Ashiabi GS. African American and non-Hispanic white children's health: integrating alternative explanations. *Ethnicity & Health*. 2008;13(5):375-98. PMID: 18850366. **X-2, X-5**
231. Ashing-Giwa K. Quality of life and psychosocial outcomes in long-term survivors of breast cancer: a focus on African-American women. *Journal of Psychosocial Oncology*. 1999;17(3/4):47-62. **X-2**
232. Ashing-Giwa K, Ganz P. Effect of timed incentives on subject participation in a study of long-term breast cancer survivors: Are there ethnic differences? *Journal of the National Medical Association*. 2000 Nov;92(11):528-32. PMID: 11152085. **X-7**
233. Ashing-Giwa KT, Kagawa-Singer M, Padilla GV, et al. The impact of cervical cancer and dysplasia: A qualitative, multiethnic study. *Psycho-Oncology*. 2004 Oct;13(10):709-28. PMID: 15386644. **X-2, X-5**
234. Ashing-Giwa KT, Padilla G, Tejero J, et al. Understanding the breast cancer experience of women: A qualitative study of African American, Asian American, Latina and Caucasian cancer survivors. *Psycho-Oncology*. 2004 Jun;13(6):408-28. PMID: 15188447. **X-2**
235. Ashing-Giwa KT, Padilla GV, Bohorquez DE, et al. Understanding the breast cancer experience of Latina women. *Journal of Psychosocial Oncology*. 2006;24(3):19-52. PMID: 17088240. **X-2**
236. Ashok M, Griffin P, Halpern M. Impact of clinical and non-clinical factors on the choice of HER2 test for breast cancer. *Cancer Invest*. 2010 Aug;28(7):735-42. PMID: 20590449. **X-2**
237. Ashton CM, Houston TK, Williams JH, et al. A stories-based interactive DVD intended to help people with hypertension achieve blood pressure control through improved communication with their doctors. *Patient Educ Couns*. 2010 May;79(2):245-50. PMID: 19833472. **X-2, X-4**
238. Ashworth A, Chopra M, McCoy D, et al. WHO guidelines for management of severe malnutrition in rural South African hospitals: effect on case fatality and the influence of operational factors. *Lancet*. 2004 Apr 3;363(9415):1110-5. PMID: 15064029. **X-3, X-5**
239. 239. Ashworth M, Lloyd D, Smith RS, et al. Social deprivation and statin prescribing: a cross-sectional analysis using data from the new UK general practitioner 'Quality and Outcomes Framework'. *J Public Health (Oxf)*. 2007 Mar;29(1):40-7. PMID: 17071815. **X-2, X-3, X-4**
240. Aspinall PJ, Hashem F. Are our data on teenage pregnancy across ethnic groups in England fit for the purpose of policy formulation, implementation, and monitoring? *Critical Public Health*. 2010;20(1):47-70. **X-1, X-2, X-3**
241. Aspray TJ, Nesbit K, Cassidy TP, et al. Rapid assessment methods used for health-equity audit: diabetes mellitus among frail British care-home residents. *Public Health*. 2006 Nov;120(11):1042-51. PMID: 16938318. **X-3, X-6**

242. Astagneau P, Lang T, Delarocque E, et al. Arterial hypertension in urban Africa: an epidemiological study on a representative sample of Dakar inhabitants in Senegal. *J Hypertens*. 1992 Sep;10(9):1095-101. PMID: 1328370. **X-2, X-3, X-4**
243. Astin F, Jones K. Heart disease attributions of patients prior to elective percutaneous transluminal coronary angioplasty. *J Cardiovasc Nurs*. 2004 Jan-Feb;19(1):41-7. PMID: 14994781. **X-2**
244. Atak N, Arslan U. A pilot project to develop and assess a health education programme for type 2 diabetes mellitus patients. *Health Education Journal*. 2005;64(4):339-46. **X-2, X-3, X-6**
245. Atallah A, Kelly-Irving M, Zouini N, et al. Controlling arterial hypertension in the French West Indies: a separate strategy for women? *Eur J Public Health*. 2010 Dec;20(6):665-70. PMID: 20047934. **X-2, X-3, X-4**
246. Attar MA, Hanrahan K, Lang SW, et al. Pregnant mothers out of the perinatal regionalization's reach. *J Perinatol*. 2006 Apr;26(4):210-4. PMID: 16554850. **X-2, X-3, X-6**
247. Audrain J, Rimer B, Cella D, et al. Genetic counseling and testing for breast-ovarian cancer susceptibility: what do women want? *J Clin Oncol*. 1998 Jan;16(1):133-8. PMID: 9440734. **X-2, X-4, X-6**
248. Ausili E, Tabacco F, Focarelli B, et al. Multidimensional study on quality of life in children with type 1 diabetes. *Eur Rev Med Pharmacol Sci*. 2007 Jul-Aug;11(4):249-55. PMID: 17876960. **X-2, X-4, X-6**
249. Austin S, Martin MY, Levine RS, et al. Breast cancer screening interventions in selected counties across US regions. *Cancer Causes Control*. 2010 Dec;21(12):2165-72. PMID: 20820899. **X-2, X-4**
250. Austin SA, Claiborne N. Faith wellness collaboration: a community-based approach to address type II diabetes disparities in an African-American community. *Soc Work Health Care*. 2011;50(5):360-75. PMID: 21614729. **X-8**
251. Avci IA, Okanli A, Karabulutlu E, et al. Women's marital adjustment and hopelessness levels after mastectomy. *Eur J Oncol Nurs*. 2009 Sep;13(4):299-303. PMID: 19520606. **X-2, X-3, X-4**
252. Avis NE, Colvin A. Disentangling cultural issues in quality of life data. *Menopause-the Journal of the North American Menopause Society*. 2007 Jul-Aug;14(4):708-16. PMID: 17327811. **X-2, X-4, X-5, X-6**
253. Avis NE, Smith KW, Link CL, et al. Increasing mammography screening among women over age 50 with a videotape intervention. *Prev Med*. 2004 Sep;39(3):498-506. PMID: 15313089. **X-6, X-7, X-9**
254. Avis-Williams A, Khoury A, Lisovicz N, et al. Knowledge, attitudes, and practices of underserved women in rural south toward breast cancer prevention and detection. *Family & Community Health: The Journal of Health Promotion & Maintenance*. 2009 Jul-Sep;32(3):238-46. PMID: 19525705. **X-2**

255. Awad A, Al-Rabiy S, Abahussain E. Self-medication practices among diabetic patients in Kuwait. *Med Princ Pract.* 2008;17(4):315-20. PMID: 18523400. **X-2, X-3**
256. Axon RN, Williams MV. Hospital readmission as an accountability measure. *JAMA.* 2011 Feb 2;305(5):504-5. PMID: 21285430. **X-1, X-2, X-4, X-5, X-6**
257. Ayanian JZ, Weissman JS, Chasan-Taber S, et al. Quality of care by race and gender for congestive heart failure and pneumonia. *Medical Care.* 1999 Dec;37(12):1260-9. PMID: 10599607. **X-2**
258. Ayers BN, Myers LB. Understanding of stroke and coronary heart disease in the UK: An exploratory study. *Psychology, Health & Medicine.* 2010 Aug;15(4):474-7. PMID: 20677085. **X-2, X-3**
259. Ayotte BJ, Allaire JC, Bosworth H. The Associations of Patient Demographic Characteristics and Health Information Recall: The Mediating Role of Health Literacy. *Aging Neuropsychology and Cognition.* 2009 Jul;16(4):419-32. PMID: 19424920 **X-2**
260. Ayotte BJ, Trivedi R, Bosworth HB. Racial differences in hypertension knowledge: effects of differential item functioning. *Ethn Dis.* 2009 Winter;19(1):23-7. PMID: 19341159. **X-2, X-4**
261. Ayyagari P, Grossman D, Sloan F. Education and health: evidence on adults with diabetes. *Int J Health Care Finance Econ.* 2011 Mar;11(1):35-54. PMID: 21213044. **X-2, X-4, X-6**
262. Aziz NA, Norzila MZ, Hamid MZ, et al. Skills amongst parents of children with asthma: a pilot interventional study in primary care setting. *Med J Malaysia.* 2006 Dec;61(5):534-9. PMID: 17623952. **X-6**
263. Aziz Z, Iqbal J, Akram M. Effect of social class disparities on disease stage, quality of treatment and survival outcomes in breast cancer patients from developing countries. *Breast J.* 2008 Jul-Aug;14(4):372-5. PMID: 18540953. **X-2, X-3**
264. Babamoto KS, Sey KA, Camilleri AJ, et al. Improving diabetes care and health measures among hispanics using community health workers: results from a randomized controlled trial. *Health Educ Behav.* 2009 Feb;36(1):113-26. PMID: 19188371. **X-9**
265. Bachar JJ, Lefler LJ, Reed L, et al. Cherokee Choices: a diabetes prevention program for American Indians. *Prev Chronic Dis.* 2006 Jul;3(3):A103. PMID: 16776864. **X-8, X-9, X-10**
266. Bachmann MO, Eachus J, Hopper CD, et al. Socio-economic inequalities in diabetes complications, control, attitudes and health service use: a cross-sectional study. *Diabet Med.* 2003 Nov;20(11):921-9. PMID: 14632718. **X-2, X-3**
267. Baggs JG, Karch AM. Sexual counseling of women with coronary heart disease. *Heart Lung.* 1987 Mar;16(2):154-9. PMID: 3643916. **X-6, X-7, X-9**
268. Bahru Y, Abdulkadir J. Assessment of diabetes education in the teaching hospital, Addis Ababa, Ethiopia. *Diabet Med.* 1993 Nov;10(9):870-3. PMID: 8281736. **X-2, X-3**

269. Bai YL, Chiou CP, Chang YY. Self-care behaviour and related factors in older people with Type 2 diabetes. *J Clin Nurs*. 2009 Dec;18(23):3308-15. PMID: 19930088. **X-2, X-3, X-6**
270. Bailey BJ. Using change theory to help the diabetic. *Diabetes Educ*. 1983 Fall;9(3):37-9, 56. PMID: 6557913. **X-1, X-6, X-7, X-9**
271. Bailey EJ, Erwin DO, Belin P. Using cultural beliefs and patterns to improve mammography utilization among African-American women: the Witness Project. *J Natl Med Assoc*. 2000 Mar;92(3):136-42. PMID: 10745644. **X-2, X-4**
272. Bailie K, Dobie I, Kirk S, et al. Survival after breast cancer treatment: the impact of provider volume. *J Eval Clin Pract*. 2007 Oct;13(5):749-57. PMID: 17824868. **X-2**
273. Bailit JL, Love TE. The role of race in cesarean delivery rate case mix adjustment. *Am J Obstet Gynecol*. 2008 Jan;198(1):69 e1-5. PMID: 17905177. **X-2**
274. Bain NS, Campbell NC, Ritchie LD, et al. Striking the right balance in colorectal cancer care--a qualitative study of rural and urban patients. *Fam Pract*. 2002 Aug;19(4):369-74. PMID: 12110557. **X-2, X-3, X-4, X-6**
275. Bainbridge KE, Cowie CC, Rust KF, et al. Mitigating case mix factors by choice of glycemic control performance measure threshold. *Diabetes Care*. 2008 Sep;31(9):1754-60. PMID: 18509211. **X-2, X-6**
276. Bains SS, Egede LE. Associations between health literacy, diabetes knowledge, self-care behaviors, and glycemic control in a low income population with type 2 diabetes. *Diabetes Technol Ther*. 2011 Mar;13(3):335-41. PMID: 21299402. **X-2, X-4**
277. Bakemeier RF, Krebs LU, Murphy JR, et al. Attitudes of Colorado health professionals toward breast and cervical cancer screening in Hispanic women. *J Natl Cancer Inst Monogr*. 1995(18):95-100. PMID: 8562228. **X-2, X-3, X-4**
278. Baker AM, Russell JM, Campbell JK. Variance in treatment compliance and costs by antidepressant class: analysis in an HMO setting. *Formulary*. 2001;36(3):204-10. **X-2, X-6**
279. Baker D, Middleton E, Campbell S. The impact of chronic disease management in primary care on inequality in asthma severity. *J Public Health Med*. 2003 Sep;25(3):258-60. PMID: 14575205. **X-1, X-6, X-7, X-9**
280. Baker DW, Parker RM, Williams MV, et al. Health literacy and the risk of hospital admission. *Journal of General Internal Medicine*. 1998 Dec;13(12):791-8. PMID: 9844076 **X-2, X-4, X-5**
281. Baker LK, Denyes MJ. Predictors of self-care in adolescents with cystic fibrosis: a test of Orem's theories of self-care and self-care deficit. *J Pediatr Nurs*. 2008 Feb;23(1):37-48. PMID: 18207046. **X-2**
282. Bakhai A, Iniguez A, Ferrieres J, et al. Treatment patterns in acute coronary syndrome patients in the United Kingdom undergoing PCI. *EuroIntervention*. 2011 Mar;6(8):992-6. PMID: 21330248. **X-2, X-3, X-4, X-6**

283. Bakken S, Grullon-Figueboa L, Izquierdo R, et al. Development, validation, and use of English and Spanish versions of the Telemedicine Satisfaction and Usefulness Questionnaire. *Journal of the American Medical Informatics Association*. 2006 Nov-Dec;13(6):660-7. PMID: 16929036 **X-2, X-4, X-6**
284. Bakker IM, Terluin B, van Marwijk HW, et al. Effectiveness of a Minimal Intervention for Stress-related mental disorders with Sick leave (MISS); study protocol of a cluster randomised controlled trial in general practice [ISRCTN43779641]. *BMC Public Health*. 2006;6:124. PMID: 16674806. **X-1, X-2, X-3, X-4, X-5, X-6**
285. Bakker IM, van Marwijk HW, Terluin B, et al. Training GP's to use a minimal intervention for stress-related mental disorders with sick leave (MISS): Effects on performance: Results of the MISS project; a cluster-randomised controlled trial [ISRCTN43779641]. *Patient Educ Couns*. 2010 Feb;78(2):206-11. PMID: 19647973. **X-3, X-4, X-5, X-6**
286. Balamurugan A, Ohsfeldt R, Hughes T, et al. Diabetes self-management education program for medicaid recipients: A continuous quality improvement process. *The Diabetes Educator*. 2006 Nov-Dec;32(6):893-900. PMID: 17102156. **X-9**
287. Balbuena FR, Aranda AB, Figueras A. Self-medication in older urban mexicans : an observational, descriptive, cross-sectional study. *Drugs Aging*. 2009;26(1):51-60. PMID: 19102514. **X-2, X-3, X-5**
288. Balcazar HG, Byrd TL, Ortiz M, et al. A randomized community intervention to improve hypertension control among Mexican Americans: using the promotoras de salud community outreach model. *J Health Care Poor Underserved*. 2009;20(4):1079-94. PMID: 20168020. **X-4**
289. Baldwin DM, Williams-Brown S. Uncovering homeless African-American women's knowledge of breast cancer and their use of breast cancer screening services. *J Natl Black Nurses Assoc*. 2005 Jul;16(1):24-30. PMID: 16255312. **X-2, X-4**
290. Bali RK, Gibbons MC. Exploring the link between populomics and knowledge management: patient-oriented case exemplars. *Stud Health Technol Inform*. 2010;156:138-49. PMID: 20543349. **X-1, X-2**
291. Balieiro HM, Osugue RK, Rangel SP, et al. Clinical and demographic profile and quality indicators for heart failure in a rural area. *Arq Bras Cardiol*. 2009 Dec;93(6):637-42, 87-91. PMID: 20379645. **X-2, X-3, X-6**
292. Ballard DJ, Strogatz DS, Wagner EH, et al. Hypertension control in a rural southern community: medical care process and dropping out. *Am J Prev Med*. 1988 May-Jun;4(3):133-9. PMID: 3395499. **X-2, X-4**
293. Balsam L, Attia AM, Sharma NP. Achieving KDOQI Guidelines for Hematocrit in HIV-Infected Hemodialysis Patients. *Ren Fail*. 2009;31(3):189-91. PMID: 19288322. **X-6, X-7, X-9**
294. Banerjee D, Perry M, Tran D, et al. Self-reported Health, Functional Status and Chronic Disease in Community Dwelling Older Adults: Untangling the Role of Demographics. *Journal of Community Health*. 2010 Apr;35(2):135-41. PMID: 20033835 **X-2, X-4**

295. Banister NA, Jastrow ST, Hodges V, et al. Diabetes self-management training program in a community clinic improves patient outcomes at modest cost. *J Am Diet Assoc.* 2004 May;104(5):807-10. PMID: 15127069. **X-6, X-9**
296. Banning M. Perceptions of breast health awareness in Black British women. *Eur J Oncol Nurs.* 2011 Apr;15(2):173-7. PMID: 20855234. **X-2, X-3, X-4**
297. Bansal M, Shrivastava S, Mehrotra R, et al. Time-trends in prevalence and awareness of cardiovascular risk factors in an asymptomatic North Indian urban population. *J Assoc Physicians India.* 2009 Aug;57:568-73. PMID: 20209717. **X-2, X-3, X-6**
298. Bansil P, Keenan NL, Zlot AI, et al. Health-related information on the Web: results from the HealthStyles Survey, 2002-2003. *Prev Chronic Dis.* 2006 Apr;3(2):A36. PMID: 16539777. **X-2, X-4, X-6**
299. Bao Y, Fox SA, Escarce JJ. Socioeconomic and racial/ethnic differences in the discussion of cancer screening: “between-” versus “within-” physician differences. *Health Serv Res.* 2007 Jun;42(3 Pt 1):950-70. PMID: 17489898. **X-2**
300. Baptist AP, Talreja N, Clark NM. Asthma education for older adults: results from the National Asthma Survey. *J Asthma.* 2011 Mar;48(2):133-8. PMID: 21128881. **X-2, X-6**
301. Baradaran HR, Knill-Jones RP, Wallia S, et al. A controlled trial of the effectiveness of a diabetes education programme in a multi-ethnic community in Glasgow [ISRCTN28317455]. *BMC Public Health.* 2006;6:134. PMID: 16709243. **X-3**
302. Barbee EL. Healing time: the blues and African-American women. *Health Care Women Int.* 1994 Jan-Feb;15(1):53-60. PMID: 8169169. **X-2, X-4, X-5**
303. Barbot O, Platt R, Marchese C. Using preprinted rescue medication order forms and health information technology to monitor and improve the quality of care for students with asthma in New York City public schools. *J Sch Health.* 2006 Aug;76(6):329-32. PMID: 16918865. **X-6, X-9**
304. Barceló A, Cafiero E, de Boer M, et al. Using collaborative learning to improve diabetes care and outcomes: The VIDA project. *Primary Care Diabetes.* 2010 Oct;4(3):145-53. PMID: 20478753. **X-3, X-6**
305. Barnato AE, Llewellyn-Thomas HA, Peters EM, et al. Communication and decision making in cancer care: Setting research priorities for decision Support/Patients’ decision aids. *Medical Decision Making.* 2007 Sep-Oct;27(5):626-34. PMID: 17873249. **X-1, X-2, X-4, X-5, X-6**
306. Barnato AE, Lucas FL, Staiger D, et al. Hospital-level racial disparities in acute myocardial infarction treatment and outcomes. *Med Care.* 2005 Apr;43(4):308-19. PMID: 15778634. **X-2**
307. Barner JC, Mason HL, Murray MD. Assessment of asthma patients’ willingness to pay for and give time to an asthma self-management program. *Clin Ther.* 1999 May;21(5):878-94. PMID: 10397382. **X-2, X-4**
308. Barnes LP. The illiterate client: strategies in patient teaching. *MCN Am J Matern Child Nurs.* 1992 May-Jun;17(3):127. PMID: 1625537. **X-1, X-2**

309. Barnhart JM, Cohen O, Kramer HM, et al. Awareness of heart attack symptoms and lifesaving actions among New York City area residents. *J Urban Health*. 2005 Jun;82(2):207-15. PMID: 15888639. **X-2**
310. Barr B, Leichter SB, Taylor L. Bedside capillary glucose monitoring in the general hospital. *Diabetes Care*. 1984 May-Jun;7(3):261-4. PMID: 6734395. **X-2, X-4, X-5**
311. Barr JK, Kelvey-Albert M, Curry M, et al. Reducing disparities in utilization of mamography: reaching dually eligible women in Connecticut. *J Health Hum Serv Adm*. 2003 Winter;26(3):298-335. PMID: 15704636. **X-9**
312. Barratt AL, Cockburn J, Redman S, et al. Mammographic screening: results from the 1996 National Breast Health Survey. *Med J Aust*. 1997 Nov 17;167(10):521-4. PMID: 9397038. **X-2, X-3, X-4**
313. Barros AJ, Matijasevich A, Santos IS, et al. Neonatal mortality: description and effect of hospital of birth after risk adjustment. *Rev Saude Publica*. 2008 Feb;42(1):1-9. PMID: 17992353. **X-2, X-3, X-6**
314. Barry CD, Lange B, King B. Women alive: gathering underserved women upstream for a comprehensive breast health program. *Southern Online Journal of Nursing Research*. 2011;11(1):13p. **X-4**
315. Barta L, Molnar M, Madacsy L, et al. The position of the diabetic child in society. *Acta Paediatr Hung*. 1983;24(1):79-83. PMID: 6613578. **X-2, X-3, X-4**
316. Bartholomew LK, Gold RS, Parcel GS, et al. *Watch, Discover, Think, and Act*: Evaluation of computer-assisted instruction to improve asthma self-management in inner-city children. *Patient Education and Counseling*. 2000 Feb;39(2-3):269-80. PMID: 11040726. **X-1, X-4, X-6, X-7, X-9**
317. Bartholomew LK, Shegog R, Parcel GS, et al. *Watch, Discover, Think, and Act*: A model for patient education program development. *Patient Education and Counseling*. 2000 Feb;39(2-3):253-68. PMID: 11040725. **X-1, X-2, X-4**
318. Bartholomew LK, Sockrider M, Abramson SL, et al. Partners in school asthma management: evaluation of a self-management program for children with asthma. *J Sch Health*. 2006 Aug;76(6):283-90. PMID: 16918856. **X-6, X-7, X-9**
319. Bartle-Haring S. Living in the context of poverty and trajectories of breast cancer worry, knowledge, and perceived risk after a breast cancer risk education session. *Womens Health Issues*. 2010 Nov-Dec;20(6):406-13. PMID: 20688528. **X-6, X-7, X-9**
320. Bartle-Haring S, Toviessi P, Katafiasz H. Predicting the use of individualized risk assessment for breast cancer. *Women's Health Issues*. 2008 Mar-Apr;18(2):100-9. PMID: 18319147. **X-2**
321. Bartter T, Pratter MR. Asthma: better outcome at lower cost? The role of the expert in the care system. *Chest*. 1996 Dec;110(6):1589-96. PMID: 8989082. **X-1, X-2, X-4, X-6**
322. Baskin LB, Wians FH, Jr., Elder F. Preconception and prenatal screening for cystic fibrosis. *MLO Med Lab Obs*. 2002 Oct;34(10):8-12; quiz 4, 6. PMID: 12385171. **X-1, X-6, X-7, X-9**

323. Battacharyya M. Coronary heart disease prevention in Kolkata, India. *Journal of the Royal Society for the Promotion of Health*. 2003;123(4):222-8. PMID: 14669497. **X-2, X-3, X-4, X-6**
324. Battleman DS, Callahan MA, Silber S, et al. Dedicated asthma center improves the quality of care and resource utilization for pediatric asthma: a multicenter study. *Acad Emerg Med*. 2001 Jul;8(7):709-15. PMID: 11435185. **X-2, X-3, X-4, X-6**
325. Batts ML, Gary TL, Huss K, et al. Patient priorities and needs for diabetes care among urban African American adults. *Diabetes Educ*. 2001 May-Jun;27(3):405-12. PMID: 11912801. **X-9, X-10**
326. Batty GD, Lewars H, Emslie C, et al. Internationally recognized guidelines for 'sensible' alcohol consumption: is exceeding them actually detrimental to health and social circumstances? Evidence from a population-based cohort study. *J Public Health (Oxf)*. 2009 Sep;31(3):360-5. PMID: 19574275. **X-2, X-3, X-5, X-6**
327. Baty BJ, Kinney AY, Ellis SM. Developing culturally sensitive cancer genetics communication aids for African Americans. *Am J Med Genet A*. 2003 Apr 15;118A(2):146-55. PMID: 12655495. **X-2, X-4**
328. Bauer AM, Chen CN, Alegria M. English Language Proficiency and Mental Health Service Use Among Latino and Asian Americans With Mental Disorders. *Medical Care*. 2010 Dec;48(12):1097-104. PMID: 21063226 **X-2, X-4**
329. Baumann LC, Opio CK, Otim M, et al. Self-care beliefs and behaviors in Ugandan adults with type 2 diabetes. *Diabetes Educ*. 2010 Mar-Apr;36(2):293-300. PMID: 20067944. **X-2, X-3, X-6**
330. Baumeister H, Morar V. The impact of clinical significance criteria on subthreshold depression prevalence rates. *Acta Psychiatr Scand*. 2008 Dec;118(6):443-50. PMID: 19032704. **X-2, X-3, X-5, X-6**
331. Baxter JD, Samnaliev M, Clark RE. The quality of asthma care among adults with substance-related disorders and adults with mental illness. *Psychiatric Services*. 2009 Jan;60(1):43-9. PMID: 19114569. **X-2, X-6**
332. Bayliss EA, Ellis JL, Steiner JF. Barriers to self-management and quality-of-life outcomes in seniors with multimorbidities. *Ann Fam Med*. 2007 Sep-Oct;5(5):395-402. PMID: 17893380. **X-2, X-6**
333. Baylor C, Yorkston K, Bamer A, et al. Variables Associated With Communicative Participation in People With Multiple Sclerosis: A Regression Analysis. *American Journal of Speech-Language Pathology*. 2010 May;19(2):143-53. PMID: 19948761 **X-2, X-5, X-6**
334. Bazalo G, Weiss R, Clark N, et al. Effect of drug therapy on HEDIS measurements of HbA1c control in diabetes patients. *Manag Care*. 2009 Feb;18(2):40-4. PMID: 19264026. **X-2, X-6**

335. Bazargan M, Ani C, Bazargan-Hejazi S, et al. Colorectal cancer screening among underserved minority population: discrepancy between physicians' recommended, scheduled, and completed tests. *Patient Educ Couns*. 2009 Aug;76(2):240-7. PMID: 19150198. **X-2**
336. Bazargan M, Ani CO, Hindman DW, et al. Correlates of complementary and alternative medicine utilization in depressed, underserved african american and Hispanic patients in primary care settings. *J Altern Complement Med*. 2008 Jun;14(5):537-44. PMID: 18537468. **X-2**
337. Bazargan-Hejazi S, Bazargan M, Hardin E, et al. Alcohol use and adherence to prescribed therapy among under-served Latino and African-American patients using emergency department services. *Ethn Dis*. 2005 Spring;15(2):267-75. PMID: 15825973. **X-2, X-5**
338. Beach MC, Cooper LA, Robinson KA, et al. Strategies for improving minority healthcare quality. *Evid Rep Technol Assess (Summ)*. 2004 Jan(90):1-8. PMID: 15164678. **X-1, X-2, X-4, X-5**
339. Beach SRH, Katz J, Kim S, et al. Prospective effects of marital satisfaction on depressive symptoms in established marriages: a dyadic model. *Journal of Social & Personal Relationships*. 2003;20(3):355-71. **X-2, X-6**
340. Beacom AM, Newman SJ. Communicating Health Information to Disadvantaged Populations. *Family & Community Health*. 2010 Apr-Jun;33(2):152-62. PMID: 20216358. **X-1, X-2, X-4**
341. Bean D, Cundy T, Petrie KJ. Ethnic differences in illness perceptions, self-efficacy and diabetes self-care. *Psychology & Health*. 2007;22(7):787-811. **X-2**
342. Beanlands H, Horsburgh ME, Fox S, et al. Caregiving by family and friends of adults receiving dialysis. *Nephrol Nurs J*. 2005 Nov-Dec;32(6):621-31. PMID: 16425810. **X-2, X-4, X-6**
343. Beard E, Clark M, Hurel S, et al. Do people with diabetes understand their clinical marker of long-term glycemic control (HbA1c levels) and does this predict diabetes self-care behaviours and HbA1c? *Patient Educ Couns*. 2010 Aug;80(2):227-32. PMID: 20036098. **X-2, X-3**
344. Beatty WW. Cognitive dysfunction in multiple sclerosis: natural history and impact on productive living. *Italian Journal of Neurological Sciences*. 1998;19(6):S381-S7. **X-1, X-2, X-4, X-5, X-6**
345. Beausoleil JL, Zalneraitis EL, Gregorio DI, et al. The influence of education and experience on ethical attitudes in neonatal intensive care. *Med Decis Making*. 1994 Oct-Dec;14(4):403-8. PMID: 7808215. **X-2, X-3, X-4, X-5, X-6**
346. Beaver K, Luker K. Readability of patient information booklets for women with breast cancer. *Patient Educ Couns*. 1997 Jun;31(2):95-102. PMID: 9216350. **X-2, X-3, X-4**
347. Beaver K, Witham G. Information needs of the informal carers of women treated for breast cancer. *Eur J Oncol Nurs*. 2007 Feb;11(1):16-25. PMID: 16781890. **X-2, X-3, X-6**

348. Becker C, Whetstone L, Glascoff M, et al. Evaluation of the reliability and validity of an adult version of the Salutogenic Wellness Promotion Scale (SWPS). *American Journal of Health Education*. 2008;39(6):322-8. **X-2, X-3, X-4, X-5, X-6**
349. Becker DM, Gomez EB, Kaiser DL, et al. Improving preventive care at a medical clinic: how can the patient help? *Am J Prev Med*. 1989 Nov-Dec;5(6):353-9. PMID: 2597431. **X-6**
350. Becker DM, Yanek LR, Johnson WR, Jr., et al. Impact of a community-based multiple risk factor intervention on cardiovascular risk in black families with a history of premature coronary disease. *Circulation*. 2005 Mar 15;111(10):1298-304. PMID: 15769772. **X-7, X-9**
351. Becker H, Bester M, Reyneke N, et al. Nutrition related knowledge and practices of hypertensive adults attending hypertensive clinics at Day Hospitals in the Cape Metropole. *Curationis*. 2004 May;27(2):63-9. PMID: 15974021. **X-2, X-3, X-6**
352. Beckham S, Bradley S, Washburn A, et al. Diabetes management: utilizing community health workers in a Hawaiian/Samoan population. *J Health Care Poor Underserved*. 2008 May;19(2):416-27. PMID: 18469413. **X-9**
353. Beckie TM, Beckstead JW. Predicting cardiac rehabilitation attendance in a gender-tailored randomized clinical trial. *J Cardiopulm Rehabil Prev*. 2010 May-Jun;30(3):147-56. PMID: 20216324. **X-9**
354. Beeber LS, Holditch-Davis D, Belyea MJ, et al. In-home intervention for depressive symptoms with low-income mothers of infants and toddlers in the United States. *Health Care Women Int*. 2004 Jun-Jul;25(6):561-80. PMID: 15354622. **X-4**
355. Beets MW, Mitchell E. Effects of yoga on stress, depression, and health-related quality of life in a nonclinical, bi-ethnic sample of adolescents: a pilot study. *Hispanic Health Care International*. 2010;8(1):47-53. **X-4, X-5, X-7, X-9, X-10**
356. Beisecker AE, Hayes J, Ashworth JK, et al. Providing information about breast cancer via public forums. *Cancer Detect Prev*. 1997;21(4):370-9. PMID: 9232329. **X-2, X-4, X-6**
357. Bell JA, Patel B, Malasanos T. Knowledge improvement with web-based diabetes education program: brainfood. *Diabetes Technol Ther*. 2006 Aug;8(4):444-8. PMID: 16939369. **X-2, X-10**
358. Bell ME, Goodman LA, Dutton MA. The dynamics of staying and leaving: implications for battered women's emotional well-being and experiences of violence at the end of a year. *Journal of Family Violence*. 2007;22(6):413-28. **X-2, X-5**
359. Bell PD, Hudson S. Equity in the diagnosis of chest pain: race and gender. *Am J Health Behav*. 2001 Jan-Feb;25(1):60-71. PMID: 11289730. **X-2, X-4**
360. Bell RA, Andrews JS, Arcury TA, et al. Depressive symptoms and diabetes self-management among rural older adults. *Am J Health Behav*. 2010 Jan-Feb;34(1):36-44. PMID: 19663750. **X-6, X-7, X-9**

361. Bell RA, Arcury TA, Stafford JM, et al. Ethnic and sex differences in ownership of preventive health equipment among rural older adults with diabetes. *J Rural Health*. 2007 Autumn;23(4):332-8. PMID: 17868240. **X-2**
362. Bell RA, Camacho F, Duren-Winfield VT, et al. Improving diabetes care among low-income North Carolinians: Project IDEAL. *N C Med J*. 2005 Mar-Apr;66(2):96-102. PMID: 15952458. **X-6, X-9**
363. Bell RA, Camacho F, Goonan K, et al. Quality of diabetes care among low-income patients in North Carolina. *Am J Prev Med*. 2001 Aug;21(2):124-31. PMID: 11457632. **X-2, X-4**
364. Bell RA, Paterniti DA, Azari R, et al. Encouraging patients with depressive symptoms to seek care: a mixed methods approach to message development. *Patient Educ Couns*. 2010 Feb;78(2):198-205. PMID: 19674862. **X-2**
365. Bell RA, Smith SL, Arcury TA, et al. Prevalence and correlates of depressive symptoms among rural older African Americans, Native Americans, and whites with diabetes. *Diabetes Care*. 2005 Apr;28(4):823-9. PMID: 15793180. **X-2**
366. Bell RA, Stafford JM, Arcury TA, et al. Complementary and Alternative Medicine Use and Diabetes Self-Management Among Rural Older Adults. *Complementary Health Practice Review*. 2006 Apr;11(2):95-106. PMID: 19756166. **X-2**
367. Bell RA, Suerken CK, Grzywacz JG, et al. CAM use among older adults age 65 or older with hypertension in the United States: general use and disease treatment. *J Altern Complement Med*. 2006 Nov;12(9):903-9. PMID: 17109582. **X-2, X-6**
368. Bell RA, Suerken CK, Grzywacz JG, et al. Complementary and alternative medicine use among adults with diabetes in the United States. *Altern Ther Health Med*. 2006 Sep-Oct;12(5):16-22. PMID: 17017751. **X-2, X-6**
369. Bell TS, Branston LK, Newcombe RG, et al. Interventions to improve uptake of breast screening in inner city Cardiff general practices with ethnic minority lists. *Ethn Health*. 1999 Nov;4(4):277-84. PMID: 10705564. **X-3**
370. Belle SH, Burgio L, Burns R, et al. Enhancing the quality of life of dementia caregivers from different ethnic or racial groups: a randomized, controlled trial. *Ann Intern Med*. 2006 Nov 21;145(10):727-38. PMID: 17116917. **X-7**
371. Belloch A, Perpina M, Pascual LM, et al. The Revised Asthma Problem Behavior Checklist: adaptation for use in Spanish asthmatic patients. *J Asthma*. 1997;34(1):31-41. PMID: 9033438. **X-2, X-4**
372. Benatar D, Bondmass M, Ghitelman J, et al. Outcomes of chronic heart failure. *Arch Intern Med*. 2003 Feb 10;163(3):347-52. PMID: 12578516. **X-6, X-7**
373. Benavides-Vaello S, Brown SA. Evaluating guiding questions for an ethnographic study of Mexican American women with diabetes. *Hispanic Health Care International*. 2010;8(2):77-84. **X-2, X-4**
374. Benavides-Vaello S, Garcia AA, Brown SA, et al. Using focus groups to plan and evaluate diabetes self-management interventions for Mexican Americans. *Diabetes Educ*. 2004 Mar-Apr;30(2):238, 42-4, 47-50 passim. PMID: 15095514. **X-6, X-7, X-9**

375. Bender BG, Ellison MC, Gleason M, et al. Minimizing attrition in a long-term clinical trial of pediatric asthma. *Ann Allergy Asthma Immunol.* 2003 Aug;91(2):168-76. PMID: 12952111. **X-2**
376. Bender DE, McCann MF. The influence of maternal intergenerational education on health behaviors of women in peri-urban Bolivia. *Soc Sci Med.* 2000 May;50(9):1189-96. PMID: 10728840. **X-2, X-3, X-4, X-6**
377. Benjamin EM, Schneider MS, Hinchey KT. Implementing practice guidelines for diabetes care using problem-based learning. A prospective controlled trial using firm systems. *Diabetes Care.* 1999 Oct;22(10):1672-8. PMID: 10526733. **X-6, X-9**
378. Benkert R, Buchholz S, Poole M. Hypertension outcomes in an urban nurse-managed center. *J Am Acad Nurse Pract.* 2001 Feb;13(2):84-9. PMID: 11930402. **X-2, X-4**
379. Bennett H, Laird K, Margolius D, et al. The effectiveness of health coaching, home blood pressure monitoring, and home-titration in controlling hypertension among low-income patients: protocol for a randomized controlled trial. *BMC Public Health.* 2009;9:456. PMID: 20003300. **X-1**
380. Bennett IM, Marcus SC, Palmer SC, et al. Pregnancy-related discontinuation of antidepressants and depression care visits among Medicaid recipients. *Psychiatr Serv.* 2010 Apr;61(4):386-91. PMID: 20360278. **X-2**
381. Bennett L. The next steps. *BMJ.* 2003 Mar 29;326(7391):S103. PMID: 12663429. **X-13**
382. Bennett SE, Lawrence RS, Fleischmann KH, et al. Profile of women practicing breast self-examination. *JAMA.* 1983 Jan 28;249(4):488-91. PMID: 6848849. **X-2, X-4**
383. Benoit SR, Ji M, Fleming R, et al. Predictors of dropouts from a San Diego diabetes program: a case control study. *Prev Chronic Dis.* 2004 Oct;1(4):A10. PMID: 15670442. **X-2**
384. Benton J. Making schools safer and healthier for lesbian, gay, bisexual, and questioning students. *The Journal of School Nursing.* 2003 Oct;19(5):251-9. PMID: 14498773. **X-1, X-2, X-4, X-5**
385. Berardi D, Menchetti M, Cevenini N, et al. Increased recognition of depression in primary care. Comparison between primary-care physician and ICD-10 diagnosis of depression. *Psychother Psychosom.* 2005;74(4):225-30. PMID: 15947512. **X-2, X-3, X-6**
386. Berg GD, Wadhwa S. Diabetes disease management results in Hispanic Medicaid patients. *J Health Care Poor Underserved.* 2009 May;20(2):432-43. PMID: 19395840. **X-9**
387. Bergland JE, Heuer L, Lausch C. Diabetes lay educator case study: one woman's experience working with the Hispanic migrant and seasonal farmworkers. *J Cult Divers.* 2006 Fall;13(3):152-7. PMID: 16989252. **X-1, X-2, X-4**
388. Bergman J, Chi AC, Litwin MS. Quality of end-of-life care in low-income, uninsured men dying of prostate cancer. *Cancer.* 2010 May;116(9):2126-31. PMID: 20198706. **X-2, X-4, X-5**

389. Berikai P, Meyer PM, Kazlauskaitė R, et al. Gain in patients' knowledge of diabetes management targets is associated with better glycemic control. *Diabetes Care*. 2007 Jun;30(6):1587-9. PMID: 17372160. **X-6, X-9**
390. Berlie HD, Herman WH, Brown MB, et al. Quality of diabetes care in Arab Americans. *Diabetes Res Clin Pract*. 2008 Feb;79(2):249-55. PMID: 17949846. **X-2**
391. Berlin I, Sachon CI, Grimaldi A. Identification of factors associated with impaired hypoglycaemia awareness in patients with type 1 and type 2 diabetes mellitus. *Diabetes Metab*. 2005 Jun;31(3 Pt 1):246-51. PMID: 16142015. **X-2, X-6**
392. Berlin LJ, Brooksgunn J, Spiker D, et al. EXAMINING OBSERVATIONAL MEASURES OF EMOTIONAL SUPPORT AND COGNITIVE STIMULATION IN BLACK-AND-WHITE MOTHERS OF PRESCHOOLERS. *Journal of Family Issues*. 1995 Sep;16(5):664-86. PMID: n/a. **X-2, X-5**
393. Bermejo I, Kriston L, Berger M, et al. Patients' language proficiency and inpatient depression treatment in Baden-Württemberg (South Germany). *Psychiatric Services*. 2009 Apr;60(4):545-8. PMID: 19339333. **X-2, X-3**
394. Bernal H. Self-management of diabetes in a Puerto Rican population. *Public Health Nurs*. 1986 Mar;3(1):38-47. PMID: 3515337. **X-6, X-7, X-9**
395. Bernal H, Wooley S, Schensul JJ. The challenge of using Likert-type scales with low-literate ethnic populations. *Nurs Res*. 1997 May-Jun;46(3):179-81. PMID: 9176508. **X-6, X-7, X-9**
396. Bernal H, Woolley S, Schensul JJ, et al. Correlates of self-efficacy in diabetes self-care among Hispanic adults with diabetes. *Diabetes Educ*. 2000 Jul-Aug;26(4):673-80. PMID: 11212851. **X-2, X-4**
397. Bernhardt BA, Geller G, Strauss M, et al. Toward a model informed consent process for BRCA1 testing: a qualitative assessment of women's attitudes. *J Genet Couns*. 1997 Jun;6(2):207-22. PMID: 11656642. **X-2, X-4, X-6**
398. Berra K, Ma J, Klieman L, et al. Implementing cardiac risk-factor case management: lessons learned in a county health system. *Crit Pathw Cardiol*. 2007 Dec;6(4):173-9. PMID: 18091408. **X-1, X-6, X-9**
399. Berry J, Caplan L, Davis S, et al. A black-white comparison of the quality of stage-specific colon cancer treatment. *Cancer*. 2010 Feb 1;116(3):713-22. PMID: 19950126. **X-2**
400. Bertolotti G, Carone M, Viaggi S, et al. Reliability of a questionnaire for evaluating the understanding of asthma. *Monaldi Arch Chest Dis*. 2001 Feb;56(1):11-6. PMID: 11407201. **X-2, X-4, X-6**
401. Bertorelli AM. Nutrition counseling: meeting the needs of ethnic clients with diabetes. *Diabetes Educ*. 1990 Jul-Aug;16(4):285-9. PMID: 2357918. **X-1, X-2, X-4**
402. Bertron P, Barnard ND, Mills M. Racial bias in federal nutrition policy, Part II: Weak guidelines take a disproportionate toll. *J Natl Med Assoc*. 1999 Apr;91(4):201-8. PMID: 10333669. **X-1, X-2, X-4, X-5**

403. Berz JP, Johnston K, Backus B, et al. The influence of black race on treatment and mortality for early-stage breast cancer. *Med Care*. 2009 Sep;47(9):986-92. PMID: 19648837. **X-2**
404. Betancourt JR, Green AR, Carrillo JE, et al. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*. 2003 Jul-Aug;118(4):293-302. PMID: 12815076 **X-1, X-2, X-3, X-4, X-5**
405. Beune EJ, Haafkens JA, Agyemang C, et al. How Ghanaian, African-Surinamese and Dutch patients perceive and manage antihypertensive drug treatment: a qualitative study. *J Hypertens*. 2008 Apr;26(4):648-56. PMID: 18327072. **X-2, X-3, X-4**
406. Beune EJAJ, Haafkens JA, Bindels PJE. Barriers and enablers in the implementation of a provider-based intervention to stimulate culturally appropriate hypertension education. *Patient Education and Counseling*. 2011 Jan;82(1):74-80. PMID: 20303232. **X-2, X-3, X-6**
407. Bhagat K, Mazayi-Mupanemunda M. Compliance with medication in patients with heart failure in Zimbabwe. *East Afr Med J*. 2001 Jan;78(1):45-8. PMID: 11320766. **X-2, X-3, X-4, X-6**
408. Bhalla R, Yongue BG, Currie BP, et al. Improving primary percutaneous coronary intervention performance in an urban minority population using a quality improvement approach. *Am J Med Qual*. 2010 Sep-Oct;25(5):370-7. PMID: 20484661. **X-9, X-11**
409. Bhat AA, DeWalt DA, Zimmer CR, et al. The role of helplessness, outcome expectation for exercise and literacy in predicting disability and symptoms in older adults with arthritis. *Patient Education and Counseling*. 2010 Oct;81(1):73-8. PMID: 20060257 **X-2, X-5**
410. Bhatt DL, Roe MT, Peterson ED, et al. Utilization of early invasive management strategies for high-risk patients with non-ST-segment elevation acute coronary syndromes: results from the CRUSADE Quality Improvement Initiative. *JAMA*. 2004 Nov 3;292(17):2096-104. PMID: 15523070. **X-6, X-7, X-9**
411. Bhattacharya N, Biswas R, Das MK, et al. A study of compliance status of diabetes mellitus patients. *Indian J Public Health*. 2005 Jan-Mar;49(1):34-5. PMID: 15989161. **X-2, X-3, X-6**
412. Bhutta ZA, Soofi S, Cousens S, et al. Improvement of perinatal and newborn care in rural Pakistan through community-based strategies: a cluster-randomised effectiveness trial. *Lancet*. 2011 Jan 29;377(9763):403-12. PMID: 21239052. **X-3, X-5, X-6**
413. Bickell NA, LePar F, Wang JJ, et al. Lost opportunities: physicians' reasons and disparities in breast cancer treatment. *J Clin Oncol*. 2007 Jun 20;25(18):2516-21. PMID: 17577028. **X-2**
414. Bickmore TW, Mitchell SE, Jack BW, et al. Response to a relational agent by hospital patients with depressive symptoms. *Interacting with Computers*. 2010 Jul;22(4):289-98. PMID: 20628581 **X-2, X-6**

415. Bielawska-Batorowicz E, Kossakowska-Petrycka K. Depressive mood in men after the birth of their offspring in relation to a partner's depression, social support, fathers' personality and prenatal expectations. *Journal of Reproductive & Infant Psychology*. 2006;24(1):21-9. **X-2, X-6**
416. Bigby JA, Caine VA, Rice VM. Plenary session 2: Improving quality. Making a difference at the individual, business, and community levels. *Ethn Dis*. 2005 Spring;15(2 Suppl 2):S68-73. PMID: 15822843. **X-1, X-2, X-3, X-4, X-5, X-6**
417. Biksey T, Zickmund S, Wu F. Disparities in risk communication: a pilot study of asthmatic children, their parents, and home environments. *J Natl Med Assoc*. 2011 May;103(5):388-91. PMID: 21809787. **X-2, X-4**
418. Bildt C, Alfredsson L, Michelsen H, et al. Occupational and nonoccupational risk indicators for incident and chronic low back pain in a sample of the Swedish general population during a 4-year period: an influence of depression? *International Journal of Behavioral Medicine*. 2000;7(4):372-92. **X-2, X-3, X-5, X-6**
419. Bird CE, Fremont AM, Bierman AS, et al. Does quality of care for cardiovascular disease and diabetes differ by gender for enrollees in managed care plans? *Womens Health Issues*. 2007 May-Jun;17(3):131-8. PMID: 17434752. **X-2**
420. Bird JA, McPhee SJ, Ha NT, et al. Opening pathways to cancer screening for Vietnamese-American women: lay health workers hold a key. *Prev Med*. 1998 Nov-Dec;27(6):821-9. PMID: 9922064. **X-9**
421. 421. Bird SM, Wiles JL, Okalik L, et al. Living with diabetes on Baffin Island: Inuit storytellers share their experiences. *Can J Public Health*. 2008 Jan-Feb;99(1):17-21. PMID: 18435384. **X-2, X-3, X-4**
422. Bishop C, Earp JA, Eng E, et al. Implementing a natural helper lay health advisor program: lessons learned from unplanned events. *Health Promotion Practice*. 2002;3(2):233-44. **X-2, X-4, X-6**
423. Blackwell AD, Mellinger-Birdsong AK, Wu M, et al. Asthma management practices among children in Georgia. *J Public Health Manag Pract*. 2006 Jul-Aug;12(4):395-401. PMID: 16775538. **X-2, X-6**
424. Blaha MJ, Kusz KL, Drake W, et al. Hypertension prevalence awareness, treatment and control in North Nashville. *Tenn Med*. 2006 Apr;99(4):35-7. PMID: 16704130. **X-2**
425. Blais L, Beauchesne MF, Levesque S. Socioeconomic status and medication prescription patterns in pediatric asthma in Canada. *J Adolesc Health*. 2006 May;38(5):607 e9-16. PMID: 16635775. **X-2, X-3**
426. Blake SM, Kiely M, Gard CC, et al. Pregnancy intentions and happiness among pregnant black women at high risk for adverse infant health outcomes. *Perspect Sex Reprod Health*. 2007 Dec;39(4):194-205. PMID: 18093036. **X-2**
427. Blanc PD, Trupin L, Earnest G, et al. Alternative therapies among adults with a reported diagnosis of asthma or rhinosinusitis : data from a population-based survey. *Chest*. 2001 Nov;120(5):1461-7. PMID: 11713120. **X-2, X-4, X-6**

428. Blanch DC, Rudd RE, Wright E, et al. Predictors of refusal during a multi-step recruitment process for a randomized controlled trial of arthritis education. *Patient Education and Counseling*. 2008 Nov;73(2):280-5. PMID: 18715740 **X-2, X-5, X-6**
429. Blanchard MA, Rose LE, Taylor J, et al. Using a focus group to design a diabetes education program for an African American population. *Diabetes Educ*. 1999 Nov-Dec;25(6):917-24. PMID: 10711073. **X-2, X-4**
430. Blanson Henkemans OA, Rogers WA, Fisk AD, et al. Usability of an adaptive computer assistant that improves self-care and health literacy of older adults. *Methods Inf Med*. 2008;47(1):82-8. PMID: 18213433. **X-4**
431. Blecker S, Zhang Y, Ford DE, et al. Quality of care for heart failure among disabled Medicaid recipients with and without severe mental illness. *General Hospital Psychiatry*. 2010 May-Jun;32(3):255-61. PMID: 20430228. **X-2, X-6**
432. Blixen CE, Hammel JP, Murphy D, et al. Feasibility of a nurse-run asthma education program for urban African-Americans: a pilot study. *J Asthma*. 2001 Feb;38(1):23-32. PMID: 11256551. **X-4**
433. Bloch JR, Dawley K, Suplee PD. Application of the Kessner and Kotelchuck prenatal care adequacy indices in a preterm birth population. *Public Health Nursing*. 2009 Sep-Oct;26(5):449-59. PMID: 19706128. **X-2**
434. Blomkalns AL, Chen AY, Hochman JS, et al. Gender disparities in the diagnosis and treatment of non-ST-segment elevation acute coronary syndromes: large-scale observations from the CRUSADE (Can Rapid Risk Stratification of Unstable Angina Patients Suppress Adverse Outcomes With Early Implementation of the American College of Cardiology/American Heart Association Guidelines) National Quality Improvement Initiative. *J Am Coll Cardiol*. 2005 Mar 15;45(6):832-7. PMID: 15766815. **X-2**
435. Blonk RWB, Brenninkmeijer V, Lagerveld SE, et al. Return to work: a comparison of two cognitive behavioural interventions in cases of work-related psychological complaints among the self-employed. *Work & Stress*. 2006;20(2):129-44. **X-3, X-6**
436. Bloom JR, Stewart SL, D'Onofrio CN, et al. Addressing the needs of young breast cancer survivors at the 5 year milestone: can a short-term, low intensity intervention produce change? *J Cancer Surviv*. 2008 Sep;2(3):190-204. PMID: 18670888. **X-6, X-7, X-9**
437. Bloom SS, Tsui AO, Plotkin M, et al. What husbands in northern India know about reproductive health: correlates of knowledge about pregnancy and maternal and sexual health. *J Biosoc Sci*. 2000 Apr;32(2):237-51. PMID: 10765613. **X-2, X-3, X-4, X-6**
438. Bloomberg GR, Banister C, Sterkel R, et al. Socioeconomic, family, and pediatric practice factors that affect level of asthma control. *Pediatrics*. 2009 Mar;123(3):829-35. PMID: 19255010. **X-7, X-9**
439. Bloomfield S, Calder JE, Chisholm V, et al. A project in diabetes education for children. *Diabet Med*. 1990 Feb;7(2):137-42. PMID: 2137754. **X-6, X-9**

440. Blumenthal DS, Smith SA, Majett CD, et al. A trial of 3 interventions to promote colorectal cancer screening in African Americans. *Cancer*. 2010 Feb 15;116(4):922-9. PMID: 20052732. **X-9**
441. Blustein J, Valentine M, Mead H, et al. Race/Ethnicity and patient confidence to self-manage cardiovascular disease. *Med Care*. 2008 Sep;46(9):924-9. PMID: 18725846. **X-6, X-7, X-9**
442. Bluthenthal RN, Jones L, Fackler-Lowrie N, et al. Witness for Wellness: preliminary findings from a community-academic participatory research mental health initiative. *Ethn Dis*. 2006 Winter;16(1 Suppl 1):S18-34. PMID: 16681126. **X-9**
443. Bobay KL, Jerofke TA, Weiss ME, et al. Age-Related Differences in Perception of Quality of Discharge Teaching and Readiness for Hospital Discharge. *Geriatric Nursing*. 2010 May-Jun;31(3):178-87. PMID: 20525522 **X-2, X-5, X-6**
444. Bodurtha J, Quillin JM, Tracy KA, et al. Mammography screening after risk-tailored messages: the women improving screening through education and risk assessment (WISER) randomized, controlled trial. *J Womens Health (Larchmt)*. 2009 Jan-Feb;18(1):41-7. PMID: 19105686. **X-6, X-9**
445. Boegner C, Fontbonne A, Gras Vidal MF, et al. Evaluation of a structured educational programme for type 2 diabetes patients seen in private practice. *Diabetes Metab*. 2008 Jun;34(3):243-9. PMID: 18396086. **X-2, X-3, X-6**
446. Boehmer U, Case P. Sexual minority women's interactions with breast cancer providers. *Women Health*. 2006;44(2):41-58. PMID: 17255058. **X-2, X-4**
447. Boersma K, Lindblom K. Stability and change in burnout profiles over time: a prospective study in the working population. *Work & Stress*. 2009;23(3):264-83. **X-2, X-3, X-5, X-6**
448. Bogatz S, Colasanto R, Sweeney L. Defining the impact of high patient/staff ratios on dialysis social workers. *Nephrol News Issues*. 2005 Jan;19(2):55-60. PMID: 15717576. **X-1, X-2, X-3, X-4, X-5, X-6**
449. Bohn J, Burrowes N, Pinkston L, et al. Diabetes care for Hispanic patients: honoring culture while promoting glycemic control. *Adv Nurse Pract*. 2010 Jan;18(1):46-8. PMID: 20128205. **X-1, X-6, X-7, X-9**
450. Boltri JM, Davis-Smith YM, Zayas LE, et al. Developing a church-based diabetes prevention program with African Americans: focus group findings. *Diabetes Educ*. 2006 Nov-Dec;32(6):901-9. PMID: 17102157. **X-2, X-4**
451. Bondmass MD. Improving outcomes for African Americans with chronic heart failure: a comparison of two home care management delivery methods. *Home Health Care Management & Practice*. 2007;20(1):8-20. **X-9**
452. Bone LR, Mamon J, Levine DM, et al. Emergency department detection and follow-up of high blood pressure: use and effectiveness of community health workers. *Am J Emerg Med*. 1989 Jan;7(1):16-20. PMID: 2914043. **X-6, X-9**

453. Bonner S, Zimmerman BJ, Evans D, et al. An individualized intervention to improve asthma management among urban Latino and African-American families. *J Asthma*. 2002 Apr;39(2):167-79. PMID: 11990232. **X-9**
454. Bonomi AE, Boudreau DM, Fishman PA, et al. Quality of life valuations of mammography screening. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation*. 2008 Jun;17(5):801-14. PMID: 18491217. **X-2, X-6**
455. Boon HS, Olatunde F, Zick SM. Trends in complementary/alternative medicine use by breast cancer survivors: comparing survey data from 1998 and 2005. *BMC Womens Health*. 2007;7:4. PMID: 17397542. **X-2, X-4, X-6**
456. Boren SA, Wakefield BJ, Dohrmann M. Chronic heart failure consumer information: an exploratory study. *AMIA Annu Symp Proc*. 2008:884. PMID: 18998896. **X-2, X-4**
457. Borges WJ, Ostwald SK. Improving foot self-care behaviors with Pies Sanos. *West J Nurs Res*. 2008 Apr;30(3):325-41; discussion 42-9. PMID: 17607055. **X-7, X-9**
458. Borovoy A, Hine J. Managing the unmanageable: elderly Russian Jewish emigres and the biomedical culture of diabetes care. *Med Anthropol Q*. 2008 Mar;22(1):1-26. PMID: 18610811. **X-1, X-2, X-4, X-6**
459. Borrás M, Sorolla C, Carrera D, et al. Patients with learning difficulties: outcome on peritoneal dialysis. *Adv Perit Dial*. 2006;22:116-8. PMID: 16983953. **X-2, X-9, X-10**
460. Borrayo EA. Where's Maria? A video to increase awareness about breast cancer and mammography screening among low-literacy Latinas. *Prev Med*. 2004 Jul;39(1):99-110. PMID: 15207991. **X-1, X-7, X-9**
461. Borrayo EA. Where's Maria? - A video to increase awareness about breast cancer and mammography screening among low-literacy Latinas. *Preventive Medicine*. 2004 Jul;39(1):99-110. PMID: 15207991 **X-14**
462. Borrayo EA. Using a community readiness model to help overcome breast health disparities among U.S. Latinas. *Substance Use & Misuse*. 2007;42(4):603-19. PMID: 17558953. **X-1, X-2, X-4**
463. Boryc K, Anastario MP, Dann G, et al. A Needs Assessment of Clients With HIV in a Home-Based Care Program in Guyana. *Public Health Nursing*. 2010;27(6):482-91. PMID: 21087301. **X-2, X-3, X-4, X-5, X-6**
464. Boscoe FP, Schrag D, Chen K, et al. Building capacity to assess cancer care in the Medicaid population in New York State. *Health Services Research*. 2011 Jun;46(3):805-20. PMID: 21158856. **X-1, X-2, X-6**
465. Bosworth HB, Olsen MK, Gentry P, et al. Nurse administered telephone intervention for blood pressure control: a patient-tailored multifactorial intervention. *Patient Education and Counseling*. 2005 Apr;57(1):5-14. PMID: 15797147 **X-6, X-9**
466. Bosworth HB, Olsen MK, Grubber JM, et al. Two self-management interventions to improve hypertension control: a randomized trial. *Ann Intern Med*. 2009 Nov 17;151(10):687-95. PMID: 19920269. **X-6, X-9**

467. Bosworth HB, Olsen MK, Neary A, et al. Take Control of Your Blood pressure (TCYB) study: A multifactorial tailored behavioral and educational intervention for achieving blood pressure control. *Patient Education and Counseling*. 2008 Mar;70(3):338-47. PMID: 18164894 **X-6, X-9**
468. Bosworth HB, Olsen MK, Oddone EZ. Improving blood pressure control by tailored feedback to patients and clinicians. *Am Heart J*. 2005 May;149(5):795-803. PMID: 15894959. **X-1, X-6, X-7, X-9**
469. Bosworth HB, Powers BJ, Olsen MK, et al. Home blood pressure management and improved blood pressure control: results from a randomized controlled trial. *Arch Intern Med*. 2011 Jul 11;171(13):1173-80. PMID: 21747013. **X-6, X-9**
470. Botha KFH, Du Plessis WF, Van Rooyen JM, et al. Biopsychosocial determinants of self-management in culturally diverse South African patients with hypertension. *Journal of Health Psychology*. 2002 Sep;7(5):519-32. **X-2, X-3**
471. Bott U, Jorgens V, Grusser M, et al. Predictors of glycaemic control in type 1 diabetic patients after participation in an intensified treatment and teaching programme. *Diabet Med*. 1994 May;11(4):362-71. PMID: 8088108. **X-2, X-4, X-9**
472. Bottle A, Gnani S, Saxena S, et al. Association between quality of primary care and hospitalization for coronary heart disease in England: national cross-sectional study. *J Gen Intern Med*. 2008 Feb;23(2):135-41. PMID: 17924171. **X-2, X-3, X-6**
473. Bottle A, Millett C, Xie Y, et al. Quality of primary care and hospital admissions for diabetes mellitus in England. *J Ambul Care Manage*. 2008 Jul-Sep;31(3):226-38. PMID: 18574381. **X-2, X-3, X-6**
474. Boudioni M, McPherson K, Moynihan C, et al. Do men with prostate or colorectal cancer seek different information and support from women with cancer? *Br J Cancer*. 2001 Sep 1;85(5):641-8. PMID: 11531244. **X-2, X-3, X-4**
475. Bougneres PF, Landais P, Mairesse AM, et al. Improvement of diabetic control and acceptability of a three-injection insulin regimen in diabetic adolescents. A multicenter controlled study. *Diabetes Care*. 1993 Jan;16(1):94-102. PMID: 8422839. **X-6, X-7**
476. Boulet LP, Belanger M, Lajoie P. Characteristics of subjects with a high frequency of emergency visits for asthma. *Am J Emerg Med*. 1996 Nov;14(7):623-8. PMID: 8906757. **X-2, X-4, X-6**
477. Boulter P. Diabetes as an opportunity for health plans to improve the quality of care for their members. *Manag Care Interface*. 2003;Suppl C:8-10. PMID: 14569630. **X-1, X-6, X-7, X-9**
478. Bounthavong M, Law AV. Identifying health-related quality of life (HRQL) domains for multiple chronic conditions (diabetes, hypertension and dyslipidemia): patient and provider perspectives. *J Eval Clin Pract*. 2008 Dec;14(6):1002-11. PMID: 18759755. **X-2, X-4, X-6**
479. Bourjolly JN, Kerson TS, Nuamah IF. A comparison of social functioning among Black and White women with breast cancer. *Social Work in Health Care*. 1999;28(3):1-20. PMID: 10457978. **X-2, X-4**

480. Bourque NM. Searching for the knowledge to heal: improving the links between medical research and the consumer. *Can J Public Health*. 1996 Nov-Dec;87 Suppl 2:S68-70. PMID: 9002349. **X-1, X-2, X-3, X-4, X-6**
481. Boutain DM. Collective knowledge sharing as a social justice strategy: the difference it made in a service project about preterm birth disparity. *ANS Adv Nurs Sci*. 2009 Apr-Jun;32(2):E68-80. PMID: 19461223. **X-1, X-2, X-7, X-8, X-10**
482. Boutin-Foster C, Ravenell JE, Greenfield VW, et al. Applying qualitative methods in developing a culturally tailored workbook for black patients with hypertension. *Patient Educ Couns*. 2009 Oct;77(1):144-7. PMID: 19375264. **X-2**
483. Bovier PA, Chamot E, Bouvier Gallacchi M, et al. Importance of patients' perceptions and general practitioners' recommendations in understanding missed opportunities for immunisations in Swiss adults. *Vaccine*. 2001 Sep 14;19(32):4760-7. PMID: 11535327. **X-2, X-3, X-4, X-5, X-6**
484. Bowen DJ, Powers D, Greenlee H. Effects of breast cancer risk counseling for sexual minority women. *Health Care Women Int*. 2006 Jan;27(1):59-74. PMID: 16338740. **X-9**
485. Bowker SL, Mitchell CG, Majumdar SR, et al. Lack of insurance coverage for testing supplies is associated with poorer glycemic control in patients with type 2 diabetes. *CMAJ*. 2004 Jul 6;171(1):39-43. PMID: 15238494. **X-2, X-3**
486. Boyde M, Tuckett A, Peters R, et al. Learning style and learning needs of heart failure patients (The Need2Know-HF patient study). *Eur J Cardiovasc Nurs*. 2009 Dec;8(5):316-22. PMID: 19520614. **X-2, X-6**
487. Brackbill RM, Siegel PZ, Ackermann SP. Self reported hypertension among unemployed people in the United States. *BMJ*. 1995 Mar 4;310(6979):568. PMID: 7888932. **X-2, X-4**
488. Braddock A, Kapp-Simon K, Stein MT. Neurofibromatosis Type 1 in a 9-Year-Old Boy With Learning Problems, Emotional Outbursts, and Facial Disfigurement. *Journal of Developmental and Behavioral Pediatrics*. 2011 Jun;32(5):427-9. PMID: 21558950. **X-2, X-3, X-4, X-5, X-6**
489. Bradley EH, Carlson MDA, Gallo WT, et al. From Adversary to Partner: Have Quality Improvement Organizations Made the Transition? *Health Services Research*. 2005 Apr;40(2):459-76. PMID: 15762902. **X-2, X-3, X-4, X-6**
490. Bradley EH, Herrin J, Mattera JA, et al. Hospital-level performance improvement: beta-blocker use after acute myocardial infarction. *Med Care*. 2004 Jun;42(6):591-9. PMID: 15167327. **X-2, X-6**
491. Bradley EH, Herrin J, Wang Y, et al. Racial and Ethnic Differences in Time to Acute Reperfusion Therapy for Patients Hospitalized with Myocardial Infarction. *JAMA: Journal of the American Medical Association*. 2004 Oct;292(13):1563-72. PMID: 15467058. **X-2**
492. Bradley HA, Puoane T. Prevention of hypertension and diabetes in an urban setting in South Africa: participatory action research with community health workers. *Ethn Dis*. 2007 Winter;17(1):49-54. PMID: 17274209. **X-2, X-3**

493. Bradley PK, Berry A, Lang C, et al. Getting ready: developing an educational intervention to prepare African American women for breast biopsy. *ABNF J.* 2006 Jan-Feb;17(1):15-9. PMID: 16596896. **X-2, X-3, X-4**
494. Bradley PK, Kash KM, Piccoli CW, et al. Preparing African American women for breast biopsy. *Cancer Control.* 2005 Nov;12 Suppl 2:100-2. PMID: 16327759. **X-7, X-9**
495. Braganza S, Sharif I, Ozuah PO. Documenting asthma severity: do we get it right? *J Asthma.* 2003 Sep;40(6):661-5. PMID: 14579997. **X-2**
496. Braidó F, Baiardini I, Menoni S, et al. Asthma management failure: a flaw in physicians' behavior or in patients' knowledge? *J Asthma.* 2011 Apr;48(3):266-74. PMID: 21381864. **X-2, X-4, X-6**
497. Brand A, Walker DK, Hargreaves M, et al. Intermediate outcomes, strategies, and challenges of eight healthy start projects. *Matern Child Health J.* 2010 Sep;14(5):654-65. PMID: 19011959. **X-2, X-4, X-5, X-6**
498. Brant JM, Fallsdown D, Iverson ML. The evolution of a breast health program for Plains Indian women. *Oncol Nurs Forum.* 1999 May;26(4):731-9. PMID: 10337651. **X-9**
499. Braun KL, Fong M, Kaanoi ME, et al. Testing a culturally appropriate, theory-based intervention to improve colorectal cancer screening among Native Hawaiians. *Prev Med.* 2005 Jun;40(6):619-27. PMID: 15850857. **X-9**
500. Bray GA, Vollmer WM, Sacks FM, et al. A further subgroup analysis of the effects of the DASH diet and three dietary sodium levels on blood pressure: results of the DASH-Sodium Trial. *Am J Cardiol.* 2004 Jul 15;94(2):222-7. PMID: 15246908. **X-7, X-9**
501. Bray P, Roupe M, Young S, et al. Feasibility and effectiveness of system redesign for diabetes care management in rural areas: the eastern North Carolina experience. *Diabetes Educ.* 2005 Sep-Oct;31(5):712-8. PMID: 16203855. **X-6, X-9**
502. Bray P, Thompson D, Wynn JD, et al. Confronting disparities in diabetes care: the clinical effectiveness of redesigning care management for minority patients in rural primary care practices. *J Rural Health.* 2005 Fall;21(4):317-21. PMID: 16294654. **X-6, X-7, X-9**
503. Breitkopf CR, Pearson HC, Breitkopf DM. Poor knowledge regarding the pap test among low-income women undergoing routine screening. *Perspectives on Sexual and Reproductive Health.* 2005 Jun;37(2):78-84. PMID: 15961361. **X-2, X-5**
504. Breland-Noble AM, Burriss A, Poole HK. Engaging depressed African American adolescents in treatment: lessons from the AAKOMA PROJECT. *J Clin Psychol.* 2010 Aug;66(8):868-79. PMID: 20564682. **X-4**
505. Brenes GA, McCall WV, Williamson JD, et al. Feasibility and acceptability of bibliotherapy and telephone sessions for the treatment of late-life anxiety disorders. *Clinical Gerontologist.* 2010;33(1):62-8. PMID: 20661315. **X-1, X-2, X-4, X-5, X-6**
506. Brenes GA, Paskett ED. Predictors of stage of adoption for colorectal cancer screening. *Prev Med.* 2000 Oct;31(4):410-6. PMID: 11006067. **X-2, X-4**

507. Brennan DT. Impact of prospective payment regulations: results of head nurse survey. *ANNA J.* 1984 Dec;11(7):49-52. PMID: 6570439. **X-2, X-5, X-6**
508. Breslin TM, Morris AM, Gu N, et al. Hospital factors and racial disparities in mortality after surgery for breast and colon cancer. *J Clin Oncol.* 2009 Aug 20;27(24):3945-50. PMID: 19470926. **X-2**
509. Bresser PJ, Seynaeve C, Van Gool AR, et al. Satisfaction with prophylactic mastectomy and breast reconstruction in genetically predisposed women. *Plast Reconstr Surg.* 2006 May;117(6):1675-82; discussion 83-4. PMID: 16651934. **X-2, X-6**
510. Bressler B, Lo C, Amar J, et al. Prospective evaluation of screening colonoscopy: who is being screened? *Gastrointest Endosc.* 2004 Dec;60(6):921-6. PMID: 15605007. **X-2, X-3**
511. Bressler J, Ansell D, Parker J, et al. Breast cancer screening in an urban public hospital. Five-year results. *Cancer.* 1993 Dec 15;72(12):3636-40. PMID: 8252479. **X-2, X-4**
512. Brewer-Lowry AN, Arcury TA, Bell RA, et al. Differentiating approaches to diabetes self-management of multi-ethnic rural older adults at the extremes of glycemic control. *Gerontologist.* 2010 Oct;50(5):657-67. PMID: 20110333. **X-2, X-4**
513. Brick JC, Derr RL, Saudek CD. A randomized comparison of the terms estimated average glucose versus hemoglobin A1C. *Diabetes Educ.* 2009 Jul-Aug;35(4):596-602. PMID: 19633166. **X-4, X-7, X-9, X-10**
514. Briggs LM. Sexual healing: caring for patients recovering from myocardial infarction. *Br J Nurs.* 1994 Sep 8-21;3(16):837-42. PMID: 7950265. **X-1, X-2, X-3, X-4, X-6**
515. Briscoe VJ, Pichert JW. Evaluation of a program to promote diabetes care via existing agencies in African American communities. *ABNF J.* 1999 Sep-Oct;10(5):111-5. PMID: 10795176. **X-4**
516. Brock TP, Williams DM, Beauchesne MF. Assessment of the readability and comprehensibility of a CFC-transition brochure. *Ann Allergy Asthma Immunol.* 2000 Feb;84(2):211-4. PMID: 10719779. **X-2, X-4, X-5, X-6**
517. Brod M, Christensen T, Thomsen TL, et al. The impact of non-severe hypoglycemic events on work productivity and diabetes management. *Value Health.* 2011 Jul-Aug;14(5):665-71. PMID: 21839404. **X-2, X-4**
518. Brody GH, Jack L, Jr., Murry VM, et al. Heuristic model linking contextual processes to self-management in African American adults with type 2 diabetes. *Diabetes Educ.* 2001 Sep-Oct;27(5):685-93. PMID: 12212018. **X-1, X-2, X-4**
519. Brody GH, Kogan SM, Murry VM, et al. Psychological functioning, support for self-management, and glycemic control among rural African American adults with diabetes mellitus type 2. *Health Psychol.* 2008 Jan;27(1 Suppl):S83-90. PMID: 18248109. **X-2**
520. Brogan GX, Jr., Peterson ED, Mulgund J, et al. Treatment disparities in the care of patients with and without diabetes presenting with non-ST-segment elevation acute coronary syndromes. *Diabetes Care.* 2006 Jan;29(1):9-14. PMID: 16373888. **X-2, X-6**

521. Bronte-Tinkew J, Moore KA, Matthews G, et al. Symptoms of major depression in a sample of fathers of infants: sociodemographic correlates and links to father involvement. *Journal of Family Issues*. 2007;28(1):61-99. **X-2, X-6**
522. Brooten D, Youngblut JM, Royal S, et al. Outcomes of an asthma program: Healthy Children, Healthy Homes. *Pediatr Nurs*. 2008 Nov-Dec;34(6):448-55. PMID: 19263751. **X-4, X-8**
523. Brotanek JM, Grimes K, Flores G. Leave no asthmatic child behind: the cultural competency of asthma educational materials. *Ethn Dis*. 2007 Autumn;17(4):742-8. PMID: 18072389. **X-2, X-4**
524. Brotherstone H, Miles A, Robb KA, et al. The impact of illustrations on public understanding of the aim of cancer screening. *Patient Education and Counseling*. 2006 Nov;63(3):328-35. PMID: 17011155. **X-6, X-9**
525. Brough P, O'Driscoll M, Kalliath T. Evaluating the criterion validity of the Cybernetic Coping Scale: cross-lagged predictions of psychological strain, job and family satisfaction. *Work & Stress*. 2005;19(3):276-92. **X-2, X-5, X-6**
526. Brouse CH, Basch CE, Wolf RL. The RESPECT approach to tailored telephone education. *Health Education Journal*. 2008;67(2):67-73. **X-1, X-2, X-4, X-6**
527. Brouse CH, Basch CE, Wolf RL, et al. Barriers to colorectal cancer screening: an educational diagnosis. *J Cancer Educ*. 2004 Fall;19(3):170-3. PMID: 15458873. **X-2**
528. Brouse CH, Basch CE, Wolf RL, et al. Barriers to colorectal cancer screening with fecal occult blood testing in a predominantly minority urban population: a qualitative study. *Am J Public Health*. 2003 Aug;93(8):1268-71. PMID: 12893609. **X-2**
529. Brown A. Acute coronary syndromes in indigenous Australians: opportunities for improving outcomes across the continuum of care. *Heart Lung Circ*. 2010 May-Jun;19(5-6):325-36. PMID: 20363187. **X-2, X-3**
530. Brown AF, Gerzoff RB, Karter AJ, et al. Health behaviors and quality of care among Latinos with diabetes in managed care. *Am J Public Health*. 2003 Oct;93(10):1694-8. PMID: 14534224. **X-2**
531. Brown C, Schulberg HC, Sacco D, et al. Effectiveness of treatments for major depression in primary medical care practice: a post hoc analysis of outcomes for African American and white patients. *J Affect Disord*. 1999 May;53(2):185-92. PMID: 10360414. **X-2, X-7, X-9, X-10**
532. Brown CM. Exploring the role of religiosity in hypertension management among African Americans. *J Health Care Poor Underserved*. 2000 Feb;11(1):19-32. PMID: 10778040. **X-2, X-4**
533. Brown CP, Ross L, Lopez I, et al. Disparities in the receipt of cardiac revascularization procedures between blacks and whites: an analysis of secular trends. *Ethn Dis*. 2008 Spring;18(2 Suppl 2):S2-112-7. PMID: 18646331. **X-2**
534. Brown DJ, Metiko EB. Prevalence of hypertension in a sample of Black American adults using JNC 7 classifications. *J Natl Black Nurses Assoc*. 2005 Dec;16(2):1-5. PMID: 16570640. **X-2**

535. Brown DW, Haldeman GA, Croft JB, et al. Racial or ethnic differences in hospitalization for heart failure among elderly adults: Medicare, 1990 to 2000. *Am Heart J*. 2005 Sep;150(3):448-54. PMID: 16169322. **X-2**
536. Brown JB, Shye D, McFarland B. The paradox of guideline implementation: how AHCPR's depression guideline was adapted at Kaiser Permanente Northwest Region. *Jt Comm J Qual Improv*. 1995 Jan;21(1):5-21. PMID: 7719400. **X-1, X-2, X-4, X-6**
537. Brown JB, Shye D, McFarland BH, et al. Controlled trials of CQI and academic detailing to implement a clinical practice guideline for depression. *Jt Comm J Qual Improv*. 2000 Jan;26(1):39-54. PMID: 10677821. **X-1, X-2, X-4, X-6**
538. Brown JS, Elliott SA, Boardman J, et al. Meeting the unmet need for depression services with psycho-educational self-confidence workshops: preliminary report. *Br J Psychiatry*. 2004 Dec;185:511-5. PMID: 15572743. **X-2, X-3, X-6**
539. Brown JV, Avery E, Mobley C, et al. Asthma management by preschool children and their families: a developmental framework. *J Asthma*. 1996;33(5):299-311. PMID: 8827937. **X-2, X-4**
540. Brown JV, Bakeman R, Celano MP, et al. Home-based asthma education of young low-income children and their families. *J Pediatr Psychol*. 2002 Dec;27(8):677-88. PMID: 12403858. **X-4**
541. Brown JV, Demi AS, Celano MP, et al. A home visiting asthma education program: challenges to program implementation. *Health Educ Behav*. 2005 Feb;32(1):42-56. PMID: 15642753. **X-4**
542. Brown P, Zavestoski S, McCormick S, et al. Embodied health movements: New approaches to social movements in health. *Sociology of Health & Illness*. 2004 Jan;26(1):50-80. PMID: 15027990. **X-1, X-2, X-3, X-4, X-5, X-6**
543. Brown R, Bratton SL, Cabana MD, et al. Physician asthma education program improves outcomes for children of low-income families. *Chest*. 2004 Aug;126(2):369-74. PMID: 15302719. **X-4**
544. Brown SA, Blozis SA, Kouzekanani K, et al. Dosage effects of diabetes self-management education for Mexican Americans: the Starr County Border Health Initiative. *Diabetes Care*. 2005 Mar;28(3):527-32. PMID: 15735182. **X-7, X-9**
545. Brown SA, Blozis SA, Kouzekanani K, et al. Health beliefs of Mexican Americans with type 2 diabetes: The Starr County border health initiative. *Diabetes Educ*. 2007 Mar-Apr;33(2):300-8. PMID: 17426305. **X-7, X-9**
546. Brown SA, Duchin SP, Villagomez ET. Diabetes education in a Mexican-American population: pilot testing of a research-based videotape. *Diabetes Educ*. 1992 Jan-Feb;18(1):47-51. PMID: 1370266. **X-4**
547. Brown SA, Garcia AA, Kouzekanani K, et al. Culturally competent diabetes self-management education for Mexican Americans: the Starr County border health initiative. *Diabetes Care*. 2002 Feb;25(2):259-68. PMID: 11815493. **X-9**

548. Brown SA, Garcia AA, Winter M, et al. Integrating education, group support, and case management for diabetic Hispanics. *Ethn Dis*. 2011 Winter;21(1):20-6. PMID: 21462725. **X-7, X-9**
549. Brown SA, Hanis CL. A community-based, culturally sensitive education and group-support intervention for Mexican Americans with NIDDM: a pilot study of efficacy. *Diabetes Educ*. 1995 May-Jun;21(3):203-10. PMID: 7758387. **X-9**
550. Brown SA, Hanis CL. Culturally competent diabetes education for Mexican Americans: the Starr County Study. *Diabetes Educ*. 1999 Mar-Apr;25(2):226-36. PMID: 10531848. **X-9**
551. Brown SA, Harrist RB, Villagomez ET, et al. Gender and treatment differences in knowledge, health beliefs, and metabolic control in Mexican Americans with type 2 diabetes. *Diabetes Educ*. 2000 May-Jun;26(3):425-38. PMID: 11151290. **X-7, X-9**
552. Brown SA, Upchurch SL, Garcia AA, et al. Symptom-related self-care of Mexican Americans with type 2 diabetes: preliminary findings of the Starr County Diabetes Education Study. *Diabetes Educ*. 1998 May-Jun;24(3):331-9. PMID: 9677951. **X-2, X-4**
553. Brown SM, Culver JO, Osann KE, et al. Health literacy, numeracy, and interpretation of graphical breast cancer risk estimates. *Patient Educ Couns*. 2011 Apr;83(1):92-8. PMID: 20554149. **X-2, X-4**
554. Brown Wright L, Gregoski MJ, Tinggen MS, et al. Impact of Stress Reduction Interventions on Hostility and Ambulatory Systolic Blood Pressure in African American Adolescents. *Journal of Black Psychology*. 2011;37(2):210-33. **X-7, X-9**
555. Browne JV, Talmi A. Family-based intervention to enhance infant-parent relationships in the neonatal intensive care unit. *J Pediatr Psychol*. 2005 Dec;30(8):667-77. PMID: 16260436. **X-4, X-5, X-6**
556. Brownhill S, Wilhelm K, Eliovson G, et al. 'For men only'. A mental health prompt list in primary care. *Aust Fam Physician*. 2003 Jun;32(6):443-50. PMID: 12833772. **X-6, X-7, X-9**
557. Brownson CA, Hoerger TJ, Fisher EB, et al. Cost-effectiveness of diabetes self-management programs in community primary care settings. *Diabetes Educ*. 2009 Sep-Oct;35(5):761-9. PMID: 19622716. **X-2, X-6**
558. Brownstein JN, Cheal N, Ackermann SP, et al. Breast and cervical cancer screening in minority populations: a model for using lay health educators. *J Cancer Educ*. 1992 Winter;7(4):321-6. PMID: 1305418. **X-1, X-2, X-4**
559. Bruce DG, Davis WA, Cull CA, et al. Diabetes education and knowledge in patients with type 2 diabetes from the community: the Fremantle Diabetes Study. *J Diabetes Complications*. 2003 Mar-Apr;17(2):82-9. PMID: 12614974. **X-2, X-3**
560. Bruce IN, Gladman DD, Urowitz MB. Factors associated with refractory renal disease in patients with systemic lupus erythematosus: the role of patient nonadherence. *Arthritis Care Res*. 2000 Dec;13(6):406-8. PMID: 14635317. **X-2, X-5**

561. Brugge D, Rivera-Carrasco E, Zotter J, et al. Community-based participatory research in Boston's neighborhoods: A review of asthma case examples. *Arch Environ Occup Health*. 2010 Jan-Mar 1;65(1):38-44. PMID: 20147002. **X-1, X-2**
562. Brunt MJ, Milbauer MJ, Ebner SA, et al. Health status and practices of urban Caribbean Latinos with diabetes mellitus. *Ethn Dis*. 1998;8(2):158-66. PMID: 9681282. **X-2, X-3, X-4**
563. Bruzzese JM, Markman LB, Appel D, et al. An evaluation of Open Airways for Schools: using college students as instructors. *J Asthma*. 2001 Jun;38(4):337-42. PMID: 11456387. **X-2, X-6, X-8**
564. Bruzzese JM, Sheares BJ, Vincent EJ, et al. Effects of a school-based intervention for urban adolescents with asthma. A controlled trial. *Am J Respir Crit Care Med*. 2011 Apr 15;183(8):998-1006. PMID: 21139088. **X-7, X-8, X-9**
565. Bruzzese JM, Unikel L, Gallagher R, et al. Feasibility and impact of a school-based intervention for families of urban adolescents with asthma: results from a randomized pilot trial. *Fam Process*. 2008 Mar;47(1):95-113. PMID: 18411832. **X-4**
566. Bryant CA, Forthofer MS, McCormack-Brown K, et al. A social marketing approach to increasing breast cancer screening rates. *Journal of Health Education*. 2000;31(6):320-30. **X-2, X-6**
567. Bryant PK. Congestive heart failure performance-improvement project: special needs for special patients. *Lippincotts Case Manag*. 2002 Jul-Aug;7(4):152-62. PMID: 12151809. **X-9**
568. Bryant RA, O'Donnell ML, Creamer M, et al. The psychiatric sequelae of traumatic injury. *Am J Psychiatry*. 2010 Mar;167(3):312-20. PMID: 20048022. **X-2, X-3, X-5, X-6**
569. Bryant-Stephens T, Kurian C, Guo R, et al. Impact of a household environmental intervention delivered by lay health workers on asthma symptom control in urban, disadvantaged children with asthma. *Am J Public Health*. 2009 Nov;99 Suppl 3:S657-65. PMID: 19890172. **X-9**
570. Buch HN, Barton DM, Varughese GI, et al. An assessment of the coverage of a district-wide diabetic retinopathy screening service. *Diabet Med*. 2005 Jul;22(7):840-1. PMID: 15975096. **X-2, X-3, X-6**
571. Buchholz SW, Artinian NT. Dimensions of physical activity in african american women. *Health Care Women Int*. 2009 Apr;30(4):308-23. PMID: 19255885. **X-2**
572. Buckhardt CS, Clark SR, Bennett RM. Long-term follow-up of fibromyalgia patients who completed a structured treatment program versus patients in routine treatment. *Journal of Musculoskeletal Pain*. 2005;13(1):5-14. **X-2, X-5, X-6**
573. Buckley T, McKinley S, Gallagher R, et al. The effect of education and counselling on knowledge, attitudes and beliefs about responses to acute myocardial infarction symptoms. *Eur J Cardiovasc Nurs*. 2007 Jun;6(2):105-11. PMID: 16839819. **X-6, X-9**
574. Budden LM, Pierce PF, Hayes BA, et al. Australian women's prediagnostic decision-making styles, relating to treatment choices for early breast cancer treatment. *Res Theory Nurs Pract*. 2003 Summer;17(2):117-36. PMID: 12880217. **X-2, X-3, X-6**

575. Buelow JR, Zimmer AH, Mellor MJ, et al. Mammography screening for older minority women. *Journal of Applied Gerontology*. 1998 Jun;17(2):133-49. **X-4, X-9**
576. Buford TA. Transfer of asthma management responsibility from parents to their school-age children. *J Pediatr Nurs*. 2004 Feb;19(1):3-12. PMID: 14963865. **X-2, X-4, X-6**
577. Buist A, Speelman C, Hayes B, et al. Impact of education on women with perinatal depression. *Journal of Psychosomatic Obstetrics & Gynecology*. 2007 Mar;28(1):49-54. PMID: 17454513. **X-2, X-6**
578. Bujnowska-Fedak MM, Puchala E, Steciwko A. The impact of telehome care on health status and quality of life among patients with diabetes in a primary care setting in Poland. *Telemed J E Health*. 2011 Apr;17(3):153-63. PMID: 21375410. **X-6, X-9**
579. Bunch AS. Tackling a new opponent. NFL star tells those with diabetes to “check your feet”. *Healthplan*. 2003 May-Jun;44(3):51-3. PMID: 12808759. **X-1, X-6, X-7, X-9**
580. Burack RC, Gimotty PA. Promoting screening mammography in inner-city settings. The sustained effectiveness of computerized reminders in a randomized controlled trial. *Med Care*. 1997 Sep;35(9):921-31. PMID: 9298081. **X-6, X-9**
581. Burack RC, Gimotty PA, George J, et al. The effect of patient and physician reminders on use of screening mammography in a health maintenance organization. Results of a randomized controlled trial. *Cancer*. 1996 Oct 15;78(8):1708-21. PMID: 8859184. **X-4, X-6, X-9**
582. Burack RC, Gimotty PA, George J, et al. Promoting screening mammography in inner-city settings: a randomized controlled trial of computerized reminders as a component of a program to facilitate mammography. *Med Care*. 1994 Jun;32(6):609-24. PMID: 8189778. **X-6, X-9**
583. Burak L, Boone B. College women and breast cancer: knowledge, behavior, and beliefs regarding risk reduction. *American Journal of Health Education*. 2008;39(4):206-12. **X-2, X-6**
584. Burckhardt CS, Clark SR, Bennett RM. Pain coping strategies and quality of life in women with fibromyalgia: does age make a difference? *Journal of Musculoskeletal Pain*. 2001;9(2):5-18. **X-2, X-5, X-6**
585. Burden M. Diabetes: new treatments and guidance. *Nurs Times*. 2003 Jan 21-27;99(3):30-1. PMID: 12617010. **X-1, X-2, X-3, X-4, X-6**
586. Burden RW, Kumar RN, Phillips DL, et al. Hyperlipidemia in Native Americans: evaluation of lipid management through a cardiovascular risk reduction program. *J Am Pharm Assoc (Wash)*. 2002 Jul-Aug;42(4):652-5. PMID: 12150364. **X-1, X-9**
587. Burgener SC, Twigg P, Popovich A. Measuring psychological well-being in cognitively impaired persons. *Dementia (14713012)*. 2005;4(4):463-85. **X-2, X-5, X-6**
588. Burgess SW, Sly PD, Morawska A, et al. Assessing adherence and factors associated with adherence in young children with asthma. *Respirology*. 2008 Jun;13(4):559-63. PMID: 18422868. **X-6, X-7, X-9**

589. Burhansstipanov L, Krebs LU, Seals BF, et al. Native American breast cancer survivors' physical conditions and quality of life. *Cancer*. 2010 Mar 15;116(6):1560-71. PMID: 20120031. **X-2**
590. Burke DJ. Diabetes education for the Native American population. *Diabetes Educ*. 2001 Mar-Apr;27(2):181-2, 7-8. PMID: 11913002. **X-1, X-7, X-9**
591. Burke NJ, Jackson JC, Thai HC, et al. 'Honoring tradition, accepting new ways': development of a hepatitis B control intervention for Vietnamese immigrants. *Ethnicity & Health*. 2004 May;9(2):153-69. PMID: 15223574 **X-2, X-5**
592. Burkhart PV, Rayens MK. Self-concept and health locus of control: factors related to children's adherence to recommended asthma regimen. *Pediatr Nurs*. 2005 Sep-Oct;31(5):404-9. PMID: 16295156. **X-2, X-4, X-6**
593. Burkhart PV, Ward HJ. Children's Self-Reports of Characteristics of Their Asthma Episodes. *Journal of Asthma*. 2003 Dec;40(8):909-16. PMID: 14736091. **X-2, X-4, X-6**
594. Burnett CB, Steakley CS, Slack R, et al. Patterns of breast cancer screening among lesbians at increased risk for breast cancer. *Women Health*. 1999;29(4):35-55. PMID: 10608668. **X-2, X-4**
595. Burnett J, Coverdale JH, Pickens S, et al. What is the association between self-neglect, depressive symptoms and untreated medical conditions? *J Elder Abuse Negl*. 2006;18(4):25-34. PMID: 17972657. **X-2, X-6**
596. Burns B. Special issues for younger Medicare beneficiaries with disabilities. *Issue Brief Cent Medicare Educ*. 2003;4(2):1-8. PMID: 12675050. **X-1, X-2, X-3, X-4, X-5, X-6**
597. Burns D, Skelly AH. African American women with type 2 diabetes: meeting the daily challenges of self care. *Journal of Multicultural Nursing & Health (JMCNH)*. 2005;11(3):6-10. **X-2, X-4**
598. Bursac Z, Campbell JE. Prevalence of current cigarette smoking among American Indians in Oklahoma: a comparison. *J Okla State Med Assoc*. 2002 Mar;95(3):155-8. PMID: 11921864. **X-2, X-4, X-5**
599. Bursac Z, Campbell JE. From risky behaviors to chronic outcomes: current status and Healthy People 2010 goals for American Indians in Oklahoma. *J Okla State Med Assoc*. 2003 Dec;96(12):569-73. PMID: 14965026. **X-2, X-4**
600. Bursch B, Schwankovsky L, Gilbert J, et al. Construction and validation of four childhood asthma self-management scales: parent barriers, child and parent self-efficacy, and parent belief in treatment efficacy. *J Asthma*. 1999;36(1):115-28. PMID: 10077141. **X-2, X-4, X-6**
601. Burton MV, Parker RW. Satisfaction of breast cancer patients with their medical and psychological care. *Journal of Psychosocial Oncology*. 1994;12(1/2):41-63. **X-2, X-6**
602. Burton WN, Connerty CM, Schultz AB, et al. Bank One's worksite-based asthma disease management program. *J Occup Environ Med*. 2001 Feb;43(2):75-82. PMID: 11227636. **X-8, X-9**

603. Busch AB, Huskamp HA, Normand S-LT, et al. The Impact of Parity on Major Depression Treatment Quality in the Federal Employees' Health Benefits Program After Parity Implementation. *Medical Care*. 2006 Jun;44(6):506-12. PMID: 16707998. **X-2, X-6**
604. Bushnell FK. Self-care teaching for congestive heart failure patients. *J Gerontol Nurs*. 1992 Oct;18(10):27-32. PMID: 1479155. **X-2, X-4**
605. Busse WW, Morgan WJ, Gergen PJ, et al. Randomized trial of omalizumab (anti-IgE) for asthma in inner-city children. *N Engl J Med*. 2011 Mar 17;364(11):1005-15. PMID: 21410369. **X-7, X-9**
606. Bussell G, Marlow N. The dietary beliefs and attitudes of women who have had a low-birthweight baby: a retrospective preconception study. *Journal of Human Nutrition & Dietetics*. 2000;13(1):29-39. **X-2, X-4, X-6**
607. Butler SG, Hill LJ, Harrison J, et al. Is there a difference in airway clearance practices between children with non cystic fibrosis bronchiectasis and cystic fibrosis? *New Zealand Journal of Physiotherapy*. 2008;36(3):112-7. **X-2, X-3, X-4, X-6**
608. Butterfoss FD, Kelly C, Taylor-Fishwick J. Health planning that magnifies the community's voice: allies against asthma. *Health Educ Behav*. 2005 Feb;32(1):113-28. PMID: 15642758. **X-1, X-6, X-7, X-9**
609. Butz A, Kub J, Donithan M, et al. Influence of caregiver and provider communication on symptom days and medication use for inner-city children with asthma. *J Asthma*. 2010 May;47(4):478-85. PMID: 20528605. **X-9**
610. Butz AM, Eggleston P, Huss K, et al. Children with asthma and nebulizer use: parental asthma self-care practices and beliefs. *J Asthma*. 2001 Oct;38(7):565-73. PMID: 11714079. **X-2, X-4**
611. Butz AM, Huss K, Mudd K, et al. Asthma management practices at home in young inner-city children. *J Asthma*. 2004 Jun;41(4):433-44. PMID: 15281329. **X-2, X-4**
612. Butz AM, Malveaux FJ, Eggleston P, et al. Use of community health workers with inner-city children who have asthma. *Clinical Pediatrics*. 1994;33(3):135-41. PMID: 8194287. **X-9**
613. Butz AM, Walker J, Land CL, et al. Improving asthma communication in high-risk children. *J Asthma*. 2007 Nov;44(9):739-45. PMID: 17994404. **X-2**
614. Buxeda MV. The use of audiocassette recordings for patient education. *Bol Asoc Med P R*. 1990 Nov;82(11):487-90. PMID: 1706181. **X-3, X-5**
615. Byczkowski TL, Munafo JK, Britto MT. Variation in use of Internet-based patient portals by parents of children with chronic disease. *Arch Pediatr Adolesc Med*. 2011 May;165(5):405-11. PMID: 21536954. **X-6, X-7, X-9**
616. Bynum JP, Fisher ES, Song Y, et al. Measuring racial disparities in the quality of ambulatory diabetes care. *Med Care*. 2010 Dec;48(12):1057-63. PMID: 21063231. **X-2**

617. Bynum JPW, Fisher ES, Song Y, et al. Measuring racial disparities in the quality of ambulatory diabetes care. *Medical Care*. 2010 Dec;48(12):1057-63. PMID: 21063231. **X-2, X-4**
618. Byrne M, Murphy AW, Walsh JC, et al. A cross-sectional study of secondary cardiac care in general practice: impact of personal and practice characteristics. *Fam Pract*. 2006 Jun;23(3):295-302. PMID: 16585129. **X-2, X-6**
619. Byrne S, Robles-Rodriguez E. Educational parties as a strategy to promote breast health awareness and screening in underserved female populations. *Oncology Nursing Forum*. 2009 Mar;36(2):145-8. PMID: 19273403. **X-1, X-6, X-7, X-9**
620. Cabana MD, Flores G. The role of clinical practice guidelines in enhancing quality and reducing racial/ethnic disparities in paediatrics. *Paediatr Respir Rev*. 2002 Mar;3(1):52-8. PMID: 12065183. **X-1, X-4, X-5**
621. Cabassa LJ, Hansen MC. A systematic review of depression treatments in primary care for Latino adults. *Research on Social Work Practice*. 2007;17(4):494-503. **X-1, X-2, X-4**
622. Cabassa LJ, Hansen MC, Palinkas LA, et al. Azucar y nervios: explanatory models and treatment experiences of Hispanics with diabetes and depression. *Soc Sci Med*. 2008 Jun;66(12):2413-24. PMID: 18339466. **X-2, X-4**
623. Cabral AL, Carvalho WA, Chinen M, et al. Are International Asthma Guidelines effective for low-income Brazilian children with asthma? *Eur Respir J*. 1998 Jul;12(1):35-40. PMID: 9701411. **X-3**
624. Cacho CP. Nocturnal dialysis in the inner city. *ASAIO J*. 2001 Sep-Oct;47(5):456-8. PMID: 11575813. **X-4, X-6, X-7, X-9, X-11**
625. Cagle CS, Appel S, Skelly AH, et al. Mid-life African-American women with type 2 diabetes: influence on work and the multicaregiver role. *Ethn Dis*. 2002 Fall;12(4):555-66. PMID: 12477143. **X-2, X-4**
626. Cairney J, Wade TJ. Single parent mothers and mental health care service use. *Soc Psychiatry Psychiatr Epidemiol*. 2002 May;37(5):236-42. PMID: 12107716. **X-2, X-3, X-5, X-6**
627. Caironi PV, Portoni L, Combi C, et al. HyperCare: a prototype of an active database for compliance with essential hypertension therapy guidelines. *Proc AMIA Annu Fall Symp*. 1997:288-92. PMID: 9357634. **X-1, X-2, X-3, X-6**
628. Calderon JL, Bazargan M, Sangasubana N, et al. A comparison of two educational methods on immigrant Latinas breast cancer knowledge and screening behaviors. *J Health Care Poor Underserved*. 2010 Aug;21(3 Suppl):76-90. PMID: 20675947. **X-9**
629. Calderon JL, Zadshir A, Norris K. Structure and content of chronic kidney disease information on the World Wide Web: barriers to public understanding of a pandemic. *Nephrol News Issues*. 2004 Oct;18(11):76, 8-9, 81-4. PMID: 15551616. **X-2, X-4, X-6**
630. Calhoun D, Brod R, Kirilin K, et al. Effectiveness of motivational interviewing for improving self-care among Northern Plains Indians with type 2 diabetes. *Diabetes Spectrum*. 2010;23(2):107-14. **X-9**

631. Caliskan D, Ozdemir O, Ocaktan E, et al. Evaluation of awareness of diabetes mellitus and associated factors in four health center areas. *Patient Educ Couns*. 2006 Jul;62(1):142-7. PMID: 16139985. **X-2, X-3, X-4**
632. Callender CO, Bey AS, Miles PV, et al. A national minority organ/tissue transplant education program: the first step in the evolution of a national minority strategy and minority transplant equity in the USA. *Transplant Proc*. 1995 Feb;27(1):1441-3. PMID: 7878936. **X-1, X-5**
633. Callender CO, Hall MB, Branch D. An assessment of the effectiveness of the Mottep model for increasing donation rates and preventing the need for transplantation--adult findings: program years 1998 and 1999. *Semin Nephrol*. 2001 Jul;21(4):419-28. PMID: 11455531. **X-5**
634. Calman N. Making health equality a reality: the Bronx takes action. *Health Aff (Millwood)*. 2005 Mar-Apr;24(2):491-8. PMID: 15757935. **X-1, X-2, X-4, X-5**
635. Calman NS, Golub M, Ruddock C, et al. Separate and unequal care in New York City. *J Health Care Law Policy*. 2006;9(1):105-20. PMID: 17165226. **X-1, X-2, X-4, X-5, X-6**
636. Calnan MW, Moss S, Chamberlain J. Explaining attendance at a class teaching breast self-examination. *Patient Educ Couns*. 1984;6(2):83-90. PMID: 10268101. **X-2, X-4**
637. Calvin JE, Roe MT, Chen AY, et al. Insurance coverage and care of patients with non-ST-segment elevation acute coronary syndromes. *Ann Intern Med*. 2006 Nov 21;145(10):739-48. PMID: 17116918. **X-2, X-4**
638. Calvocoressi L, Kasl SV, Lee CH, et al. A prospective study of perceived susceptibility to breast cancer and nonadherence to mammography screening guidelines in African American and White women ages 40 to 79 years. *Cancer Epidemiol Biomarkers Prev*. 2004 Dec;13(12):2096-105. PMID: 15598767. **X-2, X-4**
639. Calvocoressi L, Sun A, Kasl SV, et al. Mammography screening of women in their 40s: impact of changes in screening guidelines. *Cancer*. 2008 Feb 1;112(3):473-80. PMID: 18072258. **X-6, X-7, X-9**
640. Calzone KA, Prindiville SA, Jourkiv O, et al. Randomized comparison of group versus individual genetic education and counseling for familial breast and/or ovarian cancer. *J Clin Oncol*. 2005 May 20;23(15):3455-64. PMID: 15908654. **X-6, X-9, X-10**
641. Camacho F, Anderson RT, Bell RA, et al. Investigating correlates of health related quality of life in a low-income sample of patients with diabetes. *Qual Life Res*. 2002 Dec;11(8):783-96. PMID: 12482162. **X-2, X-4**
642. Cameron J, Worrall-Carter L, Page K, et al. Does cognitive impairment predict poor self-care in patients with heart failure? *Eur J Heart Fail*. 2010 May;12(5):508-15. PMID: 20354031. **X-2, X-4, X-6**
643. Cameron KA, Francis L, Wolf MS, et al. Investigating Hispanic/Latino perceptions about colorectal cancer screening: A community-based approach to effective message design. *Patient Education and Counseling*. 2007 Oct;68(2):145-52. PMID: 17517486 **X-2, X-4**

644. Campbell LV, Ashwell SM, Borkman M, et al. White coat hyperglycaemia: disparity between diabetes clinic and home blood glucose concentrations. *BMJ*. 1992 Nov 14;305(6863):1194-6. PMID: 1467722. **X-2, X-4, X-6**
645. Campo Cascon J, Caparros Sanz R, Martin Bedia L, et al. Psychological evaluation of patients with an ostomy. *World Council of Enterostomal Therapists Journal*. 2003;23(3):8-12. **X-2, X-3, X-4, X-5, X-6**
646. Canada RE, Turner B. Talking to patients about screening colonoscopy--where conversations fall short. *J Fam Pract*. 2007 Aug;56(8):E1-9. PMID: 17669281. **X-2, X-4, X-6**
647. Candib LM, Silva M, Cashman SB, et al. Creating open access to exercise for low-income patients through a community collaboration for quality improvement: if you build it, they will come. *J Ambul Care Manage*. 2008 Apr-Jun;31(2):142-50. PMID: 18360175. **X-8**
648. Canino G, McQuaid EL, Rand CS. Addressing asthma health disparities: a multilevel challenge. *J Allergy Clin Immunol*. 2009 Jun;123(6):1209-17; quiz 18-9. PMID: 19447484. **X-1, X-2, X-4**
649. Canino G, Vila D, Normand SL, et al. Reducing asthma health disparities in poor Puerto Rican children: the effectiveness of a culturally tailored family intervention. *J Allergy Clin Immunol*. 2008 Mar;121(3):665-70. PMID: 18061648. **X-7, X-9**
650. Canter DL, Atkins MD, McNeal CJ, et al. Risk factor treatment in veteran women at risk for cardiovascular disease. *J Surg Res*. 2009 Dec;157(2):175-80. PMID: 19482299. **X-2, X-4, X-6**
651. Cantwell R, Clutton-Brock T, Cooper G, et al. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006-2008. The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. *BJOG*. 2011 Mar;118 Suppl 1:1-203. PMID: 21356004. **X-2, X-3, X-4, X-6**
652. Caplan R, Siddarth P, Gurbani S, et al. Depression and anxiety disorders in pediatric epilepsy. *Epilepsia*. 2005 May;46(5):720-30. PMID: 15857439 **X-2, X-4, X-5, X-6**
653. Capriotti T, Kirby LG, Smeltzer SC. Unrecognized high blood pressure. A major public health issue for the workplace. *AAOHN J*. 2000 Jul;48(7):338-43. PMID: 11261183. **X-7, X-8, X-9, X-10**
654. Carbone ET, Lennon KM, Torres MI, et al. Testing the feasibility of an interactive learning styles measure for U.S. Latino adults with type 2 diabetes and low literacy. *Int Q Community Health Educ*. 2005;25(4):315-35. PMID: 17686705. **X-2, X-4**
655. Carbone ET, Lennon KM, Torres MI, et al. Testing the feasibility of an interactive learning styles measure for U.S. Latino Adults with type 2 diabetes and low literacy. *International Quarterly of Community Health Education*. 2006;25(4):315-35. PMID: 17686705. **X-2, X-4, X-7, X-10**
656. Carbone ET, Rosal MC, Torres MI, et al. Diabetes self-management: perspectives of Latino patients and their health care providers. *Patient Educ Couns*. 2007 May;66(2):202-10. PMID: 17329060. **X-2, X-4**

657. Carcillo JA, Diegel JE, Bartman BA, et al. Improved maternal and child health care access in a rural community. *J Health Care Poor Underserved*. 1995;6(1):23-40. PMID: 7734633. **X-3, X-9**
658. Cardarelli R, Kurian AK, Pandya V. Having a personal healthcare provider and receipt of adequate cervical and breast cancer screening. *J Am Board Fam Med*. 2010 Jan-Feb;23(1):75-81. PMID: 20051545. **X-2, X-4**
659. Carey KW. Refusing to follow orders: what's the cost of saying no? *Nurs Life*. 1985 Jul-Aug;5(4):53-6. PMID: 11650739. **X-1, X-6, X-7, X-9**
660. Carlos RC, Fendrick AM, Patterson SK, et al. Associations in breast and colon cancer screening behavior in women. *Acad Radiol*. 2005 Apr;12(4):451-8. PMID: 15831418. **X-2, X-4, X-6**
661. Carlson B, Riegel B, Moser DK. Self-care abilities of patients with heart failure. *Heart Lung*. 2001 Sep-Oct;30(5):351-9. PMID: 11604977. **X-2, X-6**
662. Carlson BA, Neal D, Magwood G, et al. A community-based participatory health information needs assessment to help eliminate diabetes information disparities. *Health Promot Pract*. 2006 Jul;7(3 Suppl):213S-22S. PMID: 16760247. **X-7, X-8, X-9**
663. Carlson SA, Maynard LM, Fulton JE, et al. Physical activity advice to manage chronic conditions for adults with arthritis or hypertension, 2007. *Prev Med*. 2009 Aug-Sep;49(2-3):209-12. PMID: 19573554. **X-2, X-4**
664. Carolyn J, Patsy M, Khosrow H, et al. Efforts to Decrease Diabetes-Related Amputations in African Americans by the Racial and Ethnic Approaches to Community Health Charleston and Georgetown Diabetes Coalition. *Family and Community Health*. 2011;34(1S):S63. PMID: 21160332. **X-8**
665. Carr DS. Black/white differences in psychological adjustment to spousal loss among older adults. *Research on Aging*. 2004;26(6):591-622. **X-2, X-4**
666. Carroll DL, Robinson E, Buselli E, et al. Activities of the APN to enhance unpartnered elders self-efficacy after myocardial infarction. *Clin Nurse Spec*. 2001 Mar;15(2):60-6. PMID: 11855491. **X-1, X-2, X-4, X-6**
667. Carter AW, Borchardt N, Cooney M, et al. Dual test diabetes screening project: screening for poor glycemic control in a large workplace population. *Diabetes Technol Ther*. 2000 Winter;2(4):529-36. PMID: 11469615. **X-7, X-9, X-10**
668. Carter BL. Implementing the new guidelines for hypertension: JNC 7, ADA, WHO-ISH. *J Manag Care Pharm*. 2004 Sep;10(5 Suppl A):S18-25. PMID: 15369421. **X-1, X-2, X-3, X-4**
669. Carter BS, Stahlman M. Reflections on neonatal intensive care in the U.S.: limited success or success with limits? *J Clin Ethics*. 2001 Fall;12(3):215-22. PMID: 11789064. **X-1, X-2, X-4, X-5, X-6**
670. Carter EL, Nunlee-Bland G, Callender C. A patient-centric, provider-assisted diabetes telehealth self-management intervention for urban minorities. *Perspect Health Inf Manag*. 2011;8:1b. PMID: 21307985. **X-4**

671. Carter-Edwards L, Skelly AH, Cagle CS, et al. "They care but don't understand": family support of African American women with type 2 diabetes. *Diabetes Educ.* 2004 May-Jun;30(3):493-501. PMID: 15208847. **X-2, X-4**
672. Carthron DL, Johnson TM, Hubbart TD, et al. "Give me some sugar!" the diabetes self-management activities of African-American primary caregiving grandmothers. *J Nurs Scholarsh.* 2010 Sep 1;42(3):330-7. PMID: 20738744. **X-2, X-4**
673. Cartwright E, Schow D, Herrera S, et al. Using participatory research to build an effective type 2 diabetes intervention: the process of advocacy among female Hispanic farmworkers and their families in Southeast Idaho. *Women Health.* 2006;43(4):89-109. PMID: 17135090. **X-2, X-4**
674. Caruso A, Bongiorno L, Vallini L, et al. Breast cancer and distress resulting from Magnetic Resonance Imaging (MRI): the impact of a psychological intervention of emotional and informative support. *J Exp Clin Cancer Res.* 2006 Dec;25(4):499-505. PMID: 17310840. **X-3**
675. Casarez RL, Engebretson JC, Ostwald SK. Spiritual practices in self-management of diabetes in African Americans. *Holist Nurs Pract.* 2010 Jul-Aug;24(4):227-37. PMID: 20588132. **X-2, X-4**
676. Case C, Johantgen M, Steiner C. Outpatient mastectomy: clinical, payer, and geographic influences. *Health Serv Res.* 2001 Oct;36(5):869-84. PMID: 11666108. **X-2**
677. Case S, Jernigan V, Gardner A, et al. Content and frequency of writing on diabetes bulletin boards: does race make a difference? *J Med Internet Res.* 2009;11(2):e22. PMID: 19632975. **X-2, X-4**
678. Caserta MS, Lund DA. Toward the development of an inventory of daily widowed life (IDWL): guided by the dual process model of coping with bereavement. *Death Stud.* 2007 Jul;31(6):505-35. PMID: 17726825. **X-2, X-4, X-5, X-6**
679. Casey P, Birbeck G, McDonagh C, et al. Personality disorder, depression and functioning: results from the ODIN study. *J Affect Disord.* 2004 Oct 15;82(2):277-83. PMID: 15488258. **X-2, X-3, X-4**
680. Castellanos DC, Connell C, Lee J. Factors affecting weight gain and dietary intake in latino males residing in mississippi: a preliminary study. *Hispanic Health Care International.* 2011;9(2):91-8. **X-7, X-9**
681. Castillo A, Giachello A, Bates R, et al. Community-based Diabetes Education for Latinos: The Diabetes Empowerment Education Program. *Diabetes Educ.* 2010 Jul-Aug;36(4):586-94. PMID: 20538970. **X-4, X-8**
682. Castillo C, Salvatierra V, Mejias MC, et al. Treatment of children suffering from severe malnutrition in an area of Santiago, Chile. *Bull Pan Am Health Organ.* 1983;17(4):387-95. PMID: 6421352. **X-3, X-5**
683. Castro CM, Wilson C, Wang F, et al. Babel babble: physicians' use of unclarified medical jargon with patients. *Am J Health Behav.* 2007 Sep-Oct;31 Suppl 1:S85-95. PMID: 17931142. **X-2, X-4**

684. Cathcart J, Baillargeon A, Pokorski R. Critical illness risk for type 2 diabetes. *J Insur Med.* 2006;38(4):271-5. PMID: 17323754. **X-2, X-4**
685. Cavanaugh K, Huizinga MM, Wallston KA, et al. Association of numeracy and diabetes control. *Ann Intern Med.* 2008 May 20;148(10):737-46. PMID: 18490687. **X-2, X-4**
686. Cavanaugh K, Wallston KA, Gebretsadik T, et al. Addressing literacy and numeracy to improve diabetes care: two randomized controlled trials. *Diabetes Care.* 2009 Dec;32(12):2149-55. PMID: 19741187. **X-9**
687. Cavanaugh KL, White RO, Rothman RL. Exploring disease management programs for diabetes mellitus - Proposal of a novel hybrid model. *Disease Management & Health Outcomes.* 2007;15(2):73-81. PMID: n/a. **X-1, X-2, X-4**
688. Cavanaugh KL, Wingard RL, Hakim RM, et al. Low health literacy associates with increased mortality in ESRD. *J Am Soc Nephrol.* 2010 Nov;21(11):1979-85. PMID: 20671215. **X-2, X-4**
689. Cazap E, Buzaid A, Garbino C, et al. Breast cancer in Latin America: experts perceptions compared with medical care standards. *Breast.* 2010 Feb;19(1):50-4. PMID: 19945878. **X-2, X-3, X-4, X-6**
690. Ceballos RM, Coronado GD, Thompson B. Having a diagnosis of diabetes is not associated with general diabetes knowledge in rural Hispanics. *J Rural Health.* 2010 Fall;26(4):342-51. PMID: 21029169. **X-2, X-4**
691. Ceber E, Soyer MT, Ciceklioglu M, et al. Breast cancer risk assessment and risk perception on nurses and midwives in Bornova Health District in Turkey. *Cancer Nurs.* 2006 May-Jun;29(3):244-9. PMID: 16783126. **X-2, X-3, X-4, X-5**
692. Cebul RD. Using electronic medical records to measure and improve performance. *Trans Am Clin Climatol Assoc.* 2008;119:65-75; discussion -6. PMID: 18596863. **X-1, X-6, X-7, X-9**
693. Celano M, Geller RJ, Phillips KM, et al. Treatment adherence among low-income children with asthma. *J Pediatr Psychol.* 1998 Dec;23(6):345-9. PMID: 9824922. **X-6, X-7, X-9**
694. Celentano DD, Holtzman D. Breast self-examination competency: an analysis of self-reported practice and associated characteristics. *Am J Public Health.* 1983 Nov;73(11):1321-3. PMID: 6625042. **X-2, X-4, X-6**
695. Celik HH, Klinge, II, Weijden TT, et al. Gender sensitivity among general practitioners: results of a training programme. *BMC Med Educ.* 2008;8:36. PMID: 18582361. **X-9**
696. Celik SS, Celik Y, Agirbas I, et al. Verbal and physical abuse against nurses in Turkey. *Int Nurs Rev.* 2007 Dec;54(4):359-66. PMID: 17958665. **X-2, X-3, X-4, X-5, X-6**
697. Cella D, Hernandez L, Bonomi AE, et al. Spanish language translation and initial validation of the functional assessment of cancer therapy quality-of-life instrument. *Medical Care.* 1998 Sep;36(9):1407-18. PMID: 9749663 **X-1, X-6, X-7, X-9**

698. Cernin PA, Lysack C, Lichtenberg PA. A Comparison of Self-Rated and Objectively Measured Successful Aging Constructs in an Urban Sample of African American Older Adults. *Clinical Gerontologist*. 2011;34(2):89-102. PMID: 21796228. **X-2, X-4, X-5**
699. Cersosimo E, Musi N. Improving Treatment in Hispanic/Latino Patients. *American Journal of Medicine*. 2011 Oct;124(10):S16-S21. **X-1, X-2, X-4**
700. Chabra A, Chavez GF, Taylor D. Hospital use by pediatric patients: implications for change. *Am J Prev Med*. 1997 Nov-Dec;13(6 Suppl):30-7. PMID: 9455591. **X-2**
701. Chai SM, Tan KL, Wong JL, et al. Asthma knowledge among adult asthmatic outpatients in a tertiary care hospital. *Asian Pac J Allergy Immunol*. 2004 Jun-Sep;22(2-3):81-9. PMID: 15565943. **X-2, X-4**
702. Chaix B, Lindström M, Merlo J, et al. Neighbourhood social interactions and risk of acute myocardial infarction. *Journal of Epidemiology and Community Health*. 2008 Jan;62(1):62-8. PMID: 18079335. **X-2, X-3, X-4**
703. Chambers CV, Balaban DJ, Carlson BL, et al. Microcomputer-generated reminders. Improving the compliance of primary care physicians with mammography screening guidelines. *J Fam Pract*. 1989 Sep;29(3):273-80. PMID:2769192. **X-6**
704. Chambers K. Asthma education and outcomes for women of childbearing age. *Case Manager*. 2003 Nov-Dec;14(6):58-61. PMID: 14618151. **X-1, X-6, X-7, X-9**
705. Champion VL, Skinner CS, Menon U, et al. Comparisons of tailored mammography interventions at two months postintervention. *Ann Behav Med*. 2002 Summer;24(3):211-8. PMID: 12173678. **X-7, X-9**
706. Champion VL, Springston JK, Zollinger TW, et al. Comparison of three interventions to increase mammography screening in low income African American women. *Cancer Detect Prev*. 2006;30(6):535-44. PMID: 17110056. **X-9, X-10**
707. Chan AD, Reid GJ, Farvolden P, et al. Learning needs of patients with congestive heart failure. *Can J Cardiol*. 2003 Mar 31;19(4):413-7. PMID: 12704489. **X-2, X-3, X-4, X-6**
708. Chan I, Kong P, Leung P, et al. Cognitive-behavioral group program for Chinese heterosexual HIV-infected men in Hong Kong. *Patient Educ Couns*. 2005 Jan;56(1):78-84. PMID: 15590226. **X-3, X-4, X-5, X-6**
709. Chan JC, Gagliardino JJ, Baik SH, et al. Multifaceted determinants for achieving glycemic control: the International Diabetes Management Practice Study (IDMPS). *Diabetes Care*. 2009 Feb;32(2):227-33. PMID: 19033410. **X-2, X-3, X-4**
710. Chan KS, Keeler E, Schonlau M, et al. How do ethnicity and primary language spoken at home affect management practices and outcomes in children and adolescents with asthma? *Archives of Pediatrics & Adolescent Medicine*. 2005 Mar;159(3):283-9. PMID: 15753274 **X-2, X-4**
711. Chan PS, Oetgen WJ, Buchanan D, et al. Cardiac performance measure compliance in outpatients: the American College of Cardiology and National Cardiovascular Data Registry's PINNACLE (Practice Innovation And Clinical Excellence) program. *J Am Coll Cardiol*. 2010 Jun 29;56(1):8-14. PMID: 20620710. **X-2, X-4**

712. Chan YM, Molassiotis A. The relationship between diabetes knowledge and compliance among Chinese with non-insulin dependent diabetes mellitus in Hong Kong. *J Adv Nurs*. 1999 Aug;30(2):431-8. PMID: 10457246. **X-2, X-3, X-6**
713. Chandra A, Compton S, Sochor M, et al. Untreated hypercholesterolemia in an emergency department chest pain observation unit population. *Acad Emerg Med*. 2002 Jul;9(7):699-702. PMID: 12093710. **X-2, X-4**
714. Chaney D, Coates V, Shevlin M. Running a complex educational intervention for adolescents with type 1 diabetes -- lessons learnt. *Journal of Diabetes Nursing*. 2010;14(10):370. **X-2, X-3, X-4, X-6**
715. Chang AB, Taylor B, Masters IB, et al. Indigenous healthcare worker involvement for Indigenous adults and children with asthma. *Cochrane Database Syst Rev*. 2007(4):CD006344. PMID: 17943904. **X-1, X-6, X-7, X-9**
716. Chang AM, Walsh KM, Shofer FS, et al. Relationship between cocaine use and coronary artery disease in patients with symptoms consistent with an acute coronary syndrome. *Academic Emergency Medicine*. 2011;18(1):1-9. PMID: 21182565. **X-2, X-4, X-6**
717. Chang C. Increasing mental health literacy via narrative advertising. *Journal of Health Communication*. 2008 Jan;13(1):37-55. PMID: 18307135. **X-1, X-6, X-7, X-9**
718. Chang CH, Sharp LK, Kimmel LG, et al. A 6-item brief measure for assessing perceived control of asthma in culturally diverse patients. *Ann Allergy Asthma Immunol*. 2007 Aug;99(2):130-5. PMID: 17718100. **X-2, X-4**
719. Chang HY, Chiou CJ, Lin MC, et al. A population study of the self-care behaviors and their associated factors of diabetes in Taiwan: results from the 2001 National Health Interview Survey in Taiwan. *Prev Med*. 2005 Mar;40(3):344-8. PMID: 15533549. **X-2, X-3, X-4, X-6**
720. Chang RR, Chen AY, Rodriguez S, et al. Changes in the newborn delivery practice and neonatal outcomes as financing changed in Los Angeles County and Orange County, California. *Managed Care Interface*. 2005;18(10):53. PMID: 16265936. **X-2, X-4**
721. Chang VW, Asch DA, Werner RM. Quality of care among obese patients. *JAMA: Journal of the American Medical Association*. 2010 Apr;303(13):1274-81. PMID: 20371786. **X-2, X-5, X-6**
722. Charbonneau A, Rosen AK, Ash AS, et al. Measuring the quality of depression care in a large integrated health system. *Medical Care*. 2003 May;41(5):669-80. PMID: 12719691. **X-2, X-4**
723. Chartier K. PRONJ looks to reduce racial disparities in diabetes care. *Nephrol News Issues*. 2004 May;18(6):20-2. PMID: 15160415. **X-1, X-6, X-7, X-9**
724. Chartier M, Stoep AV, McCauley E, et al. Passive versus active parental permission: implications for the ability of school-based depression screening to reach youth at risk. *J Sch Health*. 2008 Mar;78(3):157-64; quiz 84-6. PMID: 18307611. **X-2, X-4, X-6, X-9, X-10**

725. Chase HP, Crews KR, Garg S, et al. Outpatient management vs in-hospital management of children with new-onset diabetes. *Clin Pediatr (Phila)*. 1992 Aug;31(8):450-6. PMID: 1643761. **X-2, X-4, X-6**
726. Chatkin JM, Blanco DC, Scaglia N, et al. Impact of a low-cost and simple intervention in enhancing treatment adherence in a Brazilian asthma sample. *J Asthma*. 2006 May;43(4):263-6. PMID: 16809238. **X-2, X-6**
727. Chaudhry SI, Herrin J, Phillips C, et al. Racial disparities in health literacy and access to care among patients with heart failure. *J Card Fail*. 2011 Feb;17(2):122-7. PMID: 21300301. **X-2, X-4**
728. Chaveepojnkamjorn W, Pichainarong N, Schelp FP, et al. A randomized controlled trial to improve the quality of life of type 2 diabetic patients using a self-help group program. *Southeast Asian J Trop Med Public Health*. 2009 Jan;40(1):169-76. PMID: 19323050. **X-3, X-6**
729. Chaves N, Weeramanthri T, Mak D, et al. Diabetes audit can aid practice development in a range of indigenous health care settings. *Aust J Rural Health*. 2001 Oct;9(5):251-3. PMID: 11736850. **X-3**
730. Chee YK, Dennis MP, Gitlin LN. Provider assessment of interactions with dementia caregivers: evaluation and application of the Therapeutic Engagement Index. *Clinical Gerontologist*. 2005;28(4):43-59. **X-2, X-5, X-6**
731. Chen H, Parker G, Kua J, et al. Mental health literacy in Singapore: a comparative survey of psychiatrists and primary health professionals. *Ann Acad Med Singapore*. 2000 Jul;29(4):467-73. PMID: 11056777. **X-2, X-3, X-4, X-6**
732. Chen J, Rizzo J. Racial and ethnic disparities in use of psychotherapy: evidence from U.S. national survey data. *Psychiatr Serv*. 2010 Apr;61(4):364-72. PMID: 20360275. **X-2, X-4**
733. Chen JY, Diamant A, Pourat N, et al. Racial/Ethnic Disparities in the Use of Preventive Services Among the Elderly. *American Journal of Preventive Medicine*. 2005 Dec;29(5):388-95. PMID: 16376701. **X-2, X-4**
734. Chen JY, Diamant AL, Thind A, et al. Determinants of breast cancer knowledge among newly diagnosed, low-income, medically underserved women with breast cancer. *Cancer*. 2008 Mar 1;112(5):1153-61. PMID: 18189306. **X-2, X-4**
735. Chen SL, Tsai JC, Lee WL. The impact of illness perception on adherence to therapeutic regimens of patients with hypertension in Taiwan. *J Clin Nurs*. 2009 Aug;18(15):2234-44. PMID: 19583655. **X-2, X-3, X-4**
736. Chen WT. Predictors of breast examination practices of Chinese immigrants. *Cancer Nurs*. 2009 Jan-Feb;32(1):64-72. PMID: 19104203. **X-2, X-4**
737. Chen X, White MC, Peipins LA, et al. Increase in screening for colorectal cancer in older Americans: results from a national survey. *J Am Geriatr Soc*. 2008 Aug;56(8):1511-6. PMID: 18662217. **X-2, X-4**

738. Cheng WS. Adapting a quality of life scale for those with a colostomy in Hong Kong: a preliminary study. *World Council of Enterostomal Therapists Journal*. 2001;21(3):21. **X-2, X-3, X-4, X-5, X-6**
739. Chenot JF, Leonhardt C, Keller S, et al. The impact of specialist care for low back pain on health service utilization in primary care patients: a prospective cohort study. *Eur J Pain*. 2008 Apr;12(3):275-83. PMID: 17681811. **X-2, X-3, X-4, X-5, X-6**
740. Cheraghali AM, Nikfar S, Behmanesh Y, et al. Evaluation of availability, accessibility and prescribing pattern of medicines in the Islamic Republic of Iran. *East Mediterr Health J*. 2004 May;10(3):406-15. PMID: 16212218. **X-2, X-3, X-5, X-6**
741. Cherry JC, Moffatt TP, Rodriguez C, et al. Diabetes disease management program for an indigent population empowered by telemedicine technology. *Diabetes Technol Ther*. 2002;4(6):783-91. PMID: 12685802. **X-4, X-9**
742. Chesla CA, Fisher L, Skaff MM, et al. Family predictors of disease management over one year in Latino and European American patients with type 2 diabetes. *Fam Process*. 2003 Fall;42(3):375-90. PMID: 14606201. **X-2, X-4**
743. Chesney MA, Chambers DB, Taylor JM, et al. Coping effectiveness training for men living with HIV: results from a randomized clinical trial testing a group-based intervention. *Psychosom Med*. 2003 Nov-Dec;65(6):1038-46. PMID: 14645783. **X-5, X-6**
744. Chevalier A, Bonenfant S, Picot MC, et al. Occupational factors of anxiety and depressive disorders in the French National Electricity and Gas Company. The Anxiety-Depression Group. *J Occup Environ Med*. 1996 Nov;38(11):1098-107. PMID: 8941899. **X-2, X-3, X-6**
745. Chiang LC, Huang JL, Chao SY. A comparison, by quantitative and qualitative methods, between the self-management behaviors of parents with asthmatic children in two hospitals. *J Nurs Res*. 2005 Jun;13(2):85-96. PMID: 15986310. **X-2, X-3, X-4**
746. Chiang ZK, Tai TY. The impact of knowledge to diabetes mellitus on insulin-treated diabetics. *Taiwan Yi Xue Hui Za Zhi*. 1984 May;83(5):461-9. PMID: 6381641. **X-3, X-6**
747. Chiaranai C, Salyer J, Best A. Self-care and quality in life in patients with heart failure. *Thai Journal of Nursing Research*. 2009;13(4):302-17. **X-2, X-4, X-6**
748. Chiba Y, Shimoyama K, Suzuki Y. Recognition and behaviour of caregiver managers related to oral care in the community. *Gerodontology*. 2009 Jun;26(2):112-21. PMID: 19490133. **X-2, X-4, X-5, X-6**
749. Chie WC, Chang KJ. Factors related to tumor size of breast cancer at treatment in Taiwan. *Prev Med*. 1994 Jan;23(1):91-7. PMID: 8016039. **X-2, X-3, X-4, X-6**
750. Chih AH, Jan CF, Shu SG, et al. Self-efficacy affects blood sugar control among adolescents with type I diabetes mellitus. *J Formos Med Assoc*. 2010 Jul;109(7):503-10. PMID: 20654789. **X-2, X-3, X-4**
751. Chilton L, Hu J, Wallace DC. Health-Promoting Lifestyle and Diabetes Knowledge in Hispanic American Adults. *Home Health Care Management & Practice*. 2006 Aug;18(5):378-85. **X-2, X-4**

752. Chin MH, Cook S, Drum ML, et al. Improving diabetes care in midwest community health centers with the health disparities collaborative. *Diabetes Care*. 2004 Jan;27(1):2-8. PMID: 14693957. **X-6, X-9**
753. Chin MH, Cook S, Jin L, et al. Barriers to providing diabetes care in community health centers. *Diabetes Care*. 2001 Feb;24(2):268-74. PMID: 11213877 **X-2, X-4, X-6**
754. Chin MH, Drum ML, Guillen M, et al. Improving and sustaining diabetes care in community health centers with the health disparities collaboratives. *Med Care*. 2007 Dec;45(12):1135-43. PMID: 18007163. **X-9**
755. Chin MH, Drum ML, Jin L, et al. Variation in treatment preferences and care goals among older patients with diabetes and their physicians. *Med Care*. 2008 Mar;46(3):275-86. PMID: 18388842. **X-2, X-4, X-6**
756. Chin MH, Polonsky TS, Thomas VD, et al. Developing a conceptual framework for understanding illness and attitudes in older, urban African Americans with diabetes. *Diabetes Educ*. 2000 May-Jun;26(3):439-49. PMID: 11151291. **X-2, X-4**
757. Chinouya M, O'Keefe E. Zimbabwean cultural traditions in England: Ubuntu-Hunhu as a human rights tool. *Diversity in Health & Social Care*. 2006;3(2):89-98. **X-1, X-2, X-3, X-4, X-5, X-6**
758. Chisholm MA, Mulloy LL, Jagadeesan M, et al. Effect of clinical pharmacy services on the blood pressure of African-American renal transplant patients. *Ethn Dis*. 2002 Summer;12(3):392-7. PMID: 12148711. **X-4**
759. Chisolm DJ, Johnson LD, McAlearney AS. What Makes Teens Start Using and Keep Using Health Information Web Sites? A Mixed Model Analysis of Teens with Chronic Illnesses. *Telemedicine and E-Health*. 2011 Jun;17(5):324-8. PMID: 21495853. **X-2, X-4, X-5, X-6**
760. Chiu CJ, Wray LA. Gender differences in functional limitations in adults living with type 2 diabetes: biobehavioral and psychosocial mediators. *Ann Behav Med*. 2011 Feb;41(1):71-82. PMID: 20827519. **X-2, X-4**
761. Chlebowy DO, Garvin BJ. Social support, self-efficacy, and outcome expectations: Impact on self-care behaviors and glycemic control in Caucasian and African American adults with type 2 diabetes. *The Diabetes Educator*. 2006 Sep-Oct;32(5):777-86. PMID: 16971711. **X-6, X-7, X-9**
762. Chlebowy DO, Hood S, LaJoie AS. Facilitators and barriers to self-management of type 2 diabetes among urban African American adults: focus group findings. *Diabetes Educ*. 2010 Nov-Dec;36(6):897-905. PMID: 20974906. **X-2, X-4**
763. Choi H, Marks N. Transition to caregiving, marital disagreement, and psychological well-being: a prospective U.S. National Study. *Journal of Family Issues*. 2006;27(12):1701-22. **X-2, X-4, X-5, X-6**
764. Choi J, Bakken S. Comparison of primary care expert and computer-interpretable depression screening guideline recommendations. *AMIA Annu Symp Proc*. 2006:887. PMID: 17238506. **X-2, X-4, X-6**

765. Choi P, Szumacher E, Adams L, et al. Are we addressing patients' needs in radiation oncology practice? Results of patients' satisfaction pilot survey. *Canadian Journal of Medical Radiation Technology*. 2006;37(3):7-11. **X-2, X-4, X-5, X-6**
766. Choi S, Lee JA, Rush E. Ethnic and language disparities in diabetes care among California residents. *Ethn Dis*. 2011 Spring;21(2):183-9. PMID: 21749022. **X-2, X-4**
767. Chomba E, McClure EM, Wright LL, et al. Effect of WHO newborn care training on neonatal mortality by education. *Ambul Pediatr*. 2008 Sep-Oct;8(5):300-4. PMID: 18922503. **X-2, X-3, X-4**
768. Chou AF, Brown AF, Jensen RE, et al. Gender and racial disparities in the management of diabetes mellitus among Medicare patients. *Womens Health Issues*. 2007 May-Jun;17(3):150-61. PMID: 17475506. **X-2, X-4**
769. Chowdhury EK, El Arifeen S, Rahman M, et al. Care at first-level facilities for children with severe pneumonia in Bangladesh: a cohort study. *Lancet*. 2008 Sep 6;372(9641):822-30. PMID: 18715634. **X-2, X-3, X-4, X-5**
770. Choy DK, Tong M, Ko F, et al. Evaluation of the efficacy of a hospital-based asthma education programme in patients of low socioeconomic status in Hong Kong. *Clin Exp Allergy*. 1999 Jan;29(1):84-90. PMID: 10051706. **X-3, X-6**
771. Christian AH, Mochari HY, Mosca LJ. Coronary heart disease in ethnically diverse women: risk perception and communication. *Mayo Clin Proc*. 2005 Dec;80(12):1593-9. PMID: 16342652. **X-7, X-9, X-10**
772. Christie J, Itzkowitz S, Lihau-Nkanza I, et al. A randomized controlled trial using patient navigation to increase colonoscopy screening among low-income minorities. *J Natl Med Assoc*. 2008 Mar;100(3):278-84. PMID: 18390020. **X-4**
773. Christie J, Jandorf L, Itzkowitz S, et al. Sociodemographic correlates of stage of adoption for colorectal cancer screening in African Americans. *Ethn Dis*. 2009 Summer;19(3):323-9. PMID: 19769016. **X-2, X-4**
774. Christie J, Smith GR, Williamson GM, et al. Quality of informal care is multidimensional. *Rehabil Psychol*. 2009 May;54(2):173-81. PMID: 19469607. **X-2, X-4, X-6**
775. Chuang HT, Atkinson M. AIDS knowledge and high-risk behaviour in the chronic mentally ill. *Can J Psychiatry*. 1996 Jun;41(5):269-72. PMID: 8793145. **X-2, X-3, X-4, X-5, X-6**
776. Chugg K, Barton C, Antic R, et al. The impact of alexithymia on asthma patient management and communication with health care providers: a pilot study. *J Asthma*. 2009 Mar;46(2):126-9. PMID: 19253116. **X-2, X-3, X-4, X-6**
777. Chun KM, Chesla CA, Kwan CM. "So We Adapt Step by Step": Acculturation experiences affecting diabetes management and perceived health for Chinese American immigrants. *Social Science & Medicine*. 2011;72(2):256-64. PMID: 21147509. **X-2, X-4**

778. Chung B, Jones L, Dixon EL, et al. Using a community partnered participatory research approach to implement a randomized controlled trial: planning community partners in care. *J Health Care Poor Underserved*. 2010 Aug;21(3):780-95. PMID: 20693725. **X-1, X-6, X-7, X-9**
779. Chung H, Mahler JC, Kakuma T. Racial differences in treatment of psychiatric inpatients. *Psychiatr Serv*. 1995 Jun;46(6):586-91. PMID: 7641000. **X-2, X-4, X-5**
780. Chung LK, Cimprich B, Janz NK, et al. Breast cancer survivorship program: testing for cross-cultural relevance. *Cancer Nurs*. 2009 May-Jun;32(3):236-45. PMID: 19295427. **X-2, X-4**
781. Chunuan SK, Kala S. The effect of stress on childbirth outcomes. *Thai Journal of Nursing Research*. 2004 2004 Jan-Mar;8(1):1-13. **X-2, X-3, X-4, X-6**
782. Churilla JR, Ford ES. Comparing physical activity patterns of hypertensive and nonhypertensive US adults. *Am J Hypertens*. 2010 Sep;23(9):987-93. PMID: 20431526. **X-2, X-4, X-6**
783. Ciampa PJ, Osborn CY, Peterson NB, et al. Patient numeracy, perceptions of provider communication, and colorectal cancer screening utilization. *J Health Commun*. 2010;15 Suppl 3:157-68. PMID: 21154091. **X-2, X-4**
784. Cipher DJ, Clifford PA, Roper KD. The effectiveness of geropsychological treatment in improving pain, depression, behavioral disturbances, functional disability, and health care utilization in long-term care. *Clinical Gerontologist*. 2007;30(3):23-40. **X-4, X-5, X-6**
785. Claes E, Denayer L, Evers-Kiebooms G, et al. Predictive testing for hereditary non-polyposis colorectal cancer: motivation, illness representations and short-term psychological impact. *Patient Educ Couns*. 2004 Nov;55(2):265-74. PMID: 15530764. **X-2, X-4, X-6**
786. Clancy CM, Lawrence W. Is outcomes research on cancer ready for prime time? *Medical Care*. 2002 Jun;40(Suppl6):III-92-III-100. PMID: 12064764. **X-1, X-2, X-4, X-6**
787. Clancy DE, Cope DW, Magruder KM, et al. Evaluating group visits in an uninsured or inadequately insured patient population with uncontrolled type 2 diabetes. *Diabetes Educ*. 2003 Mar-Apr;29(2):292-302. PMID: 12728756. **X-7**
788. Clancy DE, Cope DW, Magruder KM, et al. Evaluating concordance to American Diabetes Association standards of care for type 2 diabetes through group visits in an uninsured or inadequately insured patient population. *Diabetes Care*. 2003 Jul;26(7):2032-6. PMID: 12832308. **X-7, X-9**
789. Clark CR, Baril N, Kunicki M, et al. Addressing social determinants of health to improve access to early breast cancer detection: Results of the Boston REACH 2010 Breast and Cervical Cancer Coalition Women's Health Demonstration Project. *Journal of Women's Health*. 2009 May;18(5):677-90. PMID: 19445616. **X-7, X-9**
790. Clark CR, Baril N, Kunicki M, et al. Mammography use among Black women: the role of electronic medical records. *J Womens Health (Larchmt)*. 2009 Aug;18(8):1153-62. PMID: 19630545. **X-2, X-4**

791. Clark DO, Tu WZ, Weiner M, et al. Correlates of health-related quality of life among lower-income, urban adults with congestive heart failure. *Heart & Lung*. 2003 Nov-Dec;32(6):391-401. PMID: 14652531 **X-2, X-4**
792. Clark J. Constructing expertise: inequality and the consequences of information-seeking by breast cancer patients. *Illness, Crisis & Loss*. 2005;13(2):169-85. **X-2, X-4**
793. Clark JC, Lan VM. Heart failure patient learning needs after hospital discharge. *Appl Nurs Res*. 2004 Aug;17(3):150-7. PMID: 15343548. **X-2, X-4**
794. Clark L, Vincent D, Zimmer L, et al. Cultural values and political economic contexts of diabetes among low-income Mexican Americans. *J Transcult Nurs*. 2009 Oct;20(4):382-94. PMID: 19376966. **X-2, X-4, X-5**
795. Clark NM, Dodge JA, Shah S, et al. A current picture of asthma diagnosis, severity, and control in a low-income minority preteen population. *J Asthma*. 2010 Mar;47(2):150-5. PMID: 20170321. **X-2, X-4**
796. Clark NM, Feldman CH, Evans D, et al. The impact of health education on frequency and cost of health care use by low income children with asthma. *J Allergy Clin Immunol*. 1986 Jul;78(1 Pt 1):108-15. PMID: 3088085. **X-6, X-9**
797. Clark NM, Feldman CH, Evans D, et al. Changes in children's school performance as a result of education for family management of asthma. *J Sch Health*. 1984 Apr;54(4):143-5. PMID: 6562287. **X-6, X-7, X-10**
798. Clark NM, Gong ZM, Wang SJ, et al. A randomized trial of a self-regulation intervention for women with asthma. *Chest*. 2007 Jul;132(1):88-97. PMID: 17505047. **X-7, X-9**
799. Clark NM, Gong ZM, Wang SJ, et al. From the female perspective: Long-term effects on quality of life of a program for women with asthma. *Gend Med*. 2010 Apr;7(2):125-36. PMID: 20435275. **X-6, X-9**
800. Clark NM, Levison MJ, Evans D, et al. Communication within low income families and the management of asthma. *Patient Educ Couns*. 1990 Apr;15(2):191-210. PMID: 2290752. **X-2, X-4**
801. Clark NM, Shah S, Dodge JA, et al. An evaluation of asthma interventions for preteen students. *J Sch Health*. 2010 Feb;80(2):80-7. PMID: 20236406. **X-8, X-10**
802. Clark RE, Weir S, Ouellette RA, et al. Beyond health plans: Behavioral health disorders and quality of diabetes and asthma care for Medicaid beneficiaries. *Medical Care*. 2009 May;47(5):545-52. PMID: 19319000. **X-2, X-4, X-6**
803. Claudio L, Stingone JA. Primary household language and asthma care among Latino children. *Journal of Health Care for the Poor and Underserved*. 2009 Aug;20(3):766-79. PMID: 19648704. **X-2, X-4**
804. Clauser SB, Wagner EH, Bowles EJA, et al. Improving modern cancer care through information technology. *American Journal of Preventive Medicine*. 2011 May;40(5, Suppl 2):S198-S207. PMID: 21521595. **X-1, X-2, X-4, X-5, X-6**

805. Clauson KA, Zeng-Treitler Q, Kandula S. Readability of patient and health care professional targeted dietary supplement leaflets used for diabetes and chronic fatigue syndrome. *J Altern Complement Med*. 2010 Jan;16(1):119-24. PMID: 20064017. **X-2, X-4, X-6**
806. Clay KS, Talley C, Young KB. Exploring spiritual well-being among survivors of colorectal and lung cancer. *Journal of Religion & Spirituality in Social Work*. 2010 2010 Jan-Mar;29(1):14-32. PMID: 20625520. **X-2, X-4**
807. Clayman ML, Pandit AU, Bergeron AR, et al. Ask, understand, remember: a brief measure of patient communication self-efficacy within clinical encounters. *J Health Commun*. 2010;15 Suppl 2:72-9. PMID: 20845194. **X-2, X-4**
808. Clayton LH. TEMPtEd: development and psychometric properties of a tool to evaluate material used in patient education. *J Adv Nurs*. 2009 Oct;65(10):2229-38. PMID: 19686403. **X-2, X-4, X-5, X-6**
809. Clegg-Lamprey JN, Dakubo JC, Attobra YN. Psychosocial aspects of breast cancer treatment in Accra, Ghana. *East Afr Med J*. 2009 Jul;86(7):348-53. PMID: 20499785. **X-2, X-3, X-4**
810. Cleghorn GD, Nguyen M, Roberts B, et al. Practice-based interventions to improve health care for Latinos with diabetes. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S117-21. PMID: 15682780. **X-6, X-9**
811. Cleveland WH, Marable KG. Renal failure and donation for transplantation in the African-American community. *J Med Assoc Ga*. 1998 Apr;87(2):101-3. PMID: 16259252. **X-13**
812. Clever SL, Ford DE, Rubenstein LV, et al. Primary care patients' involvement in decision-making is associated with improvement in depression. *Med Care*. 2006 May;44(5):398-405. PMID: 16641657. **X-6, X-7, X-9**
813. Clingerman E. Type 2 diabetes among migrant and seasonal farmworkers. *Hispanic Health Care International*. 2008;6(2):97-106. **X-2, X-4**
814. Cloutier MM, Hall CB, Wakefield DB, et al. Use of asthma guidelines by primary care providers to reduce hospitalizations and emergency department visits in poor, minority, urban children. *J Pediatr*. 2005 May;146(5):591-7. PMID: 15870660. **X-2, X-4, X-9**
815. Coady MH, Galea S, Blaney S, et al. Project VIVA: A multilevel community-based intervention to increase influenza vaccination rates among hard-to-reach populations in New York City. *American Journal of Public Health*. 2008 Jul;98(7):1314-21. PMID: 18511725. **X-5, X-6**
816. Cochran CR, Gorospe EC. Physician satisfaction in a cancer prevention program for low-income women in Nevada. *ScientificWorldJournal*. 2007;7:177-86. PMID: 17334609. **X-2, X-4, X-6**
817. Coffey LP. Care for children. *Healthplan*. 1996 May-Jun;37(3):86-93. PMID: 10162272. **X-1, X-6, X-7, X-9**
818. Coffman MJ. Effects of tangible social support and depression on diabetes self-efficacy. *J Gerontol Nurs*. 2008 Apr;34(4):32-9. PMID: 18429377. **X-2, X-4**

819. Coggin C, Shaw-Perry M. Breast cancer survivorship: expressed needs of black women. *J Psychosoc Oncol.* 2006;24(4):107-22. PMID: 17182479. **X-2, X-4**
820. Cohen M, Azaiza F. Increasing breast examinations among arab women using a tailored culture-based intervention. *Behav Med.* 2010 Jul-Sep;36(3):92-9. PMID: 20801757. **X-3, X-4**
821. Cohen MG, Fonarow GC, Peterson ED, et al. Racial and ethnic differences in the treatment of acute myocardial infarction: findings from the Get With the Guidelines-Coronary Artery Disease program. *Circulation.* 2010 Jun 1;121(21):2294-301. PMID: 20479153. **X-6, X-7, X-9, X-10**
822. Cohen MG, Roe MT, Mulgund J, et al. Clinical characteristics, process of care, and outcomes of Hispanic patients presenting with non-ST-segment elevation acute coronary syndromes: results from Can Rapid risk stratification of Unstable angina patients Suppress ADverse outcomes with Early implementation of the ACC/AHA Guidelines (CRUSADE). *Am Heart J.* 2006 Jul;152(1):110-7. PMID: 16824839. **X-2**
823. Cohen SJ, Meister JS, deZapien JG. Special action groups for policy change and infrastructure support to foster healthier communities on the Arizona-Mexico border. *Public Health Rep.* 2004 Jan-Feb;119(1):40-7. PMID: 15147648. **X-1, X-2, X-4, X-9, X-10**
824. Cole DA, Jordan AE. Competence and memory: integrating psychosocial and cognitive correlates of child depression. *Child Dev.* 1995 Apr;66(2):459-73. PMID: 7750377. **X-2, X-4, X-6**
825. Cole N. Depression awareness: Community-based approach. *Australian Psychologist.* 2007 Jun;42(2):161-6. **X-1, X-6, X-7, X-9**
826. Coleman CL, Holzemer WL, Eller LS, et al. Gender differences in use of prayer as a self-care strategy for managing symptoms in African Americans living with HIV/AIDS. *J Assoc Nurses AIDS Care.* 2006 Jul-Aug;17(4):16-23. PMID: 16849085. **X-2, X-4, X-5**
827. Coleman EA, Coon S, Mohrmann C, et al. Developing and testing lay literature about breast cancer screening for African American women. *Clin J Oncol Nurs.* 2003 Jan-Feb;7(1):66-71. PMID: 12629937. **X-2, X-4, X-9**
828. Coleman K, Reiter KL, Fulwiler D. The impact of pay-for-performance on diabetes care in a large network of community health centers. *J Health Care Poor Underserved.* 2007 Nov;18(4):966-83. PMID: 17982218. **X-7**
829. Coleman KJ, Clark AY, Shordon M, et al. Teen peer educators and diabetes knowledge of low-income fifth grade students. *J Community Health.* 2011 Feb;36(1):23-6. PMID: 20496001. **X-4, X-7, X-8, X-9, X-10**
830. Coleman KJ, Ocana LL, Walker C, et al. Outcomes from a culturally tailored diabetes prevention program in Hispanic families from a low-income school: Horton Hawks Stay Healthy (HSHS). *Diabetes Educ.* 2010 Sep-Oct;36(5):784-92. PMID: 20651100. **X-8, X-10**

831. Coleman MP, Forman D, Bryant H, et al. Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995-2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. *Lancet*. 2011 Jan 8;377(9760):127-38. PMID: 21183212. **X-2, X-3, X-4, X-6**
832. Coleman MT, Lott JA, Sharma S. Use of continuous quality improvement to identify barriers in the management of hypertension. *Am J Med Qual*. 2000 Mar-Apr;15(2):72-7. PMID: 10763221. **X-2, X-7, X-9, X-10**
833. Colen BD. Proceedings of the Workshop on Inherited Breast Cancer in Jewish Women: Ethical, Legal, and Social Implications. *Law Med News*. 1996 Summer;2(1):1-4. PMID: 11654468. **X-1, X-2, X-3, X-4, X-6**
834. Collie-Akers V, Schultz JA, Carson V, et al. Evaluating mobilization strategies with neighborhood and faith organizations to reduce risk for health disparities. *Health Promot Pract*. 2009 Apr;10(2 Suppl):118S-27S. PMID: 19454758. **X-7, X-8, X-10**
835. Collie-Akers VL, Fawcett SB, Schultz JA, et al. Analyzing a community-based coalition's efforts to reduce health disparities and the risk for chronic disease in Kansas City, Missouri. *Prev Chronic Dis*. 2007 Jul;4(3):A66. PMID: 17572970. **X-2, X-4**
836. Collier J, Pattison H, Watson A, et al. Parental information needs in chronic renal failure and diabetes mellitus. *Eur J Pediatr*. 2001 Jan;160(1):31-6. PMID: 11195015. **X-2**
837. Collins MM, O'Sullivan T, Harkins V, et al. Quality of life and quality of care in patients with diabetes experiencing different models of care. *Diabetes Care*. 2009 Apr;32(4):603-5. PMID: 19171727. **X-2, X-4**
838. Collins-McNeil J, Holston EC, Edwards CL, et al. Depressive symptoms, cardiovascular risk, and diabetes self-care strategies in African American women with type 2 diabetes. *Arch Psychiatr Nurs*. 2007 Aug;21(4):201-9. PMID: 17673112. **X-2, X-4**
839. Coltin KL, Beck A. The HEDIS antidepressant measure. *Behav Healthc Tomorrow*. 1999 Jun;8(3):40-1, 7. PMID: 10537652. **X-1, X-6, X-7, X-9**
840. Comellas M, Walker EA, Movsas S, et al. Training community health promoters to implement diabetes self-management support programs for urban minority adults. *Diabetes Educ*. 2010 Jan-Feb;36(1):141-51. PMID: 19966071. **X-4**
841. Commander MJ, O'Dell SM, Surtees PG, et al. Characteristics of patients and patterns of psychiatric service use in ethnic minorities. *Int J Soc Psychiatry*. 2003 Sep;49(3):216-24. PMID: 14626364. **X-2, X-3, X-4**
842. Compean-Ortiz LG, Gallegos EC, Gonzalez-Gonzalez JG, et al. Cognitive performance associated with self-care activities in Mexican adults with type 2 diabetes. *Diabetes Educ*. 2010 Mar-Apr;36(2):268-75. PMID: 20179249. **X-2, X-4**
843. Concepcion D. How to make the new conditions for coverage work in your dialysis clinic. Water treatment, dialysate prep. *Nephrol News Issues*. 2009 Jan;23(1):34, 6. PMID: 19235356. **X-1, X-2, X-3, X-4, X-6**
844. 844. Concepcion DB. A model of career advancement for dialysis technicians. *Nephrol News Issues*. 2008 Apr;22(4):44, 6. PMID: 18488820. **X-1, X-2, X-3, X-4, X-5, X-6**

845. Condon JV, Miller KM, Le AH, et al. Acute myocardial infarction and race, sex, and insurance types: unequal processes of care. *Health Care Manager*. 2008;27(3):212-22. PMID: 18695400. **X-2, X-4**
846. Cone MM, Shoop KM, Rea JD, et al. Ethnicity influences lymph node resection in colon cancer. *J Gastrointest Surg*. 2010 Nov;14(11):1752-7. PMID: 20714936. **X-2, X-4**
847. Conerly R. Communicating cancer control messages to low-literate and diverse audiences. *Journal of Psychosocial Oncology*. Special Issue: Psychosocial factors that influence participation in colorectal cancer screening. 2001;19(3-4):147-59. **X-1, X-2, X-3, X-4, X-6**
848. Conroy S, Marks MN. Maternal psychological vulnerability and early infant care in a sample of materially disadvantaged women. *Journal of Reproductive & Infant Psychology*. 2003;21(1):5-22. **X-2, X-4, X-5**
849. Conway SP, Pond MN, Watson A, et al. Knowledge of adult patients with cystic fibrosis about their illness. *Thorax*. 1996 Jan;51(1):34-8. PMID: 8658366. **X-2, X-4, X-6**
850. Cook A, Grothaus CT, Gutierrez CE, et al. Closing the gap "Disparity in Native Hawaiian cardiac care". *Hawaii Med J*. 2010 May;69(5 Suppl 2):7-10. PMID: 20544602. **X-4, X-9**
851. Cooksey C, Lanza AP. Examining diabetes health benefits in health plans of large employers. *J Public Health Manag Pract*. 2003 Nov;Suppl:S30-5. PMID: 14677328. **X-2, X-4**
852. Coonrod BA, Betschart J, Harris MI. Frequency and determinants of diabetes patient education among adults in the U.S. population. *Diabetes Care*. 1994 Aug;17(8):852-8. PMID: 7956630. **X-2, X-4**
853. Cooper C, Bebbington P, McManus S, et al. The treatment of Common Mental Disorders across age groups: results from the 2007 Adult Psychiatric Morbidity Survey. *J Affect Disord*. 2010 Dec;127(1-3):96-101. PMID: 20466432. **X-2, X-4**
854. Cooper CP, Gelb CA, Jameson H, et al. Developing English and Spanish television public service announcements to promote colorectal cancer screening. *Health Promot Pract*. 2005 Oct;6(4):385-93. PMID: 16210680. **X-1, X-2, X-4**
855. Cooper CP, Saraiya M, McLean TA, et al. Report from the CDC. Pap test intervals used by physicians serving low-income women through the National Breast and Cervical Cancer Early Detection Program. *J Womens Health (Larchmt)*. 2005 Oct;14(8):670-8. PMID: 16232098. **X-2, X-4, X-5**
856. Cooper LA, Gonzales JJ, Gallo JJ, et al. The Acceptability of Treatment for Depression Among African-American, Hispanic, and White Primary Care Patients. *Medical Care*. 2003 Apr;41(4):479-89. PMID: 12665712. **X-2, X-4**
857. Cooper PJ, Landman M, Tomlinson M, et al. Impact of a mother-infant intervention in an indigent peri-urban South African context: pilot study. *Br J Psychiatry*. 2002 Jan;180:76-81. PMID: 11772856. **X-3, X-4, X-6**

858. Cooper PJ, Tomlinson M, Swartz L, et al. Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial [corrected] [published erratum appears in BMJ 2009 Jun 6;338:1370]. *BMJ: British Medical Journal*. 2009;338(7701):997-. PMID: 19366752. **X-1, X-2, X-3, X-4, X-5, X-6**
859. Coppieters Y, Piette D. Targeting pupils at risk of occupational asthma. *Patient Educ Couns*. 2004 Oct;55(1):136-41. PMID: 15477001. **X-2, X-3, X-4, X-6**
860. Corbett CF. Research-based practice implications for patients with diabetes. Part I: Diabetes knowledge. *Home Healthc Nurse*. 1999 Aug;17(8):511-8. PMID: 10745775. **X-1, X-2, X-4**
861. Cordasco KM, Asch SM, Bell DS, et al. A Low-Literacy Medication Education Tool for Safety-Net Hospital Patients. *American Journal of Preventive Medicine*. 2009 Dec;37(6):S209-S16. PMID: 19896021. **X-9**
862. Corey-Lisle PK, Birnbaum HG, Greenberg PE, et al. Identification of a claims data “signature” and economic consequences for treatment-resistant depression. *J Clin Psychiatry*. 2002 Aug;63(8):717-26. PMID: 12197453. **X-2, X-4, X-6**
863. Corkery E, Palmer C, Foley ME, et al. Effect of a bicultural community health worker on completion of diabetes education in a Hispanic population. *Diabetes Care*. 1997 Mar;20(3):254-7. PMID: 9051367. **X-4**
864. Corney R, Everett H, Howells A, et al. The care of patients undergoing surgery for gynaecological cancer: the need for information, emotional support and counselling. *J Adv Nurs*. 1992 Jun;17(6):667-71. PMID: 1607497. **X-2, X-4, X-6**
865. Coronado GD, Thompson B, Tejada S, et al. Sociodemographic factors and self-management practices related to type 2 diabetes among Hispanics and non-Hispanic whites in a rural setting. *J Rural Health*. 2007 Winter;23(1):49-54. PMID: 17300478. **X-2, X-4**
866. Correa-de-Araujo R, McDermott K, Moy E. Gender differences across racial and ethnic groups in the quality of care for diabetes. *Womens Health Issues*. 2006 Mar-Apr;16(2):56-65. PMID: 16638522. **X-2, X-4**
867. Correa-de-Araujo R, Stevens B, Moy E, et al. Gender Differences Across Racial and Ethnic Groups in the Quality of Care for Acute Myocardial Infarction and Heart Failure Associated with Comorbidities. *Women’s Health Issues*. 2006 Mar-Apr;16(2):44-55. PMID: 16638521. **X-2**
868. Corrigan M, Cupples ME, Stevenson M. Quitting and restarting smoking: cohort study of patients with angina in primary care. *BMJ*. 2002 Apr 27;324(7344):1016-7. PMID: 11976245. **X-6, X-7, X-9**
869. Cortes T, Lee A, Boal J, et al. Using focus groups to identify asthma care and education issues for elderly urban-dwelling minority individuals. *Appl Nurs Res*. 2004 Aug;17(3):207-12. PMID: 15343555. **X-2, X-4**

870. Cortina S, Repaske DR, Hood KK. Sociodemographic and psychosocial factors associated with continuous subcutaneous insulin infusion in adolescents with type 1 diabetes. *Pediatr Diabetes*. 2010 Aug;11(5):337-44. PMID: 19761529. **X-2, X-4**
871. Corvera-Tindel T, Doering LV, Roper J, et al. Emotional functioning drives quality of life in men with heart failure. *Progress in Cardiovascular Nursing*. 2009;24(1):2-11. PMID: 19261137. **X-2, X-6**
872. Cosby JL, Houlden RL. Health beliefs toward diabetes mellitus in two Ontario First Nation populations. *Canadian Journal of Diabetes Care*. 1996;20(2):12-9. **X-2, X-3, X-4**
873. Costantini L, Beanlands H, McCay E, et al. The self-management experience of people with mild to moderate chronic kidney disease. *Nephrol Nurs J*. 2008 Mar-Apr;35(2):147-55; quiz 56. PMID: 18472683. **X-1, X-2, X-4**
874. Cote I, Moisan J, Chabot I, et al. Health-related quality of life in hypertension: impact of a pharmacy intervention programme. *J Clin Pharm Ther*. 2005 Aug;30(4):355-62. PMID: 15985049. **X-3, X-4**
875. Coughlin SS, Thompson T. Physician recommendation for colorectal cancer screening by race, ethnicity, and health insurance status among men and women in the United States, 2000. *Health Promot Pract*. 2005 Oct;6(4):369-78. PMID: 16210678. **X-2, X-4**
876. Coups EJ, Hay J, Ford JS. Awareness of the role of physical activity in colon cancer prevention. *Patient Educ Couns*. 2008 Aug;72(2):246-51. PMID: 18455355. **X-2, X-4**
877. Courtenay-Quirk C, Horvath KJ, Ding H, et al. Perceptions of HIV-related websites among persons recently diagnosed with HIV. *AIDS Patient Care STDS*. 2010 Feb;24(2):105-15. PMID: 20064028. **X-2, X-4, X-5, X-6**
878. Coventry JA, Weston MS, Collins PM. Emergency room encounters of pediatric patients with asthma: cost comparisons with other treatment settings. *J Ambul Care Manage*. 1996 Apr;19(2):9-21. PMID: 10156661. **X-2, X-4, X-6**
879. Cowell JM, McNaughton D, Ailey S, et al. Clinical trial outcomes of the Mexican American Problem Solving Program (MAPS). *Hispanic Health Care International*. 2009;7(4):178-89. PMID: 20877438. **X-7, X-9**
880. Cowie CC, Harris MI. Ambulatory medical care for non-Hispanic whites, African-Americans, and Mexican-Americans with NIDDM in the U.S. *Diabetes Care*. 1997 Feb;20(2):142-7. PMID: 9118761. **X-2**
881. Cowley C, Daws L, Ellis B. Health informatics and modernisation: bridging the gap. *Inform Prim Care*. 2003;11(4):207-14. PMID: 14980060. **X-1, X-2, X-3, X-4**
882. Cox N, Bowmer C, Ring A. Health literacy and the provision of information to women with breast cancer. *Clin Oncol (R Coll Radiol)*. 2011 Apr;23(3):223-7. PMID: 21186100. **X-2, X-4, X-6**
883. Cox RH, Carpenter JP, Bruce FA, et al. Characteristics of low-income African-American and Caucasian adults that are important in self-management of type 2 diabetes. *J Community Health*. 2004 Apr;29(2):155-70. PMID: 15065734. **X-2, X-4**

884. Coyle YM, Aragaki CC, Hynan LS, et al. Effectiveness of Acute Asthma Care Among Inner-city Adults. *Arch Intern Med.* 2003 Jul 14;163(13):1591-6. PMID: 12860583. **X-7, X-9**
885. Craig BM, Kraus CK, Chewning BA, et al. Quality of care for older adults with chronic obstructive pulmonary disease and asthma based on comparisons to practice guidelines and smoking status. *BMC Health Serv Res.* 2008;8:144. PMID: 18611245. **X-2, X-4, X-6**
886. Cram P, Rosenthal GE, Vaughan-Sarrazin MS. Cardiac revascularization in specialty and general hospitals. *N Engl J Med.* 2005 Apr 7;352(14):1454-62. PMID: 15814881. **X-2**
887. Cramer JA, Pugh MJ. The influence of insulin use on glycemic control: How well do adults follow prescriptions for insulin? *Diabetes Care.* 2005 Jan;28(1):78-83. PMID: 15616237. **X-2, X-4**
888. Cramer JS, Sibley RF, Bartlett DP, et al. An adaptation of the diabetes prevention program for use with high-risk, minority patients with type 2 diabetes. *Diabetes Educ.* 2007 May-Jun;33(3):503-8. PMID: 17570881. **X-6, X-9**
889. Crane LA, Leakey TA, Ehram G, et al. Effectiveness and cost-effectiveness of multiple outcalls to promote mammography among low-income women. *Cancer Epidemiol Biomarkers Prev.* 2000 Sep;9(9):923-31. PMID: 11008910. **X-9**
890. Crane PB. I want to know: exploring how older women acquire health knowledge after a myocardial infarction. *J Women Aging.* 2001;13(4):3-20. PMID: 11876432. **X-2, X-4**
891. Crane PB, Oles KS, Kennedy-Malone L. Beta-blocker medication usage in older women after myocardial infarction. *J Am Acad Nurse Pract.* 2006 Oct;18(10):463-70. PMID: 16999711. **X-2, X-4, X-6**
892. Cranston RD, Darragh TM, Holly EA, et al. Self-collected versus clinician-collected anal cytology specimens to diagnose anal intraepithelial neoplasia in HIV-positive men. *J Acquir Immune Defic Syndr.* 2004 Aug 1;36(4):915-20. PMID: 15220697. **X-2, X-4, X-5, X-6**
893. Crawford P, Maxey R, Dacosta K. Community outreach: a call for community action. *J Natl Med Assoc.* 2002 Aug;94(8 Suppl):63S-71S. PMID: 12152914. **X-1, X-2, X-4, X-5, X-6**
894. Creamer P, Hochberg MC. The relationship between psychosocial variables and pain reporting in osteoarthritis of the knee. *Arthritis Care Res.* 1998 Feb;11(1):60-5. PMID: 9534495. **X-1, X-2, X-4, X-5, X-6**
895. Creer TL, Marion RJ, Creer PP. Asthma problem behavior checklist: parental perceptions of the behavior of asthmatic children. *J Asthma.* 1983;20(2):97-104. PMID: 6853434. **X-6, X-7, X-9**
896. Cress RD, Zaslavsky AM, West DW, et al. Completeness of information on adjuvant therapies for colorectal cancer in population-based cancer registries. *Med Care.* 2003 Sep;41(9):1006-12. PMID: 12972840. **X-2, X-4, X-6**
897. Crilly MA, Bundred PE. Gender inequalities in the management of angina pectoris: cross-sectional survey in primary care. *Scott Med J.* 2005 Nov;50(4):154-8. PMID: 16374978. **X-2, X-4**

898. Cristancho S, Garces DM, Peters KE, et al. Listening to rural Hispanic immigrants in the midwest: A community-based participatory assessment of major barriers to health care access and use. *Qualitative Health Research*. 2008 May;18(5):633-46. PMID: 18420537 **X-2, X-4, X-5**
899. Cromwell J, McCall NT, Burton J, et al. Race/ethnic disparities in utilization of lifesaving technologies by Medicare ischemic heart disease beneficiaries. *Med Care*. 2005 Apr;43(4):330-7. PMID: 15778636. **X-2**
900. Cromwell SL, Adams MM. Exercise, self-efficacy, and exercise behavior in hypertensive older African-Americans. *J Natl Black Nurses Assoc*. 2006 Jul;17(1):17-21. PMID: 17004422. **X-1, X-2, X-4**
901. Cronin DP, Harlan LC, Potosky AL, et al. Patterns of care for adjuvant therapy in a random population-based sample of patients diagnosed with colorectal cancer. *Am J Gastroenterol*. 2006 Oct;101(10):2308-18. PMID: 17032196. **X-2, X-6**
902. Crown WH, Treglia M, Meneades L, et al. Long-term costs of treatment for depression: impact of drug selection and guideline adherence. *Value Health*. 2001 Jul-Aug;4(4):295-307. PMID: 11705297. **X-2, X-6**
903. Culhane-Pera K, Peterson KA, Crain AL, et al. Group visits for Hmong adults with type 2 diabetes mellitus: a pre-post analysis. *J Health Care Poor Underserved*. 2005 May;16(2):315-27. PMID: 15937395. **X-4**
904. Culica D, Walton JW, Harker K, et al. Effectiveness of a community health worker as sole diabetes educator: comparison of CoDE with similar culturally appropriate interventions. *J Health Care Poor Underserved*. 2008 Nov;19(4):1076-95. PMID: 19029738. **X-9**
905. Cunningham R. Perspectives. Indefinite results in ABMT (autologous bone marrow transplantation) trials add to challenges for practice standards, quality assurance in cancer care. *Med Health*. 1999 Apr 19;53(16):suppl 1-4. PMID: 10387749. **X-1, X-2, X-3, X-4, X-5, X-6**
906. Cupples ME, McKnight A, O'Neill C, et al. The effect of personal health education on the quality of life of patients with angina in general practice. *Health Education Journal*. 1996;55(1):75-83. **X-3, X-6, X-9**
907. Cupples ME, Stewart MC, Percy A, et al. A RCT of peer-mentoring for first-time mothers in socially disadvantaged areas (the MOMENTS Study). *Arch Dis Child*. 2011 Mar;96(3):252-8. PMID: 20522466. **X-3, X-5, X-7, X-9**
908. Curbow B, Fogarty LA, McDonnell K, et al. Can a brief video intervention improve breast cancer clinical trial knowledge and beliefs? *Soc Sci Med*. 2004 Jan;58(1):193-205. PMID: 14572931. **X-9, X-10**
909. Currie J, Grogger J. Medicaid expansions and welfare contractions: offsetting effects on prenatal care and infant health? *J Health Econ*. 2002 Mar;21(2):313-35. PMID: 11939244. **X-1, X-2, X-4**
910. Cypress M, Ponder S. A summary of the certification examinations from 1994 and 1995. *Diabetes Educ*. 1997 Sep-Oct;23(5):529-32. PMID: 9355368. **X-6, X-7, X-9**

911. Dailey AB, Kasl SV, Holford TR, et al. Perceived racial discrimination and nonadherence to screening mammography guidelines: results from the race differences in the screening mammography process study. *Am J Epidemiol.* 2007 Jun 1;165(11):1287-95. PMID: 17351294. **X-2, X-4**
912. Dailey AB, Kasl SV, Jones BA. Does gender discrimination impact regular mammography screening? Findings from the race differences in screening mammography study. *J Womens Health (Larchmt).* 2008 Mar;17(2):195-206. PMID: 18321171. **X-2, X-4**
913. Dalcin PT, Piovesan DM, Kang S, et al. Factors associated with emergency department visits due to acute asthma. *Braz J Med Biol Res.* 2004 Sep;37(9):1331-8. PMID: 15334198. **X-2, X-4, X-6**
914. Daley AJ, Crank H, Mutrie N, et al. Determinants of adherence to exercise in women treated for breast cancer. *Eur J Oncol Nurs.* 2007 Dec;11(5):392-9. PMID: 17524796. **X-4**
915. Daley MF, Steiner JF, Brayden RM, et al. Immunization registry-based recall for a new vaccine. *Ambul Pediatr.* 2002 Nov-Dec;2(6):438-43. PMID: 12437389. **X-7, X-9**
916. Dallo FJ, Weller SC. Effectiveness of diabetes mellitus screening recommendations. *Proc Natl Acad Sci U S A.* 2003 Sep 2;100(18):10574-9. PMID: 12925739. **X-2, X-4**
917. Dalmida SG, Robertson B, Carrion MM, et al. Spirituality, religiousness, psychosocial factors, and maternal-infant outcomes in Latina mothers. *Southern Online Journal of Nursing Research.* 2010;10(3):12p. **X-2, X-4**
918. Dalton AR, Alshamsan R, Majeed A, et al. Exclusion of patients from quality measurement of diabetes care in the UK pay-for-performance programme. *Diabet Med.* 2011 May;28(5):525-31. PMID: 21294767. **X-2, X-3, X-4**
919. Damkjae LH, Deltour I, Suppli NP, et al. Breast cancer and early retirement: Associations with disease characteristics, treatment, comorbidity, social position and participation in a six-day rehabilitation course in a register-based study in Denmark. *Acta Oncol.* 2011 Feb;50(2):274-81. PMID: 21231788. **X-2, X-3, X-4, X-6**
920. Damush TM, Plue L, Bakas T, et al. Barriers and facilitators to exercise among stroke survivors. *Rehabil Nurs.* 2007 Nov-Dec;32(6):253-60, 62. PMID: 18065147. **X-2, X-4, X-5**
921. Dang S, Remon N, Harris J, et al. Care coordination assisted by technology for multiethnic caregivers of persons with dementia: a pilot clinical demonstration project on caregiver burden and depression. *J Telemed Telecare.* 2008;14(8):443-7. PMID: 19047456. **X-4, X-5**
922. Dangelser G, Besson S, Gatina JH, et al. Amputations among diabetics in Reunion Island. *Diabetes Metab.* 2003 Dec;29(6):628-34. PMID: 14707893. **X-2, X-3, X-4, X-6**
923. Danhauer SC, Sorocco KH, Andrykowski MA. Accentuating the positive: recent "uplifts" reported by nursing home residents. *Clinical Gerontologist.* 2006;29(3):39-58. **X-2, X-4, X-5, X-6**

924. 924. Daniel DM, Norman J, Davis C, et al. A state-level application of the chronic illness breakthrough series: results from two collaboratives on diabetes in Washington State. *Jt Comm J Qual Saf.* 2004 Feb;30(2):69-79. PMID: 14986337. **X-6**
925. 925. Daniels A, Biesma R, Otten J, et al. Ambivalence of primary health care professionals towards the South African guidelines for hypertension and diabetes. *S Afr Med J.* 2000 Dec;90(12):1206-11. PMID: 11234651. **X-2, X-3, X-4, X-6**
926. 926. Daniels EC, Bacon J, Denisio S, et al. Translation squared: improving asthma care for high-disparity populations through a safety net practice-based research network. *J Asthma.* 2005 Jul-Aug;42(6):499-505. PMID: 16293546. **X-9**
927. 927. Daniels N, Sabin JE. Last chance therapies and managed care. Pluralism, fair procedures, and legitimacy. *Hastings Cent Rep.* 1998 Mar-Apr;28(2):27-41. PMID: 9589291. **X-1, X-2, X-3, X-4, X-5, X-6**
928. 928. Darling CM, Nelson CP, Fife RS. Improving breast health education for Hispanic women. *J Am Med Womens Assoc.* 2004 Summer;59(3):171, 228-9. PMID: 15354369. **X-9**
929. Darnell JS, Chang CH, Calhoun EA. Knowledge about breast cancer and participation in a faith-based breast cancer program and other predictors of mammography screening among African American women and Latinas. *Health Promot Pract.* 2006 Jul;7(3 Suppl):201S-12S. PMID: 16760248. **X-7, X-8, X-10**
930. Dashiff C, Bartolucci A, Wallander J, et al. The relationship of family structure, maternal employment, and family conflict with self-care adherence of adolescents with type 1 diabetes. *Families, Systems & Health: The Journal of Collaborative Family HealthCare.* 2005;23(1):66-79. **X-2, X-4, X-6**
931. Das-Munshi J, Stewart R, Ismail K, et al. Diabetes, common mental disorders, and disability: findings from the UK National Psychiatric Morbidity Survey. *Psychosom Med.* 2007 Jul-Aug;69(6):543-50. PMID: 17636148. **X-2, X-3, X-4, X-6**
932. Daumit GL, Hermann JA, Powe NR. Relation of gender and health insurance to cardiovascular procedure use in persons with progression of chronic renal disease. *Med Care.* 2000 Apr;38(4):354-65. PMID: 10752967. **X-2, X-4**
933. Davidson B, Vogel V, Wickerham L. Oncologist-patient discussion of adjuvant hormonal therapy in breast cancer: results of a linguistic study focusing on adherence and persistence to therapy. *J Support Oncol.* 2007 Mar;5(3):139-43. PMID: 17410813. **X-2, X-4, X-6**
934. Davidson JRT, Crawford C, Ives JA, et al. Homeopathic Treatments in Psychiatry: A Systematic Review of Randomized Placebo-Controlled Studies. *Journal of Clinical Psychiatry.* 2011 Jun;72(6):795-805. PMID: 21733480. **X-1, X-2, X-6**
935. Davidson P, Digiacomo M, Zecchin R, et al. A cardiac rehabilitation program to improve psychosocial outcomes of women with heart disease. *J Womens Health (Larchmt).* 2008 Jan-Feb;17(1):123-34. PMID: 18240989. **X-4, X-6**
936. Davies JA, Damani P, Margetts BM. Intervening to change the diets of low-income women. *Proc Nutr Soc.* 2009 May;68(2):210-5. PMID: 19245742. **X-3**

937. Davies TJ, Bunn WB, 3rd, Fromer L, et al. A focus on the asthma HEDIS measure and its implications for clinical practice. *Manag Care Interface*. 2006 Feb;19(2):29-36. PMID: 16529078. **X-1, X-2, X-3, X-4, X-6**
938. Davis BH, Pope C, Mason PR, et al. “It’s a Wild Thing, Waiting to Get Me”: Stance Analysis of African Americans With Diabetes. *Diabetes Educator*. 2011 May-Jun;37(3):409-18. PMID: 21515541. **X-2, X-4**
939. Davis C, Emerson JS, Husaini BA. Breast cancer screening among African American women: adherence to current recommendations. *J Health Care Poor Underserved*. 2005 May;16(2):308-14. PMID: 15937394. **X-2, X-4**
940. Davis KL, O’Toole ML, Brownson CA, et al. Teaching how, not what: The contributions of community health workers to diabetes self-management. *The Diabetes Educator*. 2007 Jan;33(Suppl6):208S-15S. PMID: 17620403. **X-2, X-4, X-6**
941. Davis LE, Lee J, Garg R, et al. Asthma in New York City. *J Asthma*. 2003;40 Suppl:55-61. PMID: 12817930. **X-1, X-6, X-7, X-9**
942. Davis LM, Wells KB, Rogers WH, et al. Effects of Medicare’s prospective payment system on service use by depressed elderly inpatients. *Psychiatric Services*. 1995 Nov;46(11):1178-84. PMID: 8564509. **X-2, X-4, X-6**
943. Davis MS, Miller CK. Educational needs regarding the glycemic index in diabetes management. *Topics in Clinical Nutrition*. 2006 2006 Jan-Mar;21(1):17-25. **X-2, X-4, X-6**
944. Davis RE, Peterson KE, Rothschild SK, et al. Pushing the envelope for cultural appropriateness: does evidence support cultural tailoring in type 2 diabetes interventions for Mexican American adults? *Diabetes Educ*. 2011 Mar-Apr;37(2):227-38. PMID: 21343599. **X-2, X-4, X-10**
945. Davis RM, Hitch AD, Nichols M, et al. A collaborative approach to the recruitment and retention of minority patients with diabetes in rural community health centers. *Contemp Clin Trials*. 2009 Jan;30(1):63-70. PMID: 18824135. **X-7, X-10**
946. Davis SK, Liu Y, Gibbons GH. Disparities in trends of hospitalization for potentially preventable chronic conditions among African Americans during the 1990s: implications and benchmarks. *Am J Public Health*. 2003 Mar;93(3):447-55. PMID: 12604494. **X-2, X-4**
947. Davis SW, Diaz-Mendez M, Garcia MT. Barriers to Seeking Cancer Information Among Spanish-Speaking Cancer Survivors. *Journal of Cancer Education*. 2009;24(3):167-71. PMID: 19526401. **X-2, X-4**
948. Davis TC, Berkel HJ, Arnold CL, et al. Intervention to increase mammography utilization in a public hospital. *J Gen Intern Med*. 1998 Apr;13(4):230-3. PMID: 9565385. **X-4, X-9**
949. Davis TC, Dolan NC, Ferreira MR, et al. The role of inadequate health literacy skills in colorectal cancer screening. *Cancer Investigation*. 2001;19(2):193-200. PMID: 11296623 **X-2, X-4**

950. Davis TC, Williams MV, Marin E, et al. Health literacy and cancer communication. *Ca-a Cancer Journal for Clinicians*. 2002 May-Jun;52(3):134-49. PMID: 12018928 **X-1, X-2, X-3, X-4**
951. Davis TM, Brown SG, Jacobs IG, et al. Determinants of severe hypoglycemia complicating type 2 diabetes: the Fremantle diabetes study. *J Clin Endocrinol Metab*. 2010 May;95(5):2240-7. PMID: 20305006. **X-2, X-3, X-4, X-6**
952. Davis-Smith YM, Boltri JM, Seale JP, et al. Implementing a diabetes prevention program in a rural African-American church. *J Natl Med Assoc*. 2007 Apr;99(4):440-6. PMID: 17444435. **X-4**
953. Day MA, Thorn BE. The relationship of demographic and psychosocial variables to pain-related outcomes in a rural chronic pain population. *Pain*. 2010 Nov;151(2):467-74. PMID: 20817401. **X-2, X-4, X-5**
954. de Alba Garcia JG, Rocha AL, Lopez I, et al. "Diabetes is my companion": lifestyle and self-management among good and poor control Mexican diabetic patients. *Soc Sci Med*. 2007 Jun;64(11):2223-35. PMID: 17383785. **X-2, X-3, X-4, X-6**
955. de Albuquerque Citero V, de Araujo Andreoli PB, Nogueira-Martins LA, et al. New potential clinical indicators of consultation-liaison psychiatry's effectiveness in Brazilian general hospitals. *Psychosomatics*. 2008 Jan-Feb;49(1):29-38. PMID: 18212173. **X-2, X-3, X-4, X-5X-6**
956. de Almeida A, Salvador BC, Barbosa L, et al. PESO AO NASCER E VARIÁVEIS MATERNAS NO ÂMBITO DA PROMOÇÃO DA SAÚDE. *Revista de Atenção Primária à Saúde*. 2011 2011 Jan-Mar;14(1):67-74. **X-2, X-3, X-6**
957. de Brantes F. The quality of health care: an employer's perspective. *Manag Care*. 2003 Oct;12(10 Suppl):17-22; discussion 3-5. PMID: 14606253. **X-1, X-6, X-7, X-9**
958. De Clercq E, Van Casteren V, Jonckheer P, et al. Electronic Patient Record data as proxy of GPs' thoughts. *Stud Health Technol Inform*. 2008;141:103-10. PMID: 18953130. **X-2, X-3, X-4, X-5, X-6**
959. de Groene GJ, Pal TM, Beach J, et al. Workplace interventions for treatment of occupational asthma. *Cochrane Database of Systematic Reviews*. 2011(5)PMID: 21563151. **X-1, X-6, X-7, X-9**
960. de Groot M, Welch G, Buckland GT, 3rd, et al. Cultural orientation and diabetes self-care in low-income African Americans with type 2 diabetes mellitus. *Ethn Dis*. 2003 Winter;13(1):6-14. PMID: 12723006. **X-2, X-4**
961. de Jong JD, Westert GP, Noetscher CM, et al. Does managed care make a difference? Physicians' length of stay decisions under managed and non-managed care. *BMC Health Serv Res*. 2004 Feb 9;4(1):3. PMID: 15028122. **X-2, X-4**
962. de Kok B, Hussein J, Jeffery P. Joining-up thinking: loss in childbearing from interdisciplinary perspectives. Introduction. *Soc Sci Med*. 2010 Nov;71(10):1703-10. PMID: 20943300. **X-1, X-6, X-7, X-9**

963. de Koning JS, Klazinga N, Koudstaal PJ, et al. Deprivation and systematic stroke prevention in general practice: an audit among general practitioners in the Rotterdam region, The Netherlands. *Eur J Public Health*. 2003 Dec;13(4):340-6. PMID: 14703321. **X-2, X-3, X-4, X-5**
964. De Leo D, Diekstra RF, Lonnqvist J, et al. LEIPAD, an internationally applicable instrument to assess quality of life in the elderly. *Behav Med*. 1998 Spring;24(1):17-27. PMID: 9575388. **X-1, X-2, X-3, X-4, X-5, X-6**
965. de Oliveira MA, Bruno VF, Ballini LS, et al. Evaluation of an educational program for asthma control in adults. *J Asthma*. 1997;34(5):395-403. PMID: 9350156. **X-4**
966. de Oliveira MA, Faresin SM, Bruno VF, et al. Evaluation of an educational programme for socially deprived asthma patients. *Eur Respir J*. 1999 Oct;14(4):908-14. PMID: 10573241. **X-4**
967. de Peralta E, Patel K, Wan C, et al. Culturally competent diabetic education to lower hemoglobin A1c levels of diabetic patients: Esta mejor. *Tex Med*. 2005 Jun;101(6):54-6. PMID: 17902280. **X-7, X-9**
968. Dean JA, Wilson K. 'Education? It is irrelevant to my job now. It makes me very depressed ...': exploring the health impacts of under/unemployment among highly skilled recent immigrants in Canada. *Ethn Health*. 2009 Apr;14(2):185-204. PMID: 18949654. **X-2, X-3, X-4, X-5**
969. DeBate R, Plescia M, Joyner D, et al. A qualitative assessment of Charlotte REACH: an ecological perspective for decreasing CVD and diabetes among African Americans. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S77-82. PMID: 15682775. **X-6, X-7, X-9**
970. DeBourcy AC, Lichtenberger S, Felton S, et al. Community-based preferences for stool cards versus colonoscopy in colorectal cancer screening. *J Gen Intern Med*. 2008 Feb;23(2):169-74. PMID: 18157581. **X-2, X-4**
971. DeBusk RF, Miller NH, Parker KM, et al. Care management for low-risk patients with heart failure: a randomized, controlled trial. *Ann Intern Med*. 2004 Oct 19;141(8):606-13. PMID: 15492340. **X-6**
972. DeCoster VA. The emotions of adults with diabetes: a comparison across race. *Soc Work Health Care*. 2003;36(4):79-99. PMID: 12836781. **X-2, X-4**
973. DeCoster VA, Cummings S. Coping with Type 2 Diabetes: Do Race and Gender Matter? *Social Work in Health Care*. 2004;40(2):37-53. PMID: 15774362. **X-2, X-4**
974. DeFrank JT, Rimer BK, Gierisch JM, et al. Impact of mailed and automated telephone reminders on receipt of repeat mammograms: a randomized controlled trial. *Am J Prev Med*. 2009 Jun;36(6):459-67. PMID: 19362800. **X-6, X-9**
975. DeGarmo DS, Forgatch MS. Efficacy of parent training for stepfathers: from playful spectator and polite stranger to effective stepfathering. *Parenting: Science & Practice*. 2007;7(4):331-55. **X-5, X-6**
976. Degazon CE, Parker VG. Coping and psychosocial adaptation to Type 2 diabetes in older Blacks born in the Southern US and the Caribbean. *Res Nurs Health*. 2007 Apr;30(2):151-63. PMID: 17380516. **X-2, X-4**

977. Deglin JH, Deglin S. Hypertension: current trends and choices in pharmacotherapeutics. AACN Clin Issues Crit Care Nurs. 1992 May;3(2):507-26. PMID: 1576044. **X-1, X-2, X-3, X-4, X-6**
978. De-Graft Aikins A. Strengthening Quality and Continuity of Diabetes Care in Rural Ghana: A Critical Social Psychological Approach. Journal of Health Psychology. 2004 Mar;9(2):295-309. PMID: 15018729. **X-2, X-3, X-4, X-6**
979. Deitrick LM, Paxton HD, Rivera A, et al. Understanding the role of the promotora in a Latino diabetes education program. Qual Health Res. 2010 Mar;20(3):386-99. PMID: 20133505. **X-4**
980. del Pino A, Gaos MT, Dorta R, et al. Modification of coronary-prone behaviors in coronary patients of low socio-economic status. Span J Psychol. 2005 May;8(1):68-78. PMID: 15875459. **X-4, X-6**
981. Delamater AM, Bubb J, Davis SG, et al. Randomized prospective study of self-management training with newly diagnosed diabetic children. Diabetes Care. 1990 May;13(5):492-8. PMID: 2351027. **X-4, X-6**
982. Delaney C, Apostolidis B, Lachapelle L, et al. Home care nurses' knowledge of evidence-based education topics for management of heart failure. Heart & Lung. 2011;40(4):285-92. PMID: 21429581. **X-2, X-3, X-4, X-6**
983. Delgadillo AT, Grossman M, Santoyo-Olsson J, et al. Description of an academic community partnership lifestyle program for lower income minority adults at risk for diabetes. Diabetes Educ. 2010 Jul-Aug;36(4):640-50. PMID: 20576836. **X-1, X-6, X-7, X-9**
984. Delvaux I, van Tongerloo A, Messiaen L, et al. Carrier screening for cystic fibrosis in a prenatal setting. Genet Test. 2001 Summer;5(2):117-25. PMID: 11551097. **X-2, X-3, X-4, X-6**
985. Demi AS, Brown JV, Jones KD. Promoting asthma self-management skills in young children through a home-based nursing intervention: a pilot study. American Journal for Nurse Practitioners. 1998;2(10):15. **X-4, X-9**
986. Denham SA. Diabetes: A family matter. Journal of Family Nursing. 2009 Aug;15(3):400-1. PMID: 19622843. **X-1, X-2, X-3, X-4, X-6**
987. Denham SA, Remsberg K, Wood L. Diabetes education in the Appalachian region: providers' views. Rural and Remote Health. 2010 Apr-Jun;10(2) PMID: 20560683 **X-2, X-4**
988. Dennison BA, Jenkins PL, Pearson TA. Challenges to implementing the current pediatric cholesterol screening guidelines into practice. Pediatrics. 1994 Sep;94(3):296-302. PMID: 8065853. **X-2, X-4, X-5, X-6**
989. Dennison CR, McEntee ML, Samuel L, et al. Adequate Health Literacy Is Associated With Higher Heart Failure Knowledge and Self-care Confidence in Hospitalized Patients. Journal of Cardiovascular Nursing. 2011 Sep-Oct;26(5):359-67. PMID: 21099698. **X-2, X-4**

990. Dennison CR, Post WS, Kim MT, et al. Underserved urban african american men: hypertension trial outcomes and mortality during 5 years. *Am J Hypertens*. 2007 Feb;20(2):164-71. PMID: 17261462. **X-9**
991. Dent OF, Goulston KJ, Tennant CC, et al. Rectal bleeding. Patient delay in presentation. *Dis Colon Rectum*. 1990 Oct;33(10):851-7. PMID: 2209274. **X-2, X-4, X-5, X-6**
992. DePue JD, McQuaid EL, Koinis-Mitchell D, et al. Providence school asthma partnership: school-based asthma program for inner-city families. *J Asthma*. 2007 Jul-Aug;44(6):449-53. PMID: 17654131. **X-7, X-9**
993. DePue JD, Rosen RK, Batts-Turner M, et al. Cultural translation of interventions: diabetes care in American Samoa. *Am J Public Health*. 2010 Nov;100(11):2085-93. PMID: 20864729. **X-1, X-6, X-7, X-9**
994. D'Eramo-Melkus G, Spollett G, Jefferson V, et al. A culturally competent intervention of education and care for black women with type 2 diabetes. *Appl Nurs Res*. 2004 Feb;17(1):10-20. PMID: 14991551. **X-4**
995. Derosé KP, Hawes-Dawson J, Fox SA, et al. Dealing with diversity: recruiting churches and women for a randomized trial of mammography promotion. *Health Educ Behav*. 2000 Oct;27(5):632-48. PMID: 11009131. **X-2, X-4**
996. Desai AA, Bolus R, Nissenon A, et al. Is there “cherry picking” in the ESRD Program? Perceptions from a Dialysis Provider Survey. *Clin J Am Soc Nephrol*. 2009 Apr;4(4):772-7. PMID: 19339407. **X-2, X-3, X-4, X-6**
997. Desai J, Solberg L, Clark C, et al. Improving diabetes care and outcomes: the secondary benefits of a public health-managed care research collaboration. *Journal of Public Health Management & Practice*. 2003:S36-43. PMID: 14677329. **X-1, X-6, X-9**
998. DeSanto-Madeya S, Bauer-Wu S, Gross A. Activities of daily living in women with advanced breast cancer. *Oncol Nurs Forum*. 2007 Jul;34(4):841-6. PMID: 17723984. **X-2, X-4, X-6**
999. Desplenter FA, Laekeman GM, Simoens SR. Constraints and perspectives of pharmacists counseling patients with depression at hospital discharge. *Int J Clin Pharm*. 2011 Feb;33(1):101-10. PMID: 21365402. **X-2, X-3, X-4**
1000. Deswal A, Petersen NJ, Soucek J, et al. Impact of race on health care utilization and outcomes in veterans with congestive heart failure. *J Am Coll Cardiol*. 2004 Mar 3;43(5):778-84. PMID: 14998616. **X-2, X-4**
1001. Deswal A, Petersen NJ, Urbauer DL, et al. Racial variations in quality of care and outcomes in an ambulatory heart failure cohort. *Am Heart J*. 2006 Aug;152(2):348-54. PMID: 16875921. **X-2, X-4**
1002. Dettaille SI, Haafkens JA, Hoekstra JB, et al. What employees with diabetes mellitus need to cope at work: views of employees and health professionals. *Patient Educ Couns*. 2006 Dec;64(1-3):183-90. PMID: 16469470. **X-2, X-4, X-6**
1003. Detprapon M, Sirapo-ngam Y, Mishel MH, et al. Testing of uncertainty in illness theory to predict quality of life among Thais with head and neck cancer. *Thai Journal of Nursing Research*. 2009 2009 Jan-Mar;13(1):1-14. **X-2, X-3, X-4, X-5, X-6**

1004. Deuster L, Christopher S, Donovan J, et al. A Method to Quantify Residents' Jargon Use During Counseling of Standardized Patients About Cancer Screening. *Journal of General Internal Medicine*. 2008 Dec;23(12):1947-52. PMID: 18670828 **X-2, X-4, X-6**
1005. DeVon HA, Rankin SH, Paul SM, et al. The Know & Go! program improves knowledge for patients with coronary heart disease in pilot testing. *Heart & Lung*. 2010;39(6):S23-33. PMID: 21092829. **X-4, X-6**
1006. DeVore AD, Sorrentino M, Arnsdorf MF, et al. Predictors of hypertension control in a diverse general cardiology practice. *J Clin Hypertens (Greenwich)*. 2010 Aug;12(8):570-7. PMID: 20695933. **X-2, X-4**
1007. DeWalt DA, Boone RS, Pignone MP. Literacy and its relationship with self-efficacy, trust, and participation in medical decision making. *American Journal of Health Behavior*. 2007 Sep-Oct;31:S27-S35. PMID: 17931133 **X-2, X-4, X-5**
1008. DeWalt DA, Broucksou KA, Hawk V, et al. Comparison of a one-time educational intervention to a teach-to-goal educational intervention for self-management of heart failure: design of a randomized controlled trial. *BMC Health Serv Res*. 2009;9:99. PMID: 19519904. **X-1, X-2, X-4**
1009. DeWalt DA, Davis TC, Wallace AS, et al. Goal setting in diabetes self-management: Taking the baby steps to success. *Patient Education and Counseling*. 2009 Nov;77(2):218-23. PMID: 19359123. **X-6, X-7, X-9**
1010. DeWalt DA, Malone RM, Bryant ME, et al. A heart failure self-management program for patients of all literacy levels: a randomized, controlled trial [ISRCTN11535170]. *BMC Health Serv Res*. 2006;6:30. PMID: 16533388. **X-4**
1011. DeWalt DA, Pignone M, Malone R, et al. Development and pilot testing of a disease management program for low literacy patients with heart failure. *Patient Educ Couns*. 2004 Oct;55(1):78-86. PMID: 15476993. **X-4**
1012. Deziel S, Bodin S. How to make the new Conditions for Coverage work in your dialysis clinic. Patient assessment. *Nephrol News Issues*. 2008 Dec;22(13):38, 40, 2. PMID: 19149316. **X-1, X-2, X-3, X-4, X-6**
1013. Di Battista AM, Hart TA, Greco L, et al. Type 1 diabetes among adolescents: reduced diabetes self-care caused by social fear and fear of hypoglycemia. *Diabetes Educ*. 2009 May-Jun;35(3):465-75. PMID: 19321802. **X-2, X-4, X-6**
1014. Di Bisceglie AM, Mzamane DV. Continuous peritoneal dialysis in a developing population--problems seen at Baragwanath Hospital. *S Afr Med J*. 1983 Mar 12;63(11):405-6. PMID: 6828946. **X-2, X-3, X-4, X-6**
1015. Diaan MA, el-Gewely M. Life style of adult diabetics of patients attending outpatient clinics. *J Egypt Public Health Assoc*. 2003;78(1-2):165-89. PMID: 17219917. **X-2, X-3, X-4, X-6**
1016. Diamond F. Kaiser's asthma outcomes will take your breath away. *Manag Care*. 2005 Mar;14(3):57-8. PMID: 15825612. **X-1, X-2, X-3, X-4, X-6**

1017. Diaz H, Herring P, Montgomery S. Type 2 diabetes as a portal for community and university collaboration: one county's experience. *Public Health Rep.* 2006 Jul-Aug;121(4):479-82. PMID: 16827451. **X-9**
1018. Diaz T, Sturm T, Matte T, et al. Medication use among children with asthma in East Harlem. *Pediatrics.* 2000 Jun;105(6):1188-93. PMID: 10835056. **X-2, X-4**
1019. Dibble SL, Roberts SA. Improving cancer screening among lesbians over 50: results of a pilot study. *Oncol Nurs Forum.* 2003 Jul-Aug;30(4):E71-9. PMID: 12861329. **X-4**
1020. Dibble SL, Vanoni JM, Miaskowski C. Women's attitudes toward breast cancer screening procedures: differences by ethnicity. *Womens Health Issues.* 1997 Jan-Feb;7(1):47-54. PMID: 9009861. **X-6, X-7, X-9**
1021. DiCastro M, Frydman M, Friedman I, et al. Genetic counseling in hereditary breast/ovarian cancer in Israel: psychosocial impact and retention of genetic information. *Am J Med Genet.* 2002 Aug 1;111(2):147-51. PMID: 12210341. **X-2, X-3, X-4, X-6**
1022. Dickerson JE, Garratt CJ, Brown MJ. Management of hypertension in general practice: agreements with and variations from the British Hypertension Society guidelines. *J Hum Hypertens.* 1995 Oct;9(10):835-9. PMID: 8576900. **X-2, X-3, X-4, X-6**
1023. Dickey LL, Petitti D. A patient-held minirecord to promote adult preventive care. *J Fam Pract.* 1992 Apr;34(4):457-63. PMID: 1556540. **X-6**
1024. Diefenbach GJ, Robison JT, Tolin DF, et al. Late-life anxiety disorders among Puerto Rican primary care patients: impact on well-being, functioning, and service utilization. *J Anxiety Disord.* 2004;18(6):841-58. PMID: 15474856. **X-2, X-4, X-5**
1025. Dietrich AJ, Tobin JN, Cassells A, et al. Telephone care management to improve cancer screening among low-income women: a randomized, controlled trial. *Ann Intern Med.* 2006 Apr 18;144(8):563-71. PMID: 16618953. **X-9**
1026. Dietrich AJ, Tobin JN, Cassells A, et al. Translation of an efficacious cancer-screening intervention to women enrolled in a Medicaid managed care organization. *Ann Fam Med.* 2007 Jul-Aug;5(4):320-7. PMID: 17664498. **X-9**
1027. Dietrich AJ, Tobin JN, Sox CH, et al. Cancer early-detection services in community health centers for the underserved. A randomized controlled trial. *Arch Fam Med.* 1998 Jul-Aug;7(4):320-7; discussion 8. PMID: 9682685. **X-5, X-9**
1028. Dietrich S, Mergl R, Freudenberg P, et al. Impact of a campaign on the public's attitudes towards depression. *Health Educ Res.* 2010 Feb;25(1):135-50. PMID: 19752000. **X-3, X-4, X-6**
1029. Diette GB, Krishnan JA, Dominici F, et al. Asthma in older patients: factors associated with hospitalization. *Arch Intern Med.* 2002 May 27;162(10):1123-32. PMID: 12020182. **X-2, X-4**
1030. Diette GB, Rand C. The contributing role of health-care communication to health disparities for minority patients with asthma. *Chest.* 2007 Nov;132(5):802S-9S. PMID: 17998344. **X-1, X-2, X-3, X-4**

1031. DiIorio C, Shafer PO, Letz R, et al. Behavioral, social, and affective factors associated with self-efficacy for self-management among people with epilepsy. *Epilepsy Behav.* 2006 Aug;9(1):158-63. PMID: 16798100. **X-2, X-4, X-5, X-6**
1032. Din-Dzietham R, Porterfield DS, Cohen SJ, et al. Quality care improvement program in a community-based participatory research project: example of Project DIRECT. *J Natl Med Assoc.* 2004 Oct;96(10):1310-21. PMID: 15540882. **X-6, X-9**
1033. Diniz NMF, Lopes RLM, Rodrigues AD, et al. Women who were burned by their husbands or partners. *Acta Paulista de Enfermagem.* 2007;20(3):321-5. **X-2, X-4, X-5, X-6**
1034. Dittbrenner H. Diabetes: working with the newly diagnosed patient. *Caring.* 1997 May;16(5):52, 5-61. PMID: 10168695. **X-1, X-2, X-3, X-4, X-6**
1035. Diwan S. Limited English proficiency, social network characteristics, and depressive symptoms among older immigrants. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences.* 2008;63B(3):S184-91. PMID: 18559693. **X-2, X-4**
1036. Dixon EL, Flaskerud JH. Community tailored responses to depression care. *Issues Ment Health Nurs.* 2010 Sep;31(9):611-3. PMID: 20701424. **X-1, X-6, X-7, X-9**
1037. Dixon LB, Ernst ND. Choose a diet that is low in saturated fat and cholesterol and moderate in total fat: subtle changes to a familiar message. *J Nutr.* 2001 Feb;131(2S-1):510S-26S. PMID: 11160582. **X-1, X-6, X-7, X-9**
1038. Dogan S, Ekiz S, Yucel L, et al. Relation of demographic, clinic and biochemical parameters to peritonitis in peritoneal dialysis. *J Ren Care.* 2008 Mar;34(1):5-8. PMID: 18336516. **X-2, X-4, X-6**
1039. Dogan SK, Ay S, Oztuna D, et al. The utility of the Faces Pain Scale in the assessment of shoulder pain in Turkish stroke patients: its relation with quality of life and psychologic status. *International Journal of Rehabilitation Research.* 2010;33(4):363-7. PMID: 20651601. **X-2, X-4, X-5, X-6**
1040. Dohan D, Levintova M. Barriers beyond words: Cancer, culture, and translation in a community of Russian speakers. *Journal of General Internal Medicine.* 2007 Nov;22:300-5. PMID: 17957415 **X-2, X-4**
1041. Dolan NC, McDermott MM, Morrow M, et al. Impact of same-day screening mammography availability: results of a controlled clinical trial. *Arch Intern Med.* 1999 Feb 22;159(4):393-8. PMID: 10030314. **X-6**
1042. Dolan SM. Prenatal genetic testing. *Pediatr Ann.* 2009 Aug;38(8):426-30. PMID: 19711880. **X-1, X-6, X-7, X-9**
1043. Donahue KL, D'Onofrio BM, Bates JE, et al. Early Exposure to Parents' Relationship Instability: Implications for Sexual Behavior and Depression in Adolescence. *Journal of Adolescent Health.* 2010;47(6):547-54. PMID: 21094431. **X-2, X-4, X-5, X-6**
1044. Dong X, Simon MA, Odwazny R, et al. Depression and elder abuse and neglect among a community-dwelling Chinese elderly population. *J Elder Abuse Negl.* 2008;20(1):25-41. PMID: 18551905. **X-2, X-3, X-4, X-6**

1045. Donlan W, Lee JH. SCREENING FOR DEPRESSION AMONG INDIGENOUS MEXICAN MIGRANT FARMWORKERS USING THE PATIENT HEALTH QUESTIONNAIRE-9. *Psychological Reports*. 2010 Apr;106(2):419-32. PMID: 20524542 **X-2, X-4**
1046. Donovan KA, Small BJ, Andrykowski MA, et al. Cognitive functioning after adjuvant chemotherapy and/or radiotherapy for early-stage breast carcinoma. *Cancer*. 2005 Dec;104(11):2499-507. PMID: 16247788. **X-2, X-4, X-6**
1047. Doran A, Sullivan WR, Robertson C. Management of a long stay child in PICU: getting it right.....eventually! *Pediatric Intensive Care Nursing*. 2010;11(1-2):4-8. **X-1, X-2, X-3, X-4, X-5, X-6**
1048. Dorevitch S, Karandikar A, Washington GF, et al. Efficacy of an outdoor air pollution education program in a community at risk for asthma morbidity. *J Asthma*. 2008 Nov;45(9):839-44. PMID: 18972306. **X-6, X-7, X-9**
1049. Dorfman CS, Williams RM, Kassan EC, et al. The development of a web- and a print-based decision aid for prostate cancer screening. *Bmc Medical Informatics and Decision Making*. 2010 Mar;10PMID: 20199680 **X-2, X-4, X-5, X-6**
1050. Dornhorst A, Rossi M. Risk and prevention of type 2 diabetes in women with gestational diabetes. *Diabetes Care*. 1998 Aug;21 Suppl 2:B43-9. PMID: 9704226. **X-1, X-2, X-3, X-4, X-6**
1051. Dougherty D, Meikle SF, Owens P, et al. Children's Health Care in the First National Healthcare Quality Report and National Healthcare Disparities Report. *Med Care*. 2005 Mar;43(3 Suppl):I58-63. PMID: 15746592. **X-1, X-2, X-3, X-4, X-5, X-6**
1052. Douglas CY. Community-based screening interventions for colorectal cancer. *Journal of Psychosocial Oncology*. 2001;19(3-4):133-46. PMID: n/a. **X-1, X-2, X-3, X-4, X-6**
1053. Douglas KA, Yen LE, Korda RJ, et al. Chronic disease management items in general practice: a population-based study of variation in claims by claimant characteristics. *Med J Aust*. 2011 Aug 15;195(4):198-202. PMID: 21843123. **X-2, X-3, X-4**
1054. Downing NR, Williams JK, Paulsen JS. Building a Tool to Identify Risk for Lynch Syndrome Among Individuals Presenting for Screening Colonoscopy. *Journal of Genetic Counseling*. 2010 Aug;19(4):343-52. PMID: 20349120 **X-4, X-6**
1055. Downs SM, Biondich PG, Anand V, et al. Using Arden Syntax and adaptive turnaround documents to evaluate clinical guidelines. *AMIA Annu Symp Proc*. 2006:214-8. PMID: 17238334. **X-1, X-2, X-3, X-4, X-5, X-6**
1056. Doyle J, Severance-Fonte T, Morandi-Matricaria E, et al. Improved blood pressure control among school bus drivers with hypertension. *Popul Health Manag*. 2010 Apr;13(2):97-103. PMID: 20415620. **X-6, X-9**
1057. Doyle W, Crawford MA, Srivastava A, et al. Interpregnancy nutrition intervention with mothers of low-birthweight babies living in an inner city area: a feasibility study. *Journal of Human Nutrition & Dietetics*. 1999;12(6):517-27. **X-6, X-7, X-9**
1058. Draheim MD. Health care reform: AADE outlines the issues. *Diabetes Educ*. 2009 Sep-Oct;35(5):689-90. PMID: 19783764. **X-1, X-2, X-3, X-4**

1059. Drainoni ML, Houlihan B, Williams S, et al. Patterns of Internet use by persons with spinal cord injuries and relationship to health-related quality of life. *Arch Phys Med Rehabil*. 2004 Nov;85(11):1872-9. PMID: 15520984. **X-2, X-4, X-5, X-6**
1060. Drass JA, Feldman RH. Knowledge about hypoglycemia in young women with type I diabetes and their supportive others. *Diabetes Educ*. 1996 Jan-Feb;22(1):34-8. PMID: 8697954. **X-2, X-4, X-6**
1061. Dreyer G, Hull S, Aitken Z, et al. The effect of ethnicity on the prevalence of diabetes and associated chronic kidney disease. *QJM*. 2009 Apr;102(4):261-9. PMID: 19147658. **X-2, X-3, X-4**
1062. Driscoll A, Worrall-Carter L, McLennan S, et al. Heterogeneity of heart failure management programs in Australia. *Eur J Cardiovasc Nurs*. 2006 Mar;5(1):75-82. PMID: 16216559. **X-2, X-3, X-4, X-6**
1063. Druss BG, Rask K, Katon WJ. Major depression, depression treatment and quality of primary medical care. *General Hospital Psychiatry*. 2008 Jan-Feb;30(1):20-5. PMID: 18164936. **X-2, X-4, X-6**
1064. Du W, Mood D, Gadgeel S, et al. An educational video to increase clinical trials enrollment among breast cancer patients. *Breast Cancer Res Treat*. 2009 Sep;117(2):339-47. PMID: 19152024. **X-7, X-10**
1065. DuBard CA, Schmid D, Yow A, et al. Recommendation for and receipt of cancer screenings among medicaid recipients 50 years and older. *Arch Intern Med*. 2008 Oct 13;168(18):2014-21. PMID: 18852404. **X-2, X-4**
1066. Dubay L, Joyce T, Kaestner R, et al. Changes in prenatal care timing and low birth weight by race and socioeconomic status: implications for the Medicaid expansions for pregnant women. *Health Serv Res*. 2001 Jun;36(2):373-98. PMID: 11409818. **X-2, X-4**
1067. Dubay LC, Kenney GM, Norton SA, et al. Local responses to expanded Medicaid coverage for pregnant women. *Milbank Q*. 1995;73(4):535-63. PMID: 7491099. **X-2, X-4**
1068. Dunbar VG, King EC, George CD, et al. Evolving demographics and disparities in an urban diabetes clinic: implications for diabetes education and treatment. *Ethn Dis*. 2005 Spring;15(2):173-8. PMID: 15825961. **X-2, X-4**
1069. Dunn K, Torres A, Tiscani J. Functional status outcomes in a quality of life study with Latinas. *Journal of Multicultural Nursing & Health (JMCNH)*. 2004;10(2):39-47. **X-2, X-4, X-5**
1070. Dunn KI, Goldney RD, Grande ED, et al. Quantification and examination of depression-related mental health literacy. *J Eval Clin Pract*. 2009 Aug;15(4):650-3. PMID: 19522721. **X-2, X-3, X-4**
1071. Dunn ME, Abulu J. Psychiatrists' role in teaching human sexuality to other medical specialties. *Acad Psychiatry*. 2010 Sep-Oct;34(5):381-5. PMID: 20833911. **X-1, X-2, X-3, X-4, X-5, X-6**
1072. Dunt DR, Rubinfeld AR, Feren P, et al. What patients know about their asthma. *Community Health Stud*. 1987;11(2):125-30. PMID: 3621890. **X-6, X-7, X-9**

1073. DuongTran P, Garcia K. An international study of health knowledge, behaviors, and cultural perceptions of young Mexican adults. *Hispanic Health Care International*. 2009;7(1):5-10. **X-2, X-3, X-4, X-5**
1074. Duprez D, Van Helshoecht P, Van den Eynde W, et al. Prevalence of hypertension in the adult population of Belgium: report of a worksite study, Attention Hypertension. *J Hum Hypertens*. 2002 Jan;16(1):47-52. PMID: 11840229. **X-2, X-3, X-4, X-6**
1075. Duren-Winfield VT, Bell RA, Camacho F, et al. Partnership approaches to reducing socioeconomic disparities in diabetes care in North Carolina. *Diabetes Educ*. 2004 Jul-Aug;30(4):600, 2, 4 passim. PMID: 15669778. **X-1, X-6, X-7, X-9**
1076. Duru OK, Mangione CM, Steers NW, et al. The association between clinical care strategies and the attenuation of racial/ethnic disparities in diabetes care: the Translating Research Into Action for Diabetes (TRIAD) Study. *Med Care*. 2006 Dec;44(12):1121-8. PMID: 17122717. **X-11, X-12**
1077. Durvasula RS, Regan PC, Ureno O, et al. Frequency of cervical and breast cancer screening rates in a multi-ethnic female college sample. *Psychol Rep*. 2006 Oct;99(2):418-20. PMID: 17153810. **X-2, X-4, X-5**
1078. Dusheiko M, Doran T, Gravelle H, et al. Does higher quality of diabetes management in family practice reduce unplanned hospital admissions? *Health Serv Res*. 2011 Feb;46(1 Pt 1):27-46. PMID: 20880046. **X-2, X-3, X-4, X-6**
1079. Dutton GR, Johnson J, Whitehead D, et al. Barriers to physical activity among predominantly low-income African-American patients with type 2 diabetes. *Diabetes Care*. 2005 May;28(5):1209-10. PMID: 15855592. **X-7, X-9**
1080. Dutton GR, Provost BC, Tan F, et al. A tailored print-based physical activity intervention for patients with type 2 diabetes. *Prev Med*. 2008 Oct;47(4):409-11. PMID: 18652840. **X-4, X-6, X-7, X-9**
1081. Dwight-Johnson M, Ell K, Lee PJ. Can collaborative care address the needs of low-income Latinas with comorbid depression and cancer? Results from a randomized pilot study. *Psychosomatics*. 2005 May-Jun;46(3):224-32. PMID: 15883143. **X-4**
1082. Dworkin SF, Huggins KH, Wilson L, et al. A randomized clinical trial using research diagnostic criteria for temporomandibular disorders-axis II to target clinic cases for a tailored self-care TMD treatment program. *J Orofac Pain*. 2002 Winter;16(1):48-63. PMID: 11889659. **X-5, X-6, X-7**
1083. Dyer KJ, Fearon KCH, Buckner K, et al. Diet and colorectal cancer risk: evaluation of a nutrition education leaflet. *Health Education Journal*. 2005;64(3):247-55. **X-3, X-4, X-6**
1084. Eadie D, MacAskill S. Symptom awareness and cancer prevention: Exploratory findings from an at-risk population. *Health Education*. 2008;108(4):332-45. **X-2, X-3, X-4**
1085. Eakin EG, Reeves MM, Lawler SP, et al. The Logan Healthy Living Program: a cluster randomized trial of a telephone-delivered physical activity and dietary behavior intervention for primary care patients with type 2 diabetes or hypertension from a socially disadvantaged community--rationale, design and recruitment. *Contemp Clin Trials*. 2008 May;29(3):439-54. PMID: 18055274. **X-1, X-3**

1086. Eamranond PP, Patel KV, Legedza ATR, et al. The association of language with prevalence of undiagnosed hypertension among older Mexican Americans. *Ethnicity & Disease*. 2007 Fall;17(4):699-706. PMID: 18072382. **X-2**
1087. Early KB, Shultz JA, Corbett C. Assessing diabetes dietary goals and self-management based on in-depth interviews with Latino and Caucasian clients with type 2 diabetes. *J Transcult Nurs*. 2009 Oct;20(4):371-81. PMID: 19387093. **X-2, X-4**
1088. Earp JA, Flax VL. What lay health advisors do: An evaluation of advisors' activities. *Cancer Pract*. 1999 Jan-Feb;7(1):16-21. PMID: 9892999. **X-2, X-4, X-6**
1089. Earp JA, Viadro CI, Vincus AA, et al. Lay health advisors: a strategy for getting the word out about breast cancer. *Health Educ Behav*. 1997 Aug;24(4):432-51. PMID: 9247823. **X-1, X-2, X-3, X-4, X-6**
1090. Easom AK. Nephrology APNs: who are we and what do we do? Survey results October 1999. *Nephrol Nurs J*. 2000 Apr;27(2):187-91. PMID: 11111545. **X-2, X-3, X-4, X-5, X-6**
1091. Ebeigbe PN, Gharoro EP. Obstetric complications, intervention rates and maternofetal outcome in teenage nullipara in Benin City, Nigeria. *Trop Doct*. 2007 Apr;37(2):79-83. PMID: 17540084. **X-2, X-3, X-4, X-6**
1092. Echeverry DM, Dike MR, Washington C, et al. The impact of using a low-literacy patient education tool on process measures of diabetes care in a minority population. *J Natl Med Assoc*. 2003 Nov;95(11):1074-81. PMID: 14651374. **X-6, X-9**
1093. Eckert KA, Kutek SM, Dunn KI, et al. Changes in depression-related mental health literacy in young men from rural and urban South Australia. *Aust J Rural Health*. 2010 Aug;18(4):153-8. PMID: 20690911. **X-2, X-3, X-4**
1094. Ecks S, Basu S. The unlicensed lives of antidepressants in India: generic drugs, unqualified practitioners, and floating prescriptions. *Transcult Psychiatry*. 2009 Mar;46(1):86-106. PMID: 19293281. **X-2, X-3, X-4, X-6**
1095. Eddy DM, Pawlson LG, Schaaf D, et al. The potential effects of HEDIS performance measures on the quality of care. *Health Aff (Millwood)*. 2008 Sep-Oct;27(5):1429-41. PMID: 18780934. **X-2, X-4, X-6**
1096. Edgley A, Pilnick A, Clarke M. 'The air still wasn't good ... everywhere I went I was surrounded': Lay perceptions of air quality and health. *Health Sociology Review*. 2011;20(1):97-108. **X-2, X-3, X-4, X-5**
1097. Edington DW. Opportunities to improve care and manage costs for employees with chronic diseases. *Manag Care Interface*. 2003;Suppl C:5-7. PMID: 14569629. **X-1, X-2, X-3, X-4, X-5, X-6**
1098. Edwards BG, Palmer J. Effects of massage therapy on african americans with type 2 diabetes mellitus: a pilot study. *Complementary Health Practice Review*. 2010;15(3):149-55. **X-4**
1099. Edwards BK, Brown ML, Wingo PA, et al. Annual report to the nation on the status of cancer, 1975-2002, featuring population-based trends in cancer treatment. *J Natl Cancer Inst*. 2005 Oct 5;97(19):1407-27. PMID: 16204691. **X-2, X-4**

1100. Edwards JM, Carr BG. Improving patient outcomes from acute cardiovascular events through regionalized systems of care. *Hosp Pract (Minneap)*. 2010 Nov;38(4):54-62. PMID: 21068527. **X-1, X-2, X-3, X-4, X-6**
1101. Egan BM, Lackland DT, Williams B, et al. Health care improvement and cost reduction opportunities in hypertensive Medicaid beneficiaries. *J Clin Hypertens (Greenwich)*. 2001 Sep-Oct;3(5):279-82, 318. PMID: 11588405. **X-2, X-4**
1102. Egede LE, Bonadonna RJ. Diabetes self-management in African Americans: an exploration of the role of fatalism. *Diabetes Educ*. 2003 Jan-Feb;29(1):105-15. PMID: 12632689. **X-2, X-4**
1103. Egede LE, Ellis C. The effects of depression on diabetes knowledge, diabetes self-management, and perceived control in indigent patients with type 2 diabetes. *Diabetes Technol Ther*. 2008 Jun;10(3):213-9. PMID: 18473696. **X-2, X-4**
1104. Egede LE, Ellis C, Grubaugh AL. The effect of depression on self-care behaviors and quality of care in a national sample of adults with diabetes. *General Hospital Psychiatry*. 2009 Sep-Oct;31(5):422-7. PMID: 19703635. **X-2, X-4, X-6**
1105. Egede LE, Michel Y. Medical mistrust, diabetes self-management, and glycemic control in an indigent population with type 2 diabetes. *Diabetes Care*. 2006 Jan;29(1):131-2. PMID: 16373908. **X-7, X-9**
1106. Egede LE, Osborn CY. Role of motivation in the relationship between depression, self-care, and glycemic control in adults with type 2 diabetes. *Diabetes Educ*. 2010 Mar-Apr;36(2):276-83. PMID: 20179250. **X-2, X-4, X-6**
1107. Egede LE, Strom JL, Durkalski VL, et al. Rationale and design: telephone-delivered behavioral skills interventions for Blacks with Type 2 diabetes. *Trials*. 2010;11:35. PMID: 20350322. **X-1, X-4**
1108. Egger E. Diabetes increase may pose secondary revenue opportunities for hospitals. *Health Care Strateg Manage*. 2000 Nov;18(11):19-20. PMID: 11148951. **X-1, X-2, X-3, X-4, X-6**
1109. Eggleston PA, Malveaux FJ, Butz AM, et al. Medications used by children with asthma living in the inner city. *Pediatrics*. 1998 Mar;101(3 Pt 1):349-54. PMID: 9480996. **X-2, X-4**
1110. Egnew TR, Jones JM. Teaching psychosocial aspects of coronary care. *J Fam Pract*. 1984 Jan;18(1):107-13. PMID: 6693837. **X-1, X-2, X-3, X-4, X-6**
1111. Eiser AR, Ellis G. Viewpoint: Cultural competence and the African American experience with health care: The case for specific content in cross-cultural education. *Academic Medicine*. 2007 Feb;82(2):176-83. PMID: 17264697 **X-1, X-2, X-3, X-4, X-5, X-6**
1112. Eiser C, Sykes J, Donohoe M, et al. Quality of life and metabolic control in the elderly following conversion to insulin. *Psychology, Health & Medicine*. 1997;2(2):161-8. **X-2, X-4, X-6**
1113. Ekure EN, Ezeaka VC, Iroha E, et al. Prospective audit of perinatal mortality among inborn babies in a tertiary health center in Lagos, Nigeria. *Niger J Clin Pract*. 2011 Jan-Mar;14(1):88-94. PMID: 21494000. **X-2, X-3, X-4**

1114. Elahi M, Chetty G, Matata B. Ethnic differences in the management of coronary heart disease patients: lessons to be learned in indo-asians. *Med Princ Pract.* 2006;15(1):69-73. PMID: 16340231. **X-2, X-4**
1115. Elborn JS, Hodson M, Bertram C. Implementation of European standards of care for cystic fibrosis - provision of care. *J Cyst Fibros.* 2009 Sep;8(5):348-55. PMID: 19703795. **X-2, X-3, X-4, X-6**
1116. Elder JP, Candelaria JI, Woodruff SI, et al. Results of language for health: cardiovascular disease nutrition education for Latino English-as-a-second-language students. *Health Educ Behav.* 2000 Feb;27(1):50-63. PMID: 10709792. **X-7, X-9**
1117. El-Kak F, Chaaya M, Campbell O, et al. Patterns of antenatal care in low-versus high-risk pregnancies in Lebanon. *East Mediterr Health J.* 2004 May;10(3):268-76. PMID: 16212201. **X-2, X-3, X-4, X-6**
1118. Elkeles T, Kirschner W, Graf C, et al. Health care in and outside a DMP for type 2 diabetes mellitus in Germany—Results of an insurance customer survey focussing on differences in general education status. *Journal of Public Health.* 2009 Jun;17(3):205-16. **X-2, X-3, X-4, X-6**
1119. Ell K, Katon W, Cabassa LJ, et al. Depression and diabetes among low-income Hispanics: design elements of a socioculturally adapted collaborative care model randomized controlled trial. *Int J Psychiatry Med.* 2009;39(2):113-32. PMID: 19860071. **X-1, X-2, X-4**
1120. Ell K, Lee P, Xie B. Depression care for low-income, minority, safety net clinic populations with comorbid illness. *Research on Social Work Practice.* 2010;20(5):467-75. **X-1, X-6, X-7, X-9**
1121. Ell K, Padgett D, Vourlekis B, et al. Abnormal mammogram follow-up: a pilot study women with low income. *Cancer Pract.* 2002 May-Jun;10(3):130-8. PMID: 11972567. **X-9**
1122. Ell K, Vourlekis B, Lee PJ, et al. Patient navigation and case management following an abnormal mammogram: a randomized clinical trial. *Prev Med.* 2007 Jan;44(1):26-33. PMID: 16962652. **X-9**
1123. Ell K, Vourlekis B, Xie B, et al. Cancer treatment adherence among low-income women with breast or gynecologic cancer: a randomized controlled trial of patient navigation. *Cancer.* 2009 Oct 1;115(19):4606-15. PMID: 19551881. **X-9**
1124. Ell K, Xie B, Quon B, et al. Randomized controlled trial of collaborative care management of depression among low-income patients with cancer. *J Clin Oncol.* 2008 Sep 20;26(27):4488-96. PMID: 18802161. **X-7, X-9**
1125. Ell KO, Haywood LJ. Sociocultural factors in MI recovery: an exploratory study. *Int J Psychiatry Med.* 1985;15(2):157-75. PMID: 4055253. **X-2, X-4**
1126. Elliott V, Morgan S, Day S, et al. Parental health beliefs and compliance with prophylactic penicillin administration in children with sickle cell disease. *J Pediatr Hematol Oncol.* 2001 Feb;23(2):112-6. PMID: 11216702. **X-2, X-4, X-5, X-6**

1127. Ellis C, Devlin G, Elliott J, et al. ACS patients in New Zealand experience significant delays to access cardiac investigations and revascularisation treatment especially when admitted to non-interventional centres: results of the second comprehensive national audit of ACS patients. *N Z Med J*. 2010 Jul 30;123(1319):44-60. PMID: 20717177. **X-2, X-3, X-4, X-6**
1128. Ellis DA, Frey MA, Naar-King S, et al. Use of multisystemic therapy to improve regimen adherence among adolescents with type 1 diabetes in chronic poor metabolic control: a randomized controlled trial. *Diabetes Care*. 2005 Jul;28(7):1604-10. PMID: 15983308. **X-6, X-7, X-9**
1129. El-Mallakh P. Doing my best: poverty and self-care among individuals with schizophrenia and diabetes mellitus. *Arch Psychiatr Nurs*. 2007 Feb;21(1):49-60; discussion 1-3. PMID: 17258110. **X-2, X-4, X-6**
1130. Elmer PJ, Obarzanek E, Vollmer WM, et al. Effects of comprehensive lifestyle modification on diet, weight, physical fitness, and blood pressure control: 18-month results of a randomized trial. *Ann Intern Med*. 2006 Apr 4;144(7):485-95. PMID: 16585662. **X-6, X-7, X-9**
1131. Elmore JG, Nakano CY, Linden HM, et al. Racial Inequities in the Timing of Breast Cancer Detection, Diagnosis, and Initiation of Treatment. *Medical Care*. 2005 Feb;43(2):141-8. PMID: 15655427. **X-2, X-4**
1132. Elrayah-Eliadarous H, Yassin K, Eltom M, et al. Direct costs for care and glycaemic control in patients with type 2 diabetes in Sudan. *Exp Clin Endocrinol Diabetes*. 2010 Apr;118(4):220-5. PMID: 20140852. **X-2, X-3, X-4**
1133. Elshaw EB, Young EA, Saunders MJ, et al. Utilizing a 24-hour dietary recall and culturally specific diabetes education in Mexican Americans with diabetes. *Diabetes Educ*. 1994 May-Jun;20(3):228-35. PMID: 7851238. **X-9**
1134. el-Shazly M, Abdel-Fattah M, Scorpiglione N, et al. Risk factors for lower limb complications in diabetic patients. The Italian Study Group for the Implementation of the St. Vincent Declaration. *J Diabetes Complications*. 1998 Jan-Feb;12(1):10-7. PMID: 9442809. **X-2, X-3, X-4, X-6**
1135. El-Shazly M, Abdel-Fattah M, Zaki A, et al. Health care for diabetic patients in developing countries: a case from Egypt. *Public Health*. 2000 Jul;114(4):276-81. PMID: 10962591. **X-2, X-3, X-4, X-6**
1136. Embry DD. Behavioral vaccines and evidence-based kernels: Nonpharmaceutical approaches for the prevention of mental, emotional, and behavioral disorders. *Psychiatric Clinics of North America*. 2011 Mar;34(1):1-34. PMID: 21333837. **X-1, X-2, X-4, X-5, X-6**
1137. Emdad R, Belkic K, Theorell T, et al. What prevents professional drivers from following physicians' cardiologic advice? *Psychother Psychosom*. 1998 Jul-Oct;67(4-5):226-40. PMID: 9693350. **X-4, X-6**
1138. Emerson JS, Reece MC, Levine RS, et al. Predictors of new screening for African American men participating in a prostate cancer educational program. *Journal of Cancer Education*. 2009 Oct;24(4):341-5. PMID: 19838896. **X-5**

1139. Emmanuel EN, Creedy DK, St John W, et al. Maternal role development: the impact of maternal distress and social support following childbirth. *Midwifery*. 2011 Apr;27(2):265-72. PMID: 19656594. **X-2, X-3, X-4, X-6**
1140. Emond SD, Reed CR, Graff LI, et al. Asthma education in the Emergency Department. On behalf of the MARC Investigators. *Ann Emerg Med*. 2000 Sep;36(3):204-11. PMID: 10969221. **X-2, X-3, X-4, X-6**
1141. Emtner M, Hedin A, Andersson M, et al. Impact of patient characteristics, education and knowledge on emergency room visits in patients with asthma and COPD: a descriptive and correlative study. *BMC Pulm Med*. 2009;9:43. PMID: 19735571. **X-2, X-4, X-6**
1142. Enarson PM, Enarson DA, Gie R. Management of asthma in children in low-income countries. *Int J Tuberc Lung Dis*. 2005 Nov;9(11):1204-9. PMID: 16333925. **X-1, X-2, X-3, X-4, X-6**
1143. Endres LK, Sharp LK, Haney E, et al. Health literacy and pregnancy preparedness in pregestational diabetes. *Diabetes Care*. 2004 Feb;27(2):331-4. PMID: 14747209. **X-2, X-4**
1144. Eng CM, Schechter C, Robinowitz J, et al. Prenatal genetic carrier testing using triple disease screening. *JAMA*. 1997 Oct 15;278(15):1268-72. PMID: 9333269. **X-6, X-7, X-9**
1145. Eng E, Smith J. Natural helping functions of lay health advisors in breast cancer education. *Breast Cancer Res Treat*. 1995 Jul;35(1):23-9. PMID: 7612900. **X-2, X-4**
1146. Englander J, Bushnik T, Oggins J, et al. Fatigue after traumatic brain injury: Association with neuroendocrine, sleep, depression and other factors. *Brain Injury*. 2010;24(12):1379-88. PMID: 20961172. **X-2, X-3, X-4, X-5**
1147. English KC, Fairbanks J, Finster CE, et al. A socioecological approach to improving mammography rates in a tribal community. *Health Educ Behav*. 2008 Jun;35(3):396-409. PMID: 17114330. **X-7, X-9, X-10**
1148. Epstein SA, Hooper LM, Weinfurt KP, et al. Primary care physicians' evaluation and treatment of depression: Results of an experimental study using video vignettes. *Medical Care Research and Review*. 2008 Dec;65(6):674-95. PMID: 18832109. **X-2, X-3, X-4, X-6**
1149. Erasmus RT, Blanco Blanco E, Okesina AB, et al. Assessment of glycaemic control in stable type 2 black South African diabetics attending a peri-urban clinic. *Postgrad Med J*. 1999 Oct;75(888):603-6. PMID: 10621901. **X-2, X-3, X-4, X-6**
1150. Erci B. Psychometric evaluation of Self-Assessed Support Needs of women with breast cancer Scale. *J Clin Nurs*. 2007 Oct;16(10):1927-35. PMID: 17880481. **X-2, X-3, X-4, X-6**
1151. Erickson SR, Slaughter R, Halapy H. Pharmacists' ability to influence outcomes of hypertension therapy. *Pharmacotherapy*. 1997 Jan-Feb;17(1):140-7. PMID: 9017775. **X-6**
1152. Eriksson H, Tu SW, Musen M. Semantic clinical guideline documents. *AMIA Annu Symp Proc*. 2005:236-40. PMID: 16779037. **X-1, X-2, X-3, X-4, X-5, X-6**

1153. Erwin DO, Ivory J, Stayton C, et al. Replication and dissemination of a cancer education model for African American women. *Cancer Control*. 2003 Sep-Oct;10(5 Suppl):13-21. PMID: 14581900. **X-6, X-7, X-9**
1154. Erwin DO, Johnson VA, Feliciano-Libid L, et al. Incorporating cultural constructs and demographic diversity in the research and development of a Latina breast and cervical cancer education program. *J Cancer Educ*. 2005 Spring;20(1):39-44. PMID: 15876181. **X-2, X-4**
1155. Erwin DO, Johnson VA, Trevino M, et al. A comparison of African American and Latina social networks as indicators for culturally tailoring a breast and cervical cancer education intervention. *Cancer*. 2007 Jan 15;109(2 Suppl):368-77. PMID: 17173279. **X-2, X-4**
1156. Erwin DO, Spatz TS, Stotts RC, et al. Increasing mammography practice by African American women. *Cancer Pract*. 1999 Mar-Apr;7(2):78-85. PMID: 10352065. **X-9**
1157. Erwin DO, Spatz TS, Stotts RC, et al. Increasing mammography and breast self-examination in African American women using the Witness Project model. *J Cancer Educ*. 1996 Winter;11(4):210-5. PMID: 8989634. **X-9**
1158. Erwin K, Carrico R, Glass P, et al. Asthma-how does it impact academic achievement and school budgets? *NASN Sch Nurse*. 2010 Sep;25(5):202-4. PMID: 20860196. **X-1, X-2, X-3, X-4, X-6**
1159. Escobar JI, Cook B, Chen CN, et al. Whether medically unexplained or not, three or more concurrent somatic symptoms predict psychopathology and service use in community populations. *J Psychosom Res*. 2010 Jul;69(1):1-8. PMID: 20630257. **X-2, X-4**
1160. Eshah NF, Bond AE, Froelicher ES. The effects of a cardiovascular disease prevention program on knowledge and adoption of a heart healthy lifestyle in Jordanian working adults. *Eur J Cardiovasc Nurs*. 2010 Dec;9(4):244-53. PMID: 20299286. **X-3**
1161. Espinet LM, Osmick MJ, Ahmed T, et al. A cohort study of the impact of a national disease management program on HEDIS diabetes outcomes. *Dis Manag*. 2005 Apr;8(2):86-92. PMID: 15815157. **X-6, X-7, X-9**
1162. Espinoza-Palma T, Zamorano A, Arancibia F, et al. Effectiveness of asthma education with and without a self-management plan in hospitalized children. *Journal of Asthma*. 2009 Nov;46(9):906-10. PMID: 19905916. **X-3, X-6**
1163. Ethier KA, Ickovics JR, Fernandez MI, et al. The Perinatal Guidelines Evaluation Project HIV and Pregnancy Study: overview and cohort description. *Public Health Rep*. 2002 Mar-Apr;117(2):137-47. PMID: 12356998. **X-1, X-2, X-4**
1164. Ettner SL, Cadwell BL, Russell LB, et al. Investing time in health: do socioeconomically disadvantaged patients spend more or less extra time on diabetes self-care? *Health Econ*. 2009 Jun;18(6):645-63. PMID: 18709636. **X-2, X-4**
1165. Etzioni DA, Ponce NA, Babey SH, et al. A population-based study of colorectal cancer test use: results from the 2001 California Health Interview Survey. *Cancer*. 2004 Dec 1;101(11):2523-32. PMID: 15505783. **X-2, X-4**

1166. Etzioni DA, Yano EM, Rubenstein LV, et al. Measuring the quality of colorectal cancer screening: the importance of follow-up. *Dis Colon Rectum*. 2006 Jul;49(7):1002-10. PMID: 16673056. **X-2, X-4**
1167. Evangelista LS, Rasmusson KD, Laramée AS, et al. Health Literacy and the Patient With Heart Failure-Implications for Patient Care and Research: A Consensus Statement of the Heart Failure Society of America. *Journal of Cardiac Failure*. 2010 Jan;16(1):9-16. PMID: 20123313 **X-1, X-2, X-3, X-4, X-5, X-6**
1168. Evangelista LS, Shinnick MA. What do we know about adherence and self-care? *Journal of Cardiovascular Nursing*. 2008 May-Jun;23(3):250-7. PMID: 18437067. **X-1, X-2, X-3, X-4, X-5, X-6**
1169. Evans D, Clark NM, Feldman CH, et al. A school health education program for children with asthma aged 8-11 years. *Health Educ Q*. 1987 Fall;14(3):267-79. PMID: 3654234. **X-6, X-9**
1170. Evans D, Mellins R, Lobach K, et al. Improving care for minority children with asthma: professional education in public health clinics. *Pediatrics*. 1997 Feb;99(2):157-64. PMID: 9024439. **X-9**
1171. Evans JM, Newton RW, Ruta DA, et al. Frequency of blood glucose monitoring in relation to glycaemic control: observational study with diabetes database. *BMJ*. 1999 Jul 10;319(7202):83-6. PMID: 10398627. **X-2, X-3, X-4, X-6**
1172. Ezenwaka CE, Dimgba A, Okali F, et al. Self-monitoring of blood glucose improved glycemic control and the 10-year coronary heart disease risk profile of female type 2 diabetes patients in Trinidad and Tobago. *Niger J Clin Pract*. 2011 Jan-Mar;14(1):1-5. PMID: 21493982. **X-3, X-4**
1173. Ezenwaka CE, Offiah NV. Patients' health education and diabetes control in a developing country. *Acta Diabetol*. 2003 Dec;40(4):173-5. PMID: 14740276. **X-2, X-3, X-4, X-6**
1174. Ezimokhai M, Joseph A, Bradley-Watson P. Audit of pregnancies complicated by diabetes from one center five years apart with selective versus universal screening. *Ann N Y Acad Sci*. 2006 Nov;1084:132-40. PMID: 17151297. **X-2, X-3, X-4**
1175. Fagerlin A, Dillard AJ, Smith DM, et al. Women's interest in taking tamoxifen and raloxifene for breast cancer prevention: response to a tailored decision aid. *Breast Cancer Research and Treatment*. 2011 Jun;127(3):681-8. PMID: 21442198. **X-4, X-6**
1176. Fagerlin A, Sepucha KR, Couper MP, et al. Patients' Knowledge about 9 Common Health Conditions: The DECISIONS Survey. *Medical Decision Making*. 2010 Sep-Oct;30:35S-52S. PMID: 20881153 **X-2, X-4, X-5**
1177. Fagerlin A, Ubel PA, Smith DM, et al. Making numbers matter: Present and future research in risk communication. *American Journal of Health Behavior*. 2007 Sep-Oct;31:S47-S56. PMID: 17931136 **X-1, X-2, X-4, X-5**
1178. Fain JA. Psychometric properties of the Spanish Version of the Diabetes Self-management Assessment Report Tool. *Diabetes Educ*. 2007 Sep-Oct;33(5):827-32. PMID: 17925586. **X-2, X-4**

1179. Fakhro AE, Fateha BE, al-Asheeri N, et al. Breast cancer: patient characteristics and survival analysis at Salmaniya medical complex, Bahrain. *East Mediterr Health J.* 1999 May;5(3):430-9. PMID: 10793821. **X-2, X-3, X-4, X-6**
1180. Falcao DM, Sales L, Leite JR, et al. Cognitive behavioral therapy for the treatment of fibromyalgia syndrome: a randomized controlled trial. *Journal of Musculoskeletal Pain.* 2008;16(3):133-40. **X-5**
1181. Fallowfield L. Quality of life in the elderly woman with breast cancer treated with tamoxifen and surgery or tamoxifen alone. *Journal of Women's Health.* 1994;3(1):17-20. **X-2, X-3, X-4, X-6**
1182. Famuyiwa OO. Important considerations in the care of diabetic patients in a developing country (Nigeria). *Diabet Med.* 1990 Dec;7(10):927-30. PMID: 2149693. **X-1, X-2, X-3, X-4**
1183. Famuyiwa OO, Edozien EM, Ukoli CO. Social, cultural and economic factors in the management of diabetes mellitus in Nigeria. *Afr J Med Med Sci.* 1985 Sep-Dec;14(3-4):145-54. PMID: 3004173. **X-2, X-3, X-4, X-6**
1184. Fang CY, Ma GX, Tan Y, et al. A multifaceted intervention to increase cervical cancer screening among underserved Korean women. *Cancer Epidemiology Biomarkers & Prevention.* 2007 Jun;16(6):1298-302. PMID: 17548702 **X-5**
1185. Fann JR, Jones AL, Dikmen SS, et al. Depression treatment preferences after traumatic brain injury. *The Journal of Head Trauma Rehabilitation.* 2009 Jul-Aug;24(4):272-8. PMID: 19625866. **X-2, X-4, X-6**
1186. Fardy PS, White RE, Clark LT, et al. Health promotion in minority adolescents: a Healthy People 2000 pilot study. *J Cardiopulm Rehabil.* 1995 Jan-Feb;15(1):65-72. PMID: 8529088. **X-4, X-5**
1187. Farley RL, Wade TD, Birchmore L. Factors influencing attendance at cardiac rehabilitation among coronary heart disease patients. *Eur J Cardiovasc Nurs.* 2003 Sep;2(3):205-12. PMID: 14622628. **X-2, X-4**
1188. Farmer SA, Kirkpatrick JN, Heidenreich PA, et al. Ethnic and racial disparities in cardiac resynchronization therapy. *Heart Rhythm.* 2009 Mar;6(3):325-31. PMID: 19251206. **X-2, X-4**
1189. Farmer SA, Roter DL, Higginson IJ. Chest pain: communication of symptoms and history in a London emergency department. *Patient Educ Couns.* 2006 Oct;63(1-2):138-44. PMID: 16242896. **X-2, X-3, X-4**
1189. Farrell MH, Kuruvilla P. Assessment of parental understanding by pediatric residents during Counseling after newborn genetic screening. *Archives of Pediatrics & Adolescent Medicine.* 2008 Mar;162(3):199-204. PMID: 18316655 **X-2, X-4, X-5, X-6**
1190. Farrell MH, Kuruvilla P, Eskra KL, et al. A method to quantify and compare clinicians' assessments of patient understanding during counseling of standardized patients. *Patient Educ Couns.* 2009 Oct;77(1):128-35. PMID: 19380210. **X-2, X-3, X-4, X-5, X-6**
1191. Farris JR. When insurance is not enough: racial and ethnic disparities in immunizations for the Medicare population. *Ethn Dis.* 2005 Spring;15(2 Suppl 3):S3-7-S3-12. PMID: 15945360. **X-1, X-2, X-4, X-5**

1192. Fassaert T, Nielen M, Verheij R, et al. Quality of care for anxiety and depression in different ethnic groups by family practitioners in urban areas in the Netherlands. *Gen Hosp Psychiatry*. 2010 Jul-Aug;32(4):368-76. PMID: 20633740. **X-2, X-3, X-4**
1193. Fatoye FO, Mosaku SK, Komolafe MA, et al. Depressive symptoms and associated factors following cerebrovascular accident among Nigerians. *Journal of Mental Health*. 2009;18(3):224-32. **X-2, X-3, X-4, X-5, X-6**
1194. Fayazi S, Asadizaker M, Shahrouz A. Comparison of quality of life between haemodialysis and renal transplant patients. *CONNECT: The World of Critical Care Nursing*. 2008;6(4):69-72. **X-2, X-4, X-6**
1195. Feathers JT, Kieffer EC, Palmisano G, et al. The development, implementation, and process evaluation of the REACH Detroit Partnership's Diabetes Lifestyle Intervention. *Diabetes Educ*. 2007 May-Jun;33(3):509-20. PMID: 17570882. **X-7, X-9**
1196. Featherstone JJ, Goyder E. Is waist circumference a useful screening tool for diabetes mellitus in an overweight multi-ethnic population? *Quality in Primary Care*. 2007;15(3):137-44. **X-2, X-4, X-6**
1197. Fedder DO, Chang RJ, Curry S, et al. The effectiveness of a community health worker outreach program on healthcare utilization of west Baltimore City Medicaid patients with diabetes, with or without hypertension. *Ethn Dis*. 2003 Winter;13(1):22-7. PMID: 12723008. **X-4, X-7, X-8, X-10**
1198. Federman AD, Wisnivesky JP, Wolf MS, et al. Inadequate health literacy is associated with suboptimal health beliefs in older asthmatics. *J Asthma*. 2010 Aug;47(6):620-6. PMID: 20636188. **X-2, X-4**
1199. Feifer C, Ornstein SM. Strategies for increasing adherence to clinical guidelines and improving patient outcomes in small primary care practices. *Jt Comm J Qual Saf*. 2004 Aug;30(8):432-41. PMID: 15357133. **X-6**
1200. Feinberg E, Smith MV, Morales MJ, et al. Improving women's health during internatal periods: Developing an evidenced-based approach to addressing maternal depression in pediatric settings. *Journal of Womens Health*. 2006 Jul;15(6):692-703. PMID: 16910901 **X-1, X-6, X-7, X-9**
1201. Fekete E, Geaghan TR, Druley JA. Affective and behavioural reactions to positive and negative health-related social control in HIV+men. *Psychol Health*. 2009 Jun;24(5):501-15. PMID: 20205008. **X-2, X-4, X-5, X-6**
1202. Felder C, Uehlinger C, Baumann P, et al. Oral and intravenous methadone use: some clinical and pharmacokinetic aspects. *Drug Alcohol Depend*. 1999 Jun 1;55(1-2):137-43. PMID: 10402158. **X-2, X-4, X-5, X-6**
1203. Felder E. Self-care agency and blood pressure control. *J Hum Hypertens*. 1990 Apr;4(2):124-6. PMID: 2338682. **X-2, X-4**
1204. Feldman PH, McDonald MV, Mongoven JM, et al. Home-based blood pressure interventions for blacks. *Circ Cardiovasc Qual Outcomes*. 2009 May;2(3):241-8. PMID: 20031844. **X-1, X-9**

1205. Felix-Aaron K, Moy E, Kang M, et al. Variation in quality of men's health care by race/ethnicity and social class. *Med Care*. 2005 Mar;43(3 Suppl):I72-81. PMID: 15746594. **X-2, X-4**
1206. Fennoy I. Contraception and the adolescent diabetic. *Health Educ*. 1989 Oct-Nov;20(6):21-3, 31. PMID: 2516509. **X-1, X-2, X-3, X-4, X-6**
1207. Fenton JJ, Tancredi DJ, Green P, et al. Persistent racial and ethnic disparities in up-to-date colorectal cancer testing in medicare enrollees. *J Am Geriatr Soc*. 2009 Mar;57(3):412-8. PMID: 19175435. **X-2, X-4**
1208. Fernandez A, Schillinger D, Warton EM, et al. Language Barriers, Physician-Patient Language Concordance, and Glycemic Control Among Insured Latinos with Diabetes: The Diabetes Study of Northern California (DISTANCE). *Journal of General Internal Medicine*. 2011 Feb;26(2):170-6. PMID: 20878497. **X-6, X-7, X-9**
1209. Fernandez ME, Gonzales A, Tortolero-Luna G, et al. Using intervention mapping to develop a breast and cervical cancer screening program for Hispanic farmworkers: Cultivando La Salud. *Health Promot Pract*. 2005 Oct;6(4):394-404. PMID: 16210681. **X-1, X-2**
1210. Fernandez RS, Davidson P, Griffiths R. Cardiac rehabilitation coordinators' perceptions of patient-related barriers to implementing cardiac evidence-based guidelines. *J Cardiovasc Nurs*. 2008 Sep-Oct;23(5):449-57. PMID: 18728518. **X-2, X-3, X-4, X-6**
1211. Fernandez S, Scales KL, Pineiro JM, et al. A senior center-based pilot trial of the effect of lifestyle intervention on blood pressure in minority elderly people with hypertension. *J Am Geriatr Soc*. 2008 Oct;56(10):1860-6. PMID: 18721222. **X-7, X-8, X-9**
1212. Feroze U, Noori N, Kovesdy CP, et al. Quality-of-life and mortality in hemodialysis patients: roles of race and nutritional status. *Clin J Am Soc Nephrol*. 2011 May;6(5):1100-11. PMID: 21527646. **X-2, X-4**
1213. Ferrante JM, Rovi S, Das K, et al. Family physicians expedite diagnosis of breast disease in urban minority women. *J Am Board Fam Med*. 2007 Jan-Feb;20(1):52-9. PMID: 17204735. **X-2, X-4**
1214. Ferrara A, Karter AJ, Ackerson LM, et al. Hormone replacement therapy is associated with better glycemic control in women with type 2 diabetes: The Northern California Kaiser Permanente Diabetes Registry. *Diabetes Care*. 2001 Jul;24(7):1144-50. PMID: 11423493. **X-2, X-4, X-6**
1215. Ferris TG, Crain EF, Oken E, et al. Insurance and quality of care for children with acute asthma. *Ambul Pediatr*. 2001 Sep-Oct;1(5):267-74. PMID: 11888414. **X-2, X-4**
1216. Fiddler M, Jackson J, Kapur N, et al. Childhood adversity and frequent medical consultations. *Gen Hosp Psychiatry*. 2004 Sep-Oct;26(5):367-77. PMID: 15474636. **X-2, X-4, X-5, X-6**
1217. Fiellin DA, O'Connor PG, Wang Y, et al. Quality of Care for Acute Myocardial Infarction in Elderly Patients with Alcohol-Related Diagnoses. *Alcoholism: Clinical and Experimental Research*. 2006 Jan;30(1):70-5. PMID: 16433733. **X-2, X-4, X-6**

1218. Figaro MK, Elasy T, BeLue R, et al. Exploring socioeconomic variations in diabetes control strategies: impact of outcome expectations. *J Natl Med Assoc.* 2009 Jan;101(1):18-23. PMID: 19245068. **X-2, X-4**
1219. Findley S, Irigoyen M, Sanchez M, et al. Community empowerment to reduce childhood immunization disparities in New York City. *Ethn Dis.* 2004 Summer;14(3 Suppl 1):S134-41. PMID: 15682783. **X-7**
1220. Findley SE, Irigoyen M, Sanchez M, et al. Community-based strategies to reduce childhood immunization disparities. *Health Promot Pract.* 2006 Jul;7(3 Suppl):191S-200S. PMID: 16760249. **X-7**
1221. Findley SE, Irigoyen M, See D, et al. Community-provider partnerships to reduce immunization disparities: field report from northern Manhattan. *Am J Public Health.* 2003 Jul;93(7):1041-4. PMID: 12835176. **X-4, X-6**
1222. Findley SE, Sanchez M, Mejia M, et al. REACH 2010: New York City: Effective strategies for integrating immunization promotion into community programs. *Health Promotion Practice.* 2009 Apr;10(2, Suppl):128S-37S. PMID: 19454759. **X-5, X-6, X-9**
1223. Fink JC, Armistead N, Turner M, et al. Hemodialysis adequacy in Network 5: disparity between states and the role of center effects. *Am J Kidney Dis.* 1999 Jan;33(1):97-104. PMID: 9915273. **X-2, X-4**
1224. Finkelstein FO, Story K, Firanek C, et al. Perceived knowledge among patients cared for by nephrologists about chronic kidney disease and end-stage renal disease therapies. *Kidney Int.* 2008 Nov;74(9):1178-84. PMID: 18668024. **X-2, X-4**
1225. Finkelstein J, Hripcsak G, Cabrera MR. Patients' acceptance of Internet-based home asthma telemonitoring. *Proc AMIA Symp.* 1998:336-40. PMID: 9929237. **X-4**
1226. Finlayson K, Edwards H, Courtney M. Relationships between preventive activities, psychosocial factors and recurrence of venous leg ulcers: a prospective study. *Journal of Advanced Nursing.* 2011;67(10):2180-90. PMID: 21517938. **X-2, X-4, X-5, X-6**
1227. Finucane ML, McMullen CK. Making diabetes self-management education culturally relevant for Filipino Americans in Hawaii. *The Diabetes Educator.* 2008 Sep-Oct;34(5):841-53. PMID: 18832289. **X-2, X-4**
1228. Firestone DN, Jimenez-Briceno L, Reimann JO, et al. Predictors of diabetes-specific knowledge and treatment satisfaction among Costa Ricans. *Diabetes Educ.* 2004 Mar-Apr;30(2):281-92. PMID: 15095518. **X-2, X-4**
1229. Fiscella K, Franks P. Should years of schooling be used to guide treatment of coronary risk factors? *Ann Fam Med.* 2004 Sep-Oct;2(5):469-73. PMID: 15506583. **X-2, X-4**
1230. Fiscella K, Geiger HJ. Health information technology and quality improvement for community health centers. *Health Aff (Millwood).* 2006 Mar-Apr;25(2):405-12. PMID: 16522580. **X-1, X-2, X-4, X-5, X-6**
1231. Fiscella K, Holt K. Impact of primary care patient visits on racial and ethnic disparities in preventive care in the united states. *Journal of the American Board of Family Medicine.* 2007 Nov-Dec;20(6):587-97. PMID: 17954867. **X-2, X-4**

1232. Fiscella K, Ransom S, Jean-Pierre P, et al. Patient-Reported Outcome Measures Suitable to Assessment of Patient Navigation. *Cancer*. 2011 Aug;117(15):3603-17. PMID: 21780095. **X-1, X-2, X-4, X-5, X-6**
1233. Fiscella K, Yosha A, Hendren SK, et al. Get screened: a pragmatic randomized controlled trial to increase mammography and colorectal cancer screening in a large, safety net practice. *BMC Health Serv Res*. 2010;10:280. PMID: 20863395. **X-1, X-7, X-9**
1234. Fish J, Wilkinson S. Explaining lesbians' practice of breast self-examination: results from a UK survey of lesbian health. *Health Education Journal*. 2003;62(4):304-15. **X-2, X-3, X-4**
1235. Fish L, Lung CL, Antileukotriene Working G. Adherence to asthma therapy. *Annals of Allergy Asthma & Immunology*. 2001 Jun;86(6):24-30. PMID: 11426913 **X-1, X-2, X-4, X-6**
1236. Fisher EB, Strunk RC, Highstein GR, et al. A randomized controlled evaluation of the effect of community health workers on hospitalization for asthma: the asthma coach. *Arch Pediatr Adolesc Med*. 2009 Mar;163(3):225-32. PMID: 19255389. **X-9**
1237. Fisher EB, Strunk RC, Sussman LK, et al. Community organization to reduce the need for acute care for asthma among African American children in low-income neighborhoods: the Neighborhood Asthma Coalition. *Pediatrics*. 2004 Jul;114(1):116-23. PMID: 15231917. **X-7, X-9**
1238. Fisher EB, Jr., Sussman LK, Arfken C, et al. Targeting high risk groups. Neighborhood organization for pediatric asthma management in the Neighborhood Asthma Coalition. *Chest*. 1994 Oct;106(4 Suppl):248S-59S. PMID: 7924552. **X-1, X-7, X-9**
1239. Fisher L, Chesla CA, Chun KM, et al. Patient-appraised couple emotion management and disease management among Chinese American patients with type 2 diabetes. *J Fam Psychol*. 2004 Jun;18(2):302-10. PMID: 15222837. **X-2, X-4**
1240. Fisher L, Chesla CA, Skaff MA, et al. Disease management status: a typology of Latino and Euro-American patients with type 2 diabetes. *Behav Med*. 2000 Summer;26(2):53-66. PMID: 11147290. **X-1, X-2, X-4**
1241. Fisher L, Gudmundsdottir M, Gilliss C, et al. Resolving disease management problems in European-American and Latino couples with type 2 diabetes: the effects of ethnicity and patient gender. *Fam Process*. 2000 Winter;39(4):403-16. PMID: 11143595. **X-2, X-4**
1242. Fisher L, Skaff MM, Chesla CA, et al. Disease management advice provided to African-American and Chinese-American patients with type 2 diabetes. *Diabetes Care*. 2004 Sep;27(9):2249-50. PMID: 15333495. **X-7, X-9**
1243. Fisher M, Sloane P, Edwards L, et al. Continuity of care and hypertension control in a university-based practice. *Ethn Dis*. 2007 Autumn;17(4):693-8. PMID: 18072381. **X-2, X-4**
1244. Fitzgerald JT, Anderson RM, Funnell MM, et al. Differences in the impact of dietary restrictions on African Americans and Caucasians with NIDDM. *Diabetes Educ*. 1997 Jan-Feb;23(1):41-7. PMID: 9052053. **X-2, X-4**

1245. Fitzgerald JT, Anderson RM, Gruppen LD, et al. The reliability of the Diabetes Care Profile for African Americans. *Eval Health Prof.* 1998 Mar;21(1):52-65. PMID: 10183339. **X-2, X-4**
1246. Fitzgerald JT, Funnell MM, Hess GE, et al. The reliability and validity of a brief diabetes knowledge test. *Diabetes Care.* 1998 May;21(5):706-10. PMID: 9589228. **X-2, X-4, X-6**
1247. Fitzgerald JT, Gruppen LD, Anderson RM, et al. The influence of treatment modality and ethnicity on attitudes in type 2 diabetes. *Diabetes Care.* 2000 Mar;23(3):313-8. PMID: 10868857. **X-2, X-4**
1248. Fitzgibbon ML, Gapstur SM, Knight SJ. Results of Mujeres Felices por ser Saludables: a dietary/breast health randomized clinical trial for Latino women. *Ann Behav Med.* 2004 Oct;28(2):95-104. PMID: 15454356. **X-7, X-9**
1249. Fitzpatrick SB, Coughlin SS, Chamberlin J. A novel asthma camp intervention for childhood asthma among urban blacks. The Pediatric Lung Committee of the American Lung Association of the District of Columbia (ALADC) Washington, DC. *J Natl Med Assoc.* 1992 Mar;84(3):233-7. PMID: 1578497. **X-8, X-9**
1250. Fleming B, Silver A, Ocepek-Welikson K, et al. The relationship between organizational systems and clinical quality in diabetes care. *Am J Manag Care.* 2004 Dec;10(12):934-44. PMID: 15617369. **X-2, X-4**
1251. Fleming C, Simmons D, Leakehe L, et al. Ethnic differences in the perception of a video developed for a multiethnic diabetes prevention programme in south Auckland, New Zealand. *Diabet Med.* 1995 Aug;12(8):701-7. PMID: 7587010. **X-3**
1252. Flenady V, Middleton P, Smith GC, et al. Stillbirths: the way forward in high-income countries. *Lancet.* 2011 May 14;377(9778):1703-17. PMID: 21496907. **X-1, X-2, X-3, X-4, X-6**
1253. Flessner MF, Wyatt SB, Akylbekova EL, et al. Prevalence and awareness of CKD among African Americans: the Jackson Heart Study. *Am J Kidney Dis.* 2009 Feb;53(2):238-47. PMID: 19166799. **X-2, X-4**
1254. Flores AM, Hodges LC, Brewer LH. Recovering shoulder function and quality of life after breast cancer surgery. *Journal of the Section on Women's Health.* 2004;28(3):7-14. **X-2, X-4, X-6**
1255. Flores G, Bridon C, Torres S, et al. Improving asthma outcomes in minority children: a randomized, controlled trial of parent mentors. *Pediatrics.* 2009 Dec;124(6):1522-32. PMID: 19948624. **X-9**
1256. Flores G, Ngui E. Racial/ethnic disparities and patient safety. *Pediatric Clinics of North America.* 2006 Dec;53(6):1197-+. PMID: 17126691 **X-1, X-2, X-4, X-5**
1257. Flores G, Rabke-Verani J, Pine W, et al. The importance of cultural and linguistic issues in the emergency care of children. *Pediatric Emergency Care.* 2002 Aug;18(4):271-84. PMID: 12187133. **X-1, X-2, X-5**
1258. Flori YA, Desjeux JF, Reach G, et al. Characteristics of children and adolescents with insulin-dependent diabetes mellitus participating in a summer camp educational program. *Diabete Metab.* 1986 Jun;12(3):162-8. PMID: 3525271. **X-2, X-4, X-6**

1259. Flykt M, Kanninen K, Sinkkonen J, et al. Maternal depression and dyadic interaction: the role of maternal attachment style. *Infant & Child Development*. 2010;19(5):530-50. **X-2, X-4, X-6**
1260. Flynn KJ, Powell LH, Mendes de Leon CF, et al. Increasing self-management skills in heart failure patients: a pilot study. *Congest Heart Fail*. 2005 Nov-Dec;11(6):297-302. PMID: 16330904. **X-4, X-6**
1261. Flynn L, Budd M, Modelski J. Enhancing resource utilization among pregnant adolescents. *Public Health Nurs*. 2008 Mar-Apr;25(2):140-8. PMID: 18294182. **X-6, X-7, X-9**
1262. Fogel J, Albert SM, Schnabel F, et al. Use of the Internet by women with breast cancer. *J Med Internet Res*. 2002 Apr-Nov;4(2):E9. PMID: 12554556. **X-2, X-4**
1263. Fogel J, Albert SM, Schnabel F, et al. Racial/ethnic differences and potential psychological benefits in use of the internet by women with breast cancer. *Psychooncology*. 2003 Mar;12(2):107-17. PMID: 12619143. **X-2, X-4**
1264. Folkvord S, Odegaard OA, Sundby J. Male infertility in Zimbabwe. *Patient Educ Couns*. 2005 Dec;59(3):239-43. PMID: 16242296. **X-2, X-3, X-4, X-5, X-6**
1265. Follick MJ, Gorkin L, Smith TW, et al. Quality of life post-myocardial infarction: effects of a transtelephonic coronary intervention system. *Health Psychol*. 1988;7(2):169-82. PMID: 3371309. **X-6, X-7, X-9**
1266. Fonnebo V, Sogaard AJ. The penetrating educational effect of a mass-media based fund-raising campaign "heart for life". *Scand J Soc Med*. 1990 Sep;18(3):185-93. PMID: 2237326. **X-3, X-6**
1267. Fontana V, Castro T, Polynice A. Preferences of healthy inner city women and the surgical treatment of early stage breast cancer. *Am Surg*. 2007 Mar;73(3):215-21. PMID: 17375774. **X-2, X-4**
1268. Forbis SG, Aligne CA. Poor readability of written asthma management plans found in national guidelines. *Pediatrics*. 2002 Apr;109(4):e52. PMID: 11927725. **X-2, X-3, X-4**
1269. Ford ES, Harel Y, Heath G, et al. Test characteristics of self-reported hypertension among the Hispanic population: findings from the Hispanic Health and Nutrition Examination Survey. *J Clin Epidemiol*. 1990;43(2):159-65. PMID: 2406376. **X-2, X-4**
1270. Ford LA, Crabtree RD, Hubbell A. Crossing borders in health communication research: toward an ecological understanding of context, complexity, and consequences in community-based health education in the U.S.-Mexico borderlands. *Health Commun*. 2009 Oct;24(7):608-18. PMID: 20183369. **X-1, X-2, X-3, X-4, X-5, X-6**
1271. Ford ME, Edwards G, Rodriguez JL, et al. An empowerment-centered, church-based asthma education program for African American adults. *Health Soc Work*. 1996 Feb;21(1):70-5. PMID: 8626161. **X-1, X-9**
1272. Ford ME, Havstad SL, Tilley BC, et al. Health outcomes among African American and Caucasian adults following a randomized trial of an asthma education program. *Ethn Health*. 1997 Nov;2(4):329-39. PMID: 9526696. **X-6, X-9**

1273. Ford ME, Randolph V, Hopkins-Johnson L, et al. Design of a case management approach to enhance cancer screening trial retention among older African American men. *J Aging Health*. 2004 Nov;16(5 Suppl):39S-57S. PMID: 15448286. **X-7, X-9, X-10**
1274. Ford S, Mai F, Manson A, et al. Diabetes knowledge--are patients getting the message? *Int J Clin Pract*. 2000 Oct;54(8):535-6. PMID: 11198733. **X-2, X-4**
1275. Forsander G, Malmodin B, Eklund C, et al. Relationship between dietary intake in children with diabetes mellitus type 1, their management at diagnosis, social factors, anthropometry and glycaemic control. *Scandinavian Journal of Nutrition*. 2003;47(2):75-84. **X-2, X-3, X-4, X-6**
1276. Fort JG, McClellan L. REACH-Meharry community-campus partnership: developing culturally competent health care providers. *J Health Care Poor Underserved*. 2006 May;17(2 Suppl):78-87. PMID: 16809876. **X-1, X-2, X-4**
1277. Fortmann AL, Gallo LC, Philis-Tsimikas A. Glycemic control among Latinos with type 2 diabetes: the role of social-environmental support resources. *Health Psychol*. 2011 May;30(3):251-8. PMID: 21553968. **X-2, X-4**
1278. Fortmann AL, Gallo LC, Walker C, et al. Support for disease management, depression, self-care, and clinical indicators among Hispanics with type 2 diabetes in San Diego County, United States of America. *Rev Panam Salud Publica*. 2010 Sep;28(3):230-4. PMID: 20963271. **X-2, X-4**
1279. Foster PP, Williams JH, Estrada CA, et al. Recruitment of rural physicians in a diabetes internet intervention study: overcoming challenges and barriers. *J Natl Med Assoc*. 2010 Feb;102(2):101-7. PMID: 20191922. **X-2, X-3, X-4, X-10**
1280. Foster SM, Layton HS, Qualls SH, et al. Tailored caregiver therapy: consumer response to intervention. *Clinical Gerontologist*. 2009;32(2):177-97. **X-2, X-4, X-5**
1281. Fouad M, Wynn T, Martin M, et al. Patient navigation pilot project: results from the Community Health Advisors in Action Program (CHAAP). *Ethn Dis*. 2010 Spring;20(2):155-61. PMID: 20503896. **X-9**
1282. Fouad MN, Nagy MC, Johnson RE, et al. The development of a community action plan to reduce breast and cervical cancer disparities between African-American and White women. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S53-60. PMID: 15682772. **X-2, X-4**
1283. Fouad MN, Partridge E, Dignan M, et al. A community-driven action plan to eliminate breast and cervical cancer disparity: successes and limitations. *J Cancer Educ*. 2006 Spring;21(1 Suppl):S91-100. PMID: 17020510. **X-1, X-6, X-7, X-9**
1284. Fowler BA. The influence of social support relationships on mammography screening in African-American women. *J Natl Black Nurses Assoc*. 2007 Jul;18(1):21-9. PMID: 17679411. **X-2, X-4**
1285. Fox J, Alabassi A, Black E, et al. Modelling clinical goals: a corpus of examples and a tentative ontology. *Stud Health Technol Inform*. 2004;101:31-45. PMID: 15537204. **X-1, X-2, X-3, X-4, X-5, X-6**

1286. Fox P, Porter PG, Lob SH, et al. Improving asthma-related health outcomes among low-income, multiethnic, school-aged children: results of a demonstration project that combined continuous quality improvement and community health worker strategies. *Pediatrics*. 2007 Oct;120(4):e902-11. PMID: 17908746. **X-9**
1287. Fox SA, Klos DS, Worthen NJ, et al. Improving the adherence of urban women to mammography guidelines: strategies for radiologists. *Radiology*. 1990 Jan;174(1):203-6. PMID: 2294548. **X-1, X-2, X-4, X-6**
1288. Fox SA, Murata PJ, Stein JA. The impact of physician compliance on screening mammography for older women. *Arch Intern Med*. 1991 Jan;151(1):50-6. PMID: 1985609. **X-2, X-4, X-6**
1289. Fox SA, Stein JA, Sockloskie RJ, et al. Targeted mailed materials and the Medicare beneficiary: Increasing mammogram screening among the elderly. *American Journal of Public Health*. 2001 Jan;91(1):55-61. PMID: 11189826. **X-6, X-8, X-9**
1290. Francis L, Weiss BD, Senf JH, et al. Does literacy education improve symptoms of depression and self-efficacy in individuals with low literacy and depressive symptoms? A preliminary investigation. *J Am Board Fam Med*. 2007 Jan-Feb;20(1):23-7. PMID: 17204731. **X-2, X-4**
1291. Franks P, Clancy CM. Physician gender bias in clinical decisionmaking: screening for cancer in primary care. *Med Care*. 1993 Mar;31(3):213-8. PMID: 8450679. **X-2, X-4**
1292. Franz MJ. The Lenna Francis Cooper Memorial Lecture--The future of clinical dietetics: evidence, outcomes, and reimbursement. *J Am Diet Assoc*. 2003 Aug;103(8):977-81. PMID: 12891145. **X-1, X-2, X-3, X-4, X-6**
1293. Fraser W, Hatem-Asmar M, Krauss I, et al. Comparison of midwifery care to medical care in hospitals in the Quebec pilot projects study: clinical indicators. *L'Equipe d'Evaluation des Projets-Pilotes Sages-Femmes. Can J Public Health*. 2000 Jan-Feb;91(1):15-11. PMID: 10765581. **X-2, X-3, X-4, X-6**
1294. Frayne SM, Halanych JH, Miller DR, et al. Disparities in diabetes care: impact of mental illness. *Arch Intern Med*. 2005 Dec 12-26;165(22):2631-8. PMID: 16344421. **X-2, X-4, X-6**
1295. Frayne SM, Skinner KM, Lin H, et al. Effect of patient gender on late-life depression management. *J Womens Health (Larchmt)*. 2004 Oct;13(8):919-25. PMID: 15671707. **X-2, X-3, X-4**
1296. Fredericks S, Guruge S, Sidani S, et al. Patient demographics and learning needs: examination of relationship. *Clin Nurs Res*. 2009 Nov;18(4):307-22. PMID: 19605606. **X-2, X-4, X-6**
1297. Freeman HP, Muth BJ, Kerner JF. Expanding access to cancer screening and clinical follow-up among the medically underserved. *Cancer Pract*. 1995 Jan-Feb;3(1):19-30. PMID: 7704057. **X-4, X-9, X-10**
1298. Freeman J, Loewe R. Barriers to communication about diabetes mellitus. Patients' and physicians' different view of the disease. *J Fam Pract*. 2000 Jun;49(6):507-12. PMID: 10923549. **X-2, X-4**

1299. Fremont AM, Correa-de-Araujo R, Hayes SN. Gender disparities in managed care: It's time for action. *Women's Health Issues*. 2007 May-Jun;17(3):116-9. PMID: 17512754. **X-1, X-2, X-4, X-5**
1300. Frey MA, Ellis D, Templin T, et al. Diabetes management and metabolic control in school-age children with type 1 diabetes. *Childrens Health Care*. 2006 Fal;35(4):349-63. PMID: n/a. **X-2, X-4**
1301. Freyberg N, Strain L, Tsuyuki RT, et al. "If he gives in, he will be gone...": The influence of work and place on experiences, reactions and self-care of heart failure in rural Canada. *Social Science & Medicine*. 2010 Apr;70(7):1077-83. PMID: 20117867. **X-2, X-3, X-4, X-6**
1302. Friedemann-Sanchez G, Griffin JM, Partin MR. Gender differences in colorectal cancer screening barriers and information needs. *Health Expect*. 2007 Jun;10(2):148-60. PMID: 17524008. **X-2, X-4**
1303. Friedewald VE, Fonarow GC, Olshansky B, et al. The editor's roundtable: Implantable cardioverter-defibrillators in primary prevention of sudden cardiac death and disparity-related barriers to implementation. *Am J Cardiol*. 2011 Feb 15;107(4):583-90. PMID: 21295175. **X-1, X-6, X-7, X-9**
1304. Friedman DB, Hoffman-Goetz L. An exploratory study of older adults' comprehension of printed cancer information: is readability a key factor? *J Health Commun*. 2007 Jul-Aug;12(5):423-37. PMID: 17710594. **X-2, X-4**
1305. Friedman LC, Puryear LJ, Moore A, et al. Breast and colorectal cancer screening among low-income women with psychiatric disorders. *Psychooncology*. 2005 Sep;14(9):786-91. PMID: 15690427. **X-2, X-4**
1306. Friedman LC, Webb JA, Richards CS, et al. Psychological and behavioral factors associated with colorectal cancer screening among Ashkenazim. *Prev Med*. 1999 Aug;29(2):119-25. PMID: 10446038. **X-2, X-4**
1307. Friedman M, Borum ML. Colorectal cancer screening of African Americans by internal medicine resident physicians can be improved with focused educational efforts. *J Natl Med Assoc*. 2007 Sep;99(9):1010-2. PMID: 17913110. **X-9**
1308. Frijling BD, Lobo CM, Keus IM, et al. Perceptions of cardiovascular risk among patients with hypertension or diabetes. *Patient Educ Couns*. 2004 Jan;52(1):47-53. PMID: 14729290. **X-2, X-4, X-6**
1309. Frisco ML, Houle JN, Martin MA. Adolescent weight and depressive symptoms: For whom is weight a burden? *Social Science Quarterly*. 2009 Dec;90(4):1019-38. **X-2, X-4**
1310. Fritschi C, Quinn L, Penckofer S, et al. Continuous glucose monitoring: the experience of women with type 2 diabetes. *Diabetes Educ*. 2010 Mar-Apr;36(2):250-7. PMID: 20016057. **X-2, X-3, X-6**
1311. Froelicher ES, Kee LL, Newton KM, et al. Return to work, sexual activity, and other activities after acute myocardial infarction. *Heart Lung*. 1994 Sep-Oct;23(5):423-35. PMID: 7989211. **X-6, X-9**

1312. Frounfelker RL, Glover CM, Teachout A, et al. Access to supported employment for consumers with criminal justice involvement. *Psychiatr Rehabil J*. 2010 Summer;34(1):49-56. PMID: 20615845. **X-2, X-5, X-6**
1313. Ftohy EM, Abdel-Gawwad ES, Kamal MM, et al. Cognitive predictors of self-management behavior of asthmatic children and their families in Alexandria. *J Egypt Public Health Assoc*. 1999;74(3-4):439-61. PMID: 17219878. **X-2, X-3, X-4**
1314. Fu AZ, Qiu Y, Radican L, et al. Health care and productivity costs associated with diabetic patients with macrovascular comorbid conditions. *Diabetes Care*. 2009 Dec;32(12):2187-92. PMID: 19729528. **X-1, X-2, X-6**
1315. Fu CM, Parahoo K. Causes of depression: perceptions among people recovering from depression. *J Adv Nurs*. 2009 Jan;65(1):101-9. PMID: 19032511. **X-2, X-3, X-4, X-6**
1316. Fulwood R. Setting the agenda for research and education on coronary heart disease. *J Health Care Poor Underserved*. 1997 Aug;8(3):247-9. PMID: 9253216. **X-1, X-2, X-4**
1317. Funk KL, Elmer PJ, Stevens VJ, et al. PREMIER--a trial of lifestyle interventions for blood pressure control: intervention design and rationale. *Health Promot Pract*. 2008 Jul;9(3):271-80. PMID: 16803935. **X-1, X-2, X-4**
1318. Gabram SG, Lund MJ, Gardner J, et al. Effects of an outreach and internal navigation program on breast cancer diagnosis in an urban cancer center with a large African-American population. *Cancer*. 2008 Aug 1;113(3):602-7. PMID: 18613035. **X-6, X-9**
1319. Gadzinowski J, Szymankiewicz M, Breborowicz G. International Perinatology/Neonatology--a global perspective. *J Perinatol*. 1998 May-Jun;18(3):211-5. PMID: 9659652. **X-1, X-3, X-6, X-7, X-9**
1320. Gaffney B, Kee F. Are the economically active more deserving? *Br Heart J*. 1995 Apr;73(4):385-9. PMID: 7756076. **X-2, X-3**
1321. Gagliardi G, Pucciarelli S, Asteria CR, et al. A nationwide audit of the use of radiotherapy for rectal cancer in Italy. *Tech Coloproctol*. 2010 Sep;14(3):229-35. PMID: 20632061. **X-2, X-3, X-6**
1322. Galdeano LE, Rossi LA, Pelegriano FM. Content validation of the "deficient knowledge" nursing diagnosis. *Acta Paulista de Enfermagem*. 2008;21(4):549-55. **X-2, X-3, X-5, X-6**
1323. Galesic M, Garcia-Retamero R, Gigerenzer G. Using icon arrays to communicate medical risks: overcoming low numeracy. *Health Psychol*. 2009 Mar;28(2):210-6. PMID: 19290713. **X-7, X-9**
1324. Gallagher R, Belshaw J, Kirkness A, et al. Sublingual nitroglycerin practices in patients with coronary artery disease in Australia. *J Cardiovasc Nurs*. 2010 Nov-Dec;25(6):480-6. PMID: 20938250. **X-2, X-3**
1325. Gallefoss F, Bakke PS, Wang IJ, et al. Smoking status, disease duration, and educational level in females, are related to asthma school participation. *Eur Respir J*. 2000 Jun;15(6):1022-5. PMID: 10885419. **X-2**

1326. Gallegos-Macias AR, Macias SR, Kaufman E, et al. Relationship between glycemic control, ethnicity and socioeconomic status in Hispanic and white non-Hispanic youths with type 1 diabetes mellitus. *Pediatr Diabetes*. 2003 Mar;4(1):19-23. PMID: 14655519. **X-2**
1327. Ganesan K, Teklehaimanot S, Akhtar AJ, et al. Racial differences in preventive practices of African-American and Hispanic women. *Journal of the American Geriatrics Society*. 2003 Apr;51(4):515-8. PMID: 12657071. **X-2**
1328. Gannon M, Qaseem A, Snow V. Community-based primary care: improving and assessing diabetes management. *Am J Med Qual*. 2010 Jan-Feb;25(1):6-12. PMID: 19786594. **X-6, X-9**
1329. Gansler T, Henley SJ, Stein K, et al. Sociodemographic determinants of cancer treatment health literacy. *Cancer*. 2005 Aug;104(3):653-60. PMID: 15983986 **X-2**
1330. Gany FM, Shah SM, Changrani J. New York City's immigrant minorities - Reducing cancer health disparities. *Cancer*. 2006 Oct;107(8):2071-81. PMID: 16983657. **X-1, X-2**
1331. Ganz PA, Greendale GA, Petersen L, et al. Managing menopausal symptoms in breast cancer survivors: results of a randomized controlled trial. *J Natl Cancer Inst*. 2000 Jul 5;92(13):1054-64. PMID: 10880548. **X-6, X-9**
1332. Ganz PA, Kwan L, Stanton AL, et al. Quality of life at the end of primary treatment of breast cancer: first results from the moving beyond cancer randomized trial. *J Natl Cancer Inst*. 2004 Mar 3;96(5):376-87. PMID: 14996859. **X-2, X-7**
1333. Garcia AA. Symptom prevalence and treatments among mexican americans with type 2 diabetes. *Diabetes Educ*. 2005 Jul-Aug;31(4):543-54. PMID: 16100330. **X-2**
1334. Garcia AA. The Diabetes Symptom Self-Care Inventory: development and psychometric testing with Mexican Americans. *J Pain Symptom Manage*. 2011 Apr;41(4):715-27. PMID: 21276705. **X-2, X-4**
1335. Garcia AA, Brown SA, Winchell M, et al. Using the Behavioral Checklist to document diabetes self-management behaviors in the Starr County Diabetes Education Study. *Diabetes Educ*. 2003 Sep-Oct;29(5):758-60, 62, 64 passim. PMID: 14603867. **X-6, X-7, X-9**
1336. Garcia AA, Villagomez ET, Brown SA, et al. The Starr County Diabetes Education Study: development of the Spanish-language diabetes knowledge questionnaire. *Diabetes Care*. 2001 Jan;24(1):16-21. PMID: 11194219. **X-2**
1337. Garcia CM, Saewyc EM. Perceptions of mental health among recently immigrated Mexican adolescents. *Issues Ment Health Nurs*. 2007 Jan;28(1):37-54. PMID: 17130006. **X-2, X-4**
1338. Garcia JA, Romano PS, Chan BK, et al. Sociodemographic factors and the assignment of do-not-resuscitate orders in patients with acute myocardial infarctions. *Med Care*. 2000 Jun;38(6):670-8. PMID: 10843314. **X-2**
1339. Garcia PC. International standard of quality in the pediatric intensive care unit: a model for pediatric intensive care units in South America. *Crit Care Med*. 1993 Sep;21(9 Suppl):S409-10. PMID: 8365264. **X-1, X-2, X-3, X-4, X-5, X-6**

1340. Garcia-Perez L, Perestelo-Perez L, Serrano-Aguilar P, et al. Effectiveness of a psychoeducative intervention in a summer camp for children with type 1 diabetes mellitus. *Diabetes Educ.* 2010 Mar-Apr;36(2):310-7. PMID: 20185607. **X-4**
1341. Garcia-Vera MP, Labrador FJ, Sanz J. Comparison of clinic, home self-measured, and work self-measured blood pressures. *Behav Med.* 1999 Spring;25(1):13-22. PMID: 10209694. **X-2, X-4**
1342. Gardner DF, Eastman BG, Mehl TD, et al. Effect of psychosocial factors on success in a program of self-glucose monitoring. *Diabetes Res.* 1985 Mar;2(2):89-93. PMID: 4042533. **X-2, X-4**
1343. Garg SK, Carter JA, Mullen L, et al. The clinical performance and ease of use of a blood glucose meter that uses a 10-test disk. *Diabetes Technol Ther.* 2004 Aug;6(4):495-502. PMID: 15321005. **X-2, X-6**
1344. Garner P, Heywood P, Baea M, et al. Infant mortality in a deprived area of Papua New Guinea: priorities for antenatal services and health education. *P N G Med J.* 1996 Mar;39(1):6-11. PMID: 9522844. **X-2, X-3**
1345. Garrett J, Fenwick JM, Taylor G, et al. Prospective controlled evaluation of the effect of a community based asthma education centre in a multiracial working class neighbourhood. *Thorax.* 1994 Oct;49(10):976-83. PMID: 7974314. **X-6, X-9**
1346. Garrett JE, Mulder J, Wong-Toi H. Reasons for racial differences in A & E attendance rates for asthma. *N Z Med J.* 1989 Mar 22;102(864):121-4. PMID: 2927806. **X-2, X-3**
1347. Garrow D, Egede LE. National patterns and correlates of complementary and alternative medicine use in adults with diabetes. *J Altern Complement Med.* 2006 Nov;12(9):895-902. PMID: 17109581. **X-2**
1348. Garvin CC, Cheadle A, Chrisman N, et al. A community-based approach to diabetes control in multiple cultural groups. *Ethn Dis.* 2004 Summer;14(3 Suppl 1):S83-92. PMID: 15682776. **X-9, X-10**
1349. Gary TL, Batts-Turner M, Bone LR, et al. A randomized controlled trial of the effects of nurse case manager and community health worker team interventions in urban African-Americans with type 2 diabetes. *Control Clin Trials.* 2004 Feb;25(1):53-66. PMID: 14980748. **X-6, X-9**
1350. Gary TL, Bone LR, Hill MN, et al. Randomized controlled trial of the effects of nurse case manager and community health worker interventions on risk factors for diabetes-related complications in urban African Americans. *Preventive Medicine: An International Journal Devoted to Practice and Theory.* 2003 Jul;37(1):23-32. **X-9**
1351. Gary TL, Crum RM, Cooper-Patrick L, et al. Depressive symptoms and metabolic control in African-Americans with type 2 diabetes. *Diabetes Care.* 2000 Jan;23(1):23-9. PMID: 10857963. **X-2**
1352. Gary TL, Hill-Briggs F, Batts-Turner M, et al. Translational research principles of an effectiveness trial for diabetes care in an urban African American population. *Diabetes Educ.* 2005 Nov-Dec;31(6):880-9. PMID: 16288095. **X-1, X-7, X-9**

1353. Gastal DA, Pinheiro RT, Vazquez DP. Self-efficacy scale for Brazilians with type 1 diabetes. *Sao Paulo Med J*. 2007 Mar 1;125(2):96-101. PMID: 17625707. **X-2, X-3, X-6**
1354. Gattuso S, Fullagar S, Young I. Speaking of women's 'nameless misery': the everyday construction of depression in Australian women's magazines. *Soc Sci Med*. 2005 Oct;61(8):1640-8. PMID: 16029771. **X-1, X-2, X-3, X-4, X-5, X-6**
1355. Gayer D, Ganong L. Family structure and mothers' caregiving of children with cystic fibrosis. *J Fam Nurs*. 2006 Nov;12(4):390-412. PMID: 17099117. **X-2, X-6**
1356. Gaynes BN, West SL, Ford CA, et al. Screening for suicide risk in adults: A summary of the evidence for the US preventive services task force. *Annals of Internal Medicine*. 2004 May;140(10):822-35. PMID: 15148072 **X-1, X-2, X-3, X-4, X-5, X-6**
1357. Gazmararian J, Baker D, Parker R, et al. A multivariate analysis of factors associated with depression: evaluating the role of health literacy as a potential contributor. *Arch Intern Med*. 2000 Nov 27;160(21):3307-14. PMID: 11088094. **X-2**
1358. Gazmararian JA, Williams MV, Peel J, et al. Health literacy and knowledge of chronic disease. *Patient Education and Counseling*. 2003 Nov;51(3):267-75. PMID: 14630383 **X-2**
1359. Gazmararian JA, Ziemer DC, Barnes C. Perception of barriers to self-care management among diabetic patients. *Diabetes Educ*. 2009 Sep-Oct;35(5):778-88. PMID: 19556552. **X-2, X-4**
1360. Gee GC, Ryan A, Laflamme DJ, et al. Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in the New Hampshire REACH 2010 Initiative: the added dimension of immigration. *Am J Public Health*. 2006 Oct;96(10):1821-8. PMID: 17008579. **X-2, X-4, X-5**
1361. Gee L, Smith TL, Solomon M, et al. The clinical, psychosocial, and socioeconomic concerns of urban youth living with diabetes. *Public Health Nurs*. 2007 Jul-Aug;24(4):318-28. PMID: 17553021. **X-2, X-4**
1362. Geiger-Brown J, Muntaner C, Lipscomb J, et al. Demanding work schedules and mental health in nursing assistants working in nursing homes. *Work & Stress*. 2004;18(4):292-304. **X-2, X-5, X-6**
1363. Gelfand DE, Parzuchowski J, Rivero-Perry M, et al. Work-site cancer screening: a Latino case study. *Oncol Nurs Forum*. 2000 May;27(4):659-66. PMID: 10833694. **X-9**
1364. Geller BM, Skelly JM, Dorwaldt AL, et al. Increasing patient/physician communications about colorectal cancer screening in rural primary care practices. *Medical Care*. 2008 Sep;46(9):S36-S43. PMID: 18725831 **X-6, X-9**
1365. Généreux M, Auger N, Goneau M, et al. Neighbourhood socioeconomic status, maternal education and adverse birth outcomes among mothers living near highways. *Journal of Epidemiology and Community Health*. 2008 Aug;62(8):695-700. PMID: 18621954. **X-2, X-3**
1366. Genev NM, Flack JR, Hoskins PL, et al. Diabetes education: whose priorities are met? *Diabet Med*. 1992 Jun;9(5):475-9. PMID: 1611837. **X-2, X-3, X-6**

1367. Georg G, Seroussi B, Bouaud J. Does GEM-encoding clinical practice guidelines improve the quality of knowledge bases? A study with the rule-based formalism. *AMIA Annu Symp Proc.* 2003;254-8. PMID: 14728173. **X-2, X-3, X-4, X-5, X-6**
1368. Georg G, Seroussi B, Bouaud J. Interpretative framework of chronic disease management to guide textual guideline GEM-encoding. *Stud Health Technol Inform.* 2003;95:531-6. PMID: 14664041. **X-2, X-3, X-4**
1369. Georg G, Seroussi B, Bouaud J. Synthesis of elementary single-disease recommendations to support guideline-based therapeutic decision for complex polypathological patients. *Stud Health Technol Inform.* 2004;107(Pt 1):38-42. PMID: 15360770. **X-2, X-4**
1370. Georg G, Seroussi B, Bouaud J. Extending the GEM model to support knowledge extraction from textual guidelines. *Int J Med Inform.* 2005 Mar;74(2-4):79-87. PMID: 15694612. **X-2, X-3, X-4, X-6**
1371. George JT, Warriner DA, Anthony J, et al. Training tomorrow's doctors in diabetes: self-reported confidence levels, practice and perceived training needs of post-graduate trainee doctors in the UK. A multi-centre survey. *BMC Med Educ.* 2008;8:22. PMID: 18419804. **X-2, X-3, X-5, X-6**
1372. George M, Campbell J, Rand C. Self-management of acute asthma among low-income urban adults. *J Asthma.* 2009 Aug;46(6):618-24. PMID: 19657906. **X-2, X-4**
1373. Gerald LB, Redden D, Wittich AR, et al. Outcomes for a comprehensive school-based asthma management program. *J Sch Health.* 2006 Aug;76(6):291-6. PMID: 16918857. **X-8, X-9**
1374. Gerber B, Smith EV, Jr., Girotti M, et al. Using Rasch measurement to investigate the cross-form equivalence and clinical utility of Spanish and English versions of a diabetes questionnaire: a pilot study. *J Appl Meas.* 2002;3(3):243-71. PMID: 12147912. **X-2, X-4**
1375. Gerber BS, Brodsky IG, Lawless KA, et al. Implementation and evaluation of a low-literacy diabetes education computer multimedia application. *Diabetes Care.* 2005 Jul;28(7):1574-80. PMID: 15983303. **X-6, X-7, X-9**
1376. Gerber BS, Cano AI, Caceres ML, et al. A Pharmacist and Health Promoter Team to Improve Medication Adherence Among Latinos with Diabetes. *Annals of Pharmacotherapy.* 2010 Jan;44(1):70-9. PMID: 20028957 **X-4**
1377. Gerber BS, Davis K, Wideman D, et al. Implementation of computer multimedia for diabetes prevention in African-American women. *AMIA Annu Symp Proc.* 2005:962. PMID: 16779249. **X-2, X-8, X-9, X-10**
1378. Gerber BS, Pagcatipunan M, Smith EV, Jr., et al. The assessment of diabetes knowledge and self-efficacy in a diverse population using Rasch measurement. *J Appl Meas.* 2006;7(1):55-73. PMID: 16385151. **X-2**
1379. Gerber LM, Barron Y, Mongoven J, et al. Activation among chronically ill older adults with complex medical needs: challenges to supporting effective self-management. *J Ambul Care Manage.* 2011 Jul-Sep;34(3):292-303. PMID: 21673530. **X-2, X-4**

1380. Gerber Y, Goldbourt U, Drory Y. Interaction between income and education in predicting long-term survival after acute myocardial infarction. *Eur J Cardiovasc Prev Rehabil*. 2008 Oct;15(5):526-32. PMID: 18622301. **X-2, X-3**
1381. Gergen PJ, Goldstein RA. Does asthma education equal asthma intervention? *Int Arch Allergy Immunol*. 1995 May-Jun;107(1-3):166-8. PMID: 7613124. **X-1, X-6, X-7, X-9**
1382. Gerin W, Tobin JN, Schwartz JE, et al. The medication Adherence and Blood Pressure Control (ABC) trial: a multi-site randomized controlled trial in a hypertensive, multi-cultural, economically disadvantaged population. *Contemp Clin Trials*. 2007 Jul;28(4):459-71. PMID: 17287150. **X-1, X-2**
1383. Gesler WM, Dougherty M, Arcury TA, et al. The importance of obtaining information from assessment of community service providers for a disease prevention program. *Journal of Multicultural Nursing & Health (JMCNH)*. 2003;9(2):14-21. **X-2, X-4**
1384. Gesler WM, Hayes M, Arcury TA, et al. Use of mapping technology in health intervention research. *Nurs Outlook*. 2004 May-Jun;52(3):142-6. PMID: 15197363. **X-6, X-7, X-9**
1385. Ghafari A, Sepehrvand N, Hatami S, et al. Effect of an educational program on awareness about peritoneal dialysis among patients on hemodialysis. *Saudi J Kidney Dis Transpl*. 2010 Jul;21(4):636-40. PMID: 20587865. **X-2, X-3, X-6**
1386. Ghisi GL, Durieux A, Manfroi WC, et al. [Construction and validation of the CADE-Q for patient education in cardiac rehabilitation programs]. *Arq Bras Cardiol*. 2010 Jun;94(6):813-22. PMID: 20464275. **X-2, X-3, X-4, X-5, X-6**
1387. Gholami P, Lew SQ, Klontz KC. Raw shellfish consumption among renal disease patients. A risk factor for severe *Vibrio vulnificus* infection. *Am J Prev Med*. 1998 Oct;15(3):243-5. PMID: 9791643. **X-6, X-7, X-9**
1388. Ghorob A, Vivas MM, De Vore D, et al. The effectiveness of peer health coaching in improving glycemic control among low-income patients with diabetes: protocol for a randomized controlled trial. *BMC Public Health*. 2011;11:208. PMID: 21457567. **X-1, X-2, X-4**
1389. Ghosh HA, Shaar A, Mashal J, et al. Diabetes control in 3 villages in Palestine: a community-based quality improvement intervention. *J Ambul Care Manage*. 2007 Jan-Mar;30(1):74-8. PMID: 17170640. **X-3**
1390. Giachello AL, Arrom JO, Davis M, et al. Reducing diabetes health disparities through community-based participatory action research: the Chicago Southeast Diabetes Community Action Coalition. *Public Health Rep*. 2003 Jul-Aug;118(4):309-23. PMID: 12815078. **X-10**
1391. Giannotti TE, Tate JP, Kelvey-Albert M, et al. Profiling variations in outpatient care for Medicare beneficiaries in Connecticut. *Conn Med*. 2006 Sep;70(8):509-14. PMID: 17089809. **X-1, X-2, X-3, X-4, X-5, X-6**
1392. Giaramazidou T, Giovreki A, Morfakidou L, et al. A study of dietary knowledge and its religious relationship in patients receiving haemodialysis. *EDTNA ERCA J*. 2005 Oct-Dec;31(4):199-202. PMID: 16551025. **X-2, X-4, X-6**

1393. Giarratano G, Bustamante-Forest R, Carter C. A multicultural and multilingual outreach program for cervical and breast cancer screening. *J Obstet Gynecol Neonatal Nurs*. 2005 May-Jun;34(3):395-402. PMID: 15890840. **X-1, X-7, X-9**
1394. Gibson LM. A four-phase program to recruit African American women into breast cancer promotion programs. *ABNF J*. 2000 Jul-Aug;11(4):94-6. PMID: 11760311. **X-1, X-6, X-7, X-9**
1395. Gibson PG, Shah S, Mamoon HA. Peer-led asthma education for adolescents: impact evaluation. *J Adolesc Health*. 1998 Jan;22(1):66-72. PMID: 9436069. **X-7, X-8**
1396. Gifford AL, McPhee SJ, Fordham D. Preventive care among HIV-positive patients in a general medicine practice. *Am J Prev Med*. 1994 Jan-Feb;10(1):5-9. PMID: 7909673. **X-2, X-4, X-5**
1397. Gifford S, Zimmet P. A community approach to diabetes education in Australia--The Region 8 (Victoria) Diabetes Education and Control Program. *Diabetes Res Clin Pract*. 1986 May;2(2):105-12. PMID: 3720500. **X-1, X-2, X-3, X-4, X-5, X-6**
1398. Gijsbers B, Mesters I, Knottnerus JA, et al. Factors associated with the duration of exclusive breast-feeding in asthmatic families. *Health Educ Res*. 2008 Feb;23(1):158-69. PMID: 17412718. **X-3, X-5, X-6**
1399. Gilbertson HR, Brand-Miller JC, Thorburn AW, et al. The effect of flexible low glycemic index dietary advice versus measured carbohydrate exchange diets on glycemic control in children with type 1 diabetes. *Diabetes Care*. 2001 Jul;24(7):1137-43. PMID: 11423492. **X-7**
1400. Gilmer TP, O'Connor PJ, Rush WA, et al. Impact of office systems and improvement strategies on costs of care for adults with diabetes. *Diabetes Care*. 2006 Jun;29(6):1242-8. PMID: 16732003. **X-2**
1401. Gilmer TP, Roze S, Valentine WJ, et al. Cost-effectiveness of diabetes case management for low-income populations. *Health Serv Res*. 2007 Oct;42(5):1943-59. PMID: 17850527. **X-7, X-9**
1402. Gilmer TP, Walker C, Johnson ED, et al. Improving treatment of depression among Latinos with diabetes using project Dulce and IMPACT. *Diabetes Care*. 2008 Jul;31(7):1324-6. PMID: 18356401. **X-9**
1403. Gimpel N, Marcee A, Kennedy K, et al. Patient perceptions of a community-based care coordination system. *Health Promot Pract*. 2010 Mar;11(2):173-81. PMID: 19131540. **X-2, X-4, X-5**
1404. Ginde AA, Clark S, Goldstein JN, et al. Demographic disparities in numeracy among emergency department patients: evidence from two multicenter studies. *Patient Educ Couns*. 2008 Aug;72(2):350-6. PMID: 18462915. **X-2, X-5**
1405. Gines MD, Pinto LA, Gocka IT, et al. Relationship between chronic conditions and patient satisfaction with managed care. *Journal for Healthcare Quality: Promoting Excellence in Healthcare*. 2001;23(6):10-5. **X-6, X-7, X-9**

1406. Ginsburg KR, Howe CJ, Jawad AF, et al. Parents' perceptions of factors that affect successful diabetes management for their children. *Pediatrics*. 2005 Nov;116(5):1095-104. PMID: 16263995. **X-2**
1407. Girdler SJ, Boldy DP, Dhaliwal SS, et al. Vision self-management for older adults: a randomised controlled trial. *Br J Ophthalmol*. 2010 Feb;94(2):223-8. PMID: 20139291. **X-6, X-7, X-9**
1408. Girois SB, Kumanyika SK, Morabia A, et al. A comparison of knowledge and attitudes about diet and health among 35- to 75-year-old adults in the United States and Geneva, Switzerland. *Am J Public Health*. 2001 Mar;91(3):418-24. PMID: 11236407. **X-2, X-5**
1409. Giroux J, Welty TK, Oliver FK, et al. Low national breast and cervical cancer-screening rates in American Indian and Alaska Native women with diabetes. *J Am Board Fam Pract*. 2000 Jul-Aug;13(4):239-45. PMID: 10933287. **X-2**
1410. Gitlin LN, Belle SH, Burgio LD, et al. Effect of multicomponent interventions on caregiver burden and depression: the REACH multisite initiative at 6-month follow-up. *Psychol Aging*. 2003 Sep;18(3):361-74. PMID: 14518800. **X-1, X-2, X-4, X-6**
1411. Giuffrida A, Gravelle H, Roland M. Measuring quality of care with routine data: avoiding confusion between performance indicators and health outcomes. *BMJ*. 1999 Jul 10;319(7202):94-8. PMID: 10398635. **X-2, X-3**
1412. Given CW, Given BA, Coyle BW. Prediction of patient attrition from experimental behavioral interventions. *Nurs Res*. 1985 Sep-Oct;34(5):293-8. PMID: 3900932. **X-6, X-7, X-9**
1413. Glasgow RE. Interactive media for diabetes self-management: Issues in maximizing public health impact. *Medical Decision Making*. 2010 Nov-Dec;30(6):745-58. PMID: 21183760. **X-1, X-2, X-3, X-4, X-5, X-6**
1414. Glasgow RE, Christiansen SM, Kurz D, et al. Engagement in a Diabetes Self-management Website: Usage Patterns and Generalizability of Program Use. *Journal of Medical Internet Research*. 2011 Jan-Mar;13(1):70-83. PMID: 21371992 **X-6, X-9**
1415. Glasgow RE, Edwards LL, Whitesides H, et al. Reach and effectiveness of DVD and in-person diabetes self-management education. *Chronic Illn*. 2009 Dec;5(4):243-9. PMID: 19933245. **X-6, X-9**
1416. Glasgow RE, Fisher L, Skaff M, et al. Problem solving and diabetes self-management: investigation in a large, multiracial sample. *Diabetes Care*. 2007 Jan;30(1):33-7. PMID: 17192329. **X-2**
1417. Glasgow RE, Hampson SE, Strycker LA, et al. Personal-model beliefs and social-environmental barriers related to diabetes self-management. *Diabetes Care*. 1997 Apr;20(4):556-61. PMID: 9096980. **X-2, X-5, X-6**
1418. Glasgow RE, Kurz D, King D, et al. Outcomes of minimal and moderate support versions of an Internet-based diabetes self-management support program. *Journal of General Internal Medicine*. 2010 Dec;25(12):1315-22. PMID: 20714820. **X-6, X-9**

1419. Glasgow RE, La Chance PA, Toobert DJ, et al. Long-term effects and costs of brief behavioural dietary intervention for patients with diabetes delivered from the medical office. *Patient Educ Couns*. 1997 Nov;32(3):175-84. PMID: 9423499. **X-6, X-9**
1420. Glasgow RE, Nelson CC, Strycker LA, et al. Using RE-AIM Metrics to Evaluate Diabetes Self-Management Support Interventions. *American Journal of Preventive Medicine*. 2006 Jan;30(1):67-73. PMID: 16414426. **X-6, X-9**
1421. Glasgow RE, Nutting PA, King DK, et al. Randomized effectiveness trial of a computer-assisted intervention to improve diabetes care. *Diabetes Care*. 2005 Jan;28(1):33-9. PMID: 15616230. **X-6, X-9**
1422. Glasgow RE, Perry JD, Toobert DJ, et al. Brief assessments of dietary behavior in field settings. *Addict Behav*. 1996 Mar-Apr;21(2):239-47. PMID: 8730527. **X-2, X-4, X-5, X-6**
1423. Glasgow RE, Strycker LA, Kurz D, et al. Recruitment for an internet-based diabetes self-management program: scientific and ethical implications. *Ann Behav Med*. 2010 Aug;40(1):40-8. PMID: 20411443. **X-2**
1424. Glasgow RE, Terborg JR, Hollis JF, et al. Modifying dietary and tobacco use patterns in the worksite: the Take Heart Project. *Health Educ Q*. 1994 Spring;21(1):69-82. PMID: 8188494. **X-1, X-2, X-3, X-4, X-5, X-6**
1425. Glasgow RE, Toobert DJ, Barrera M, Jr., et al. Assessment of Problem-Solving: A Key to Successful Diabetes Self-Management. *Journal of Behavioral Medicine*. 2004 Oct;27(5):477-90. PMID: 15675636. **X-2, X-6**
1426. Glasgow RE, Whitesides H, Nelson CC, et al. Use of the Patient Assessment of Chronic Illness Care (PACIC) with diabetic patients: relationship to patient characteristics, receipt of care, and self-management. *Diabetes Care*. 2005 Nov;28(11):2655-61. PMID: 16249535. **X-2**
1427. Glauber JH. Does the HEDIS asthma measure go far enough? *Am J Manag Care*. 2001 Jun;7(6):575-9. PMID: 11439731. **X-1, X-6, X-7, X-9**
1428. Glazer HR, Kirk LM, Bosler FE. Patient education pamphlets about prevention, detection, and treatment of breast cancer for low literacy women. *Patient Educ Couns*. 1996 Mar;27(2):185-9. PMID: 8788348. **X-2, X-4, X-6**
1429. Gleeson-Kreig J, Bernal H, Woolley S. The role of social support in the self-management of diabetes mellitus among a Hispanic population. *Public Health Nurs*. 2002 May-Jun;19(3):215-22. PMID: 11967108. **X-2**
1430. Glover S, Bellinger JD, Bae S, et al. Perceived health status and utilization of specialty care: Racial and ethnic disparities in patients with chronic diseases. *Health Education Journal*. 2010 Mar;69(1):95-106. PMID: n/a. **X-2, X-3**
1431. Gnani R, Migliardi A, Demaria M, et al. Statins prescribing for the secondary prevention of ischaemic heart disease in Torino, Italy. A case of ageism and social inequalities. *Eur J Public Health*. 2007 Oct;17(5):492-6. PMID: 17303583. **X-2, X-3, X-6**

1432. Gnani R, Picariello R, la Karaghiosoff L, et al. Determinants of quality in diabetes care process: The population-based Torino Study. *Diabetes Care*. 2009 Nov;32(11):1986-92. PMID: 19675196. **X-2, X-3, X-6**
1433. Godard C, Chevalier A, Lecrubier Y, et al. APRAND programme: an intervention to prevent relapses of anxiety and depressive disorders. First results of a medical health promotion intervention in a population of employees. *Eur Psychiatry*. 2006 Oct;21(7):451-9. PMID: 16675204. **X-6, X-9**
1434. Godfrey CM, Harrison MB, Friedberg E, et al. The symptom of pain in individuals recently hospitalized for heart failure. *J Cardiovasc Nurs*. 2007 Sep-Oct;22(5):368-74; discussion 6-7. PMID: 17724418. **X-2**
1435. Godfrey JR, Wenger NK. Toward optimal health: Advances in the cardiovascular care of women. *Journal of Women's Health*. 2010 Apr;19(4):659-64. PMID: 20187751. **X-1, X-2, X-3, X-4, X-6**
1436. Goel MS, Gracia G, Baker DW. Development and pilot testing of a culturally sensitive multimedia program to improve breast cancer screening in Latina women. *Patient Educ Couns*. 2011 Jul;84(1):128-31. PMID: 20638219. **X-4, X-9**
1437. Goff VV. Depression: a decade of progress, more to do. *NHPF Issue Brief*. 2002 Nov 22(786):1-14. PMID: 12463234. **X-1, X-2, X-3, X-4, X-5, X-6**
1438. Gohar F, Greenfield SM, Beevers DG, et al. Self-care and adherence to medication: a survey in the hypertension outpatient clinic. *BMC Complement Altern Med*. 2008;8:4. PMID: 18261219. **X-2, X-3**
1439. Goksel O, Celik GE, Erkekcol FO, et al. Triggers in adult asthma: are patients aware of triggers and doing right? *Allergol Immunopathol (Madr)*. 2009 May-Jun;37(3):122-8. PMID: 19769844. **X-2**
1440. Gold R, Yu K, Liang LJ, et al. Synchronous provider visit and self-management education improves glycemic control in Hispanic patients with long-standing type 2 diabetes. *Diabetes Educ*. 2008 Nov-Dec;34(6):990-5. PMID: 18849465. **X-4**
1441. Goldberg RW, Kreyenbuhl JA, Medoff DR, et al. Quality of diabetes care among adults with serious mental illness. *Psychiatric Services*. 2007 Apr;58(4):536-43. PMID: 17412857. **X-2, X-6**
1442. Golden AG, Corvea MH, Dang S, et al. Assessing advance directives in the homebound elderly. *American Journal of Hospice & Palliative Medicine*. 2009 Feb-Mar;26(1):13-7. PMID: 18843136. **X-2, X-5**
1443. Goldman DP, Smith JP. Can patient self-management help explain the SES health gradient? *Proc Natl Acad Sci U S A*. 2002 Aug 6;99(16):10929-34. PMID: 12140364. **X-6, X-7, X-9**
1444. Goldman LE, Handley M, Rundall TG, et al. Current and future directions in Medi-Cal chronic disease care management: A view from the top. *American Journal of Managed Care*. 2007 May;13(5):263-8. PMID: 17488192 **X-2, X-4**

1445. Goldman RE, Sanchez-Hernandez M, Ross-Degnan D, et al. Developing an automated speech-recognition telephone diabetes intervention. *International Journal for Quality in Health Care*. 2008 Aug;20(4):264-70. PMID: 18492706. **X-2, X-4**
1446. Goldney RD, Dunn KI, Dal Grande E, et al. Tracking depression-related mental health literacy across South Australia: a decade of change. *Aust N Z J Psychiatry*. 2009 May;43(5):476-83. PMID: 19373710. **X-2, X-3**
1447. Goldney RD, Fisher LJ. Have broad-based community and professional education programs influenced mental health literacy and treatment seeking of those with major depression and suicidal ideation? *Suicide Life Threat Behav*. 2008 Apr;38(2):129-42. PMID: 18444772. **X-2, X-3**
1448. Goldney RD, Fisher LJ, Wilson DH. Mental health literacy: an impediment to the optimum treatment of major depression in the community. *J Affect Disord*. 2001 May;64(2-3):277-84. PMID: 11313096. **X-2**
1449. Goldney RD, Fisher LJ, Wilson DH, et al. Mental health literacy of those with major depression and suicidal ideation: an impediment to help seeking. *Suicide Life Threat Behav*. 2002 Winter;32(4):394-403. PMID: 12501964. **X-2, X-7, X-8**
1450. Goldney RD, Taylor AW, Bain MA. Depression and remoteness from health services in South Australia. *Aust J Rural Health*. 2007 Jun;15(3):201-10. PMID: 17542794. **X-2, X-3**
1451. Goldsmith DF, Sisneros GC. Cancer prevention strategies among California farmworkers: preliminary findings. *J Rural Health*. 1996;12(4 Suppl):343-8. PMID: 10162865. **X-9**
1452. Goldstein RB, Olfson M, Wickramaratne PJ, et al. Use of outpatient mental health services by depressed and anxious children as they grow up. *Psychiatr Serv*. 2006 Jul;57(7):966-75. PMID: 16816281. **X-2**
1453. Goldstone SE, Moshier E. Detection of oncogenic human papillomavirus impacts anal screening guidelines in men who have sex with men. *Dis Colon Rectum*. 2010 Aug;53(8):1135-42. PMID: 20628276. **X-2, X-5**
1454. Gollust SE, Lantz PM. Communicating population health: print news media coverage of type 2 diabetes. *Soc Sci Med*. 2009 Oct;69(7):1091-8. PMID: 19666208. **X-2, X-3, X-4**
1455. Golub RJ, McClellan JR, Herman SD, et al. Effectiveness of nuclear cardiology training guidelines: a comparison of trainees with experienced readers. *J Nucl Cardiol*. 1996 Mar-Apr;3(2):114-8. PMID: 8799236. **X-2, X-4, X-5, X-6**
1456. Gomes UA, Silva AA, Bettiol H, et al. Risk factors for the increasing caesarean section rate in Southeast Brazil: a comparison of two birth cohorts, 1978-1979 and 1994. *Int J Epidemiol*. 1999 Aug;28(4):687-94. PMID: 10480697. **X-2, X-3, X-6**
1457. Gomez SL, Tan S, Keegan TH, et al. Disparities in mammographic screening for Asian women in California: a cross-sectional analysis to identify meaningful groups for targeted intervention. *BMC Cancer*. 2007;7:201. PMID: 17961259. **X-2**
1458. Gondek MC. Post-MI sex: those unspoken fears. *RN*. 1983 May;46(5):60-3. PMID: 6552022. **X-1, X-6, X-7, X-9**

1459. Gonder-Frederick LA, Cox DJ, Ritterband LM. Diabetes and behavioral medicine: The second decade. *Journal of Consulting and Clinical Psychology. Special Issue: Behavioral medicine and clinical health psychology.* 2002 Jun;70(3):611-25. PMID: 12090372. **X-1, X-2, X-3, X-4, X-5, X-6**
1460. Gonzalez HM, Vega WA, Tarraf W. Health Care Quality Perceptions among Foreign-Born Latinos and the Importance of Speaking the Same Language. *Journal of the American Board of Family Medicine.* 2010 Nov-Dec;23(6):745-52. PMID: 21057070. **X-2**
1461. Gonzalez S, Mlinarevich N, Michalski-Rimington AN, et al. The Latina Gestational Diabetes Mellitus Pilot Study: baseline data. *Hispanic Health Care International.* 2005;3(1):21-6. **X-9**
1462. Goodson P, Gottlieb NH, Smith MM. Put prevention into practice. Evaluation of program initiation in nine Texas clinical sites. *Am J Prev Med.* 1999 Jul;17(1):73-8. PMID: 10429756. **X-2, X-4, X-5, X-6**
1463. Goodwin JS, Satish S, Anderson ET, et al. Effect of nurse case management on the treatment of older women with breast cancer. *J Am Geriatr Soc.* 2003 Sep;51(9):1252-9. PMID: 12919237. **X-6**
1464. Gopal RL, Beaver K, Barnett T, et al. A comparison of the information needs of women newly diagnosed with breast cancer in Malaysia and the United Kingdom. *Cancer Nurs.* 2005 Mar-Apr;28(2):132-40. PMID: 15815183. **X-2, X-3, X-6**
1465. Gordon HS, Street RL, Jr., Kelly PA, et al. Physician-patient communication following invasive procedures: an analysis of post-angiogram consultations. *Soc Sci Med.* 2005 Sep;61(5):1015-25. PMID: 15955403. **X-2**
1466. Gorin SS, Ashford AR, Lantigua R, et al. Effectiveness of academic detailing on breast cancer screening among primary care physicians in an underserved community. *J Am Board Fam Med.* 2006 Mar-Apr;19(2):110-21. PMID: 16513899. **X-9**
1467. Gorman BK, Chu M. Racial and ethnic differences in adult asthma prevalence, problems, and medical care. *Ethnicity & Health.* 2009;14(5):527-52. PMID: 19533477. **X-2**
1468. Gorter KJ, Tuytel GJ, de Leeuw RR, et al. Opinions of patients with type 2 diabetes about responsibility, setting targets and willingness to take medication. A cross-sectional survey. *Patient Educ Couns.* 2011 Jul;84(1):56-61. PMID: 20655164. **X-2, X-3, X-4, X-6**
1469. Gorter KJ, Wens J, Khunti K, et al. The European EUCCLID pilot study on care and complications in an unselected sample of people with type 2 diabetes in primary care. *Primary Care Diabetes.* 2010 Apr;4(1):17-23. PMID: 20167551. **X-2, X-3**
1470. Gottlieb NH, Huang PP, Blozis SA, et al. The impact of Put Prevention into Practice on selected clinical preventive services in five Texas sites. *Am J Prev Med.* 2001 Jul;21(1):35-40. PMID: 11418255. **X-4, X-6**
1471. Gotz I, Labenbacher I, Eichler I, et al. Health-independent lung transplantation information of parents of children with cystic fibrosis. *Transplantation.* 1997 Sep 15;64(5):742-7. PMID: 9311713. **X-2, X-3, X-6**

1472. Goyder E, Carlisle J, Lawton J, et al. Informed choice and diabetes screening in primary care: qualitative study of patient and professional views in deprived areas of England. *Prim Care Diabetes*. 2009 May;3(2):85-90. PMID: 19464976. **X-2, X-3, X-4**
1473. Goyder E, Wild S, Fischbacher C, et al. Evaluating the impact of a national pilot screening programme for type 2 diabetes in deprived areas of England. *Fam Pract*. 2008 Oct;25(5):370-5. PMID: 18765406. **X-2, X-3**
1474. Goyder EC, Blank L, Ellis E, et al. Reducing inequalities in access to health care: developing a toolkit through action research. *Qual Saf Health Care*. 2005 Oct;14(5):336-9. PMID: 16195566. **X-3**
1475. Grace SL, Abbey SE, Bisaillon S, et al. Presentation, delay, and contraindication to thrombolytic treatment in females and males with myocardial infarction. *Womens Health Issues*. 2003 Nov-Dec;13(6):214-21. PMID: 14675790. **X-2, X-3**
1476. Grace SL, Gravely-Witte S, Brujal J, et al. Contribution of patient and physician factors to cardiac rehabilitation enrollment: a prospective multilevel study. *Eur J Cardiovasc Prev Rehabil*. 2008 Oct;15(5):548-56. PMID: 18830085. **X-2, X-3**
1477. Graham CL, Ivey SL, Neuhauser L. From Hospital to Home: Assessing the Transitional Care Needs of Vulnerable Seniors. *Gerontologist*. 2009 Feb;49(1):23-33. PMID: 19363001 **X-2, X-5**
1478. Graling PR, Grant JM. Demographics and patient treatment choice in stage I breast cancer. *AORN J*. 1995 Sep;62(3):376-84. PMID: 8534056. **X-2**
1479. Gramling R, Anthony D, Simmons E, et al. Self-rated breast cancer risk among women reporting a first-degree family history of breast cancer on office screening questionnaires in routine medical care: The role of physician-delivered risk feedback. *Genetics in Medicine*. 2006 Oct;8(10):658-64. PMID: 17079883 **X-2**
1480. Grant BF, Harford TC. Comorbidity between DSM-IV alcohol use disorders and major depression: results of a national survey. *Drug Alcohol Depend*. 1995 Oct;39(3):197-206. PMID: 8556968. **X-2**
1481. Grant EN, Malone A, Lyttle CS, et al. Asthma morbidity and treatment in the Chicago metropolitan area: one decade after national guidelines. *Ann Allergy Asthma Immunol*. 2005 Jul;95(1):19-25. PMID: 16095137. **X-2, X-4**
1482. Grant R, Bowen SK, Neidell M, et al. Health care savings attributable to integrating guidelines-based asthma care in the pediatric medical home. *J Health Care Poor Underserved*. 2010 May;21(2 Suppl):82-92. PMID: 20453378. **X-2**
1483. Grant RW, Cagliero E, Chueh HC, et al. Internet use among primary care patients with type 2 diabetes: the generation and education gap. *J Gen Intern Med*. 2005 May;20(5):470-3. PMID: 15963175. **X-2**
1484. Graves KD, Huerta E, Cullen J, et al. Perceived risk of breast cancer among Latinas attending community clinics: risk comprehension and relationship with mammography adherence. *Cancer Causes Control*. 2008 Dec;19(10):1373-82. PMID: 18704716. **X-2, X-3**

1485. Gray J, Millett C, O'Sullivan C, et al. Association of age, sex and deprivation with quality indicators for diabetes: population-based cross sectional survey in primary care. *J R Soc Med*. 2006 Nov;99(11):576-81. PMID: 17082303. **X-2, X-3**
1486. Gray J, Millett C, Saxena S, et al. Ethnicity and quality of diabetes care in a health system with universal coverage: population-based cross-sectional survey in primary care. *J Gen Intern Med*. 2007 Sep;22(9):1317-20. PMID: 17594128. **X-2, X-3**
1487. Green AR, Peters-Lewis A, Percac-Lima S, et al. Barriers to screening colonoscopy for low-income latino and white patients in an urban community health center. *Journal of General Internal Medicine*. 2008 Jun;23(6):834-40. PMID: 18350339 **X-2, X-4**
1488. Green BB, Kaplan RC, Psaty BM. How do minor changes in the definition of blood pressure control affect the reported success of hypertension treatment? *Am J Manag Care*. 2003 Mar;9(3):219-24. PMID: 12643339. **X-2**
1489. Green JA, Mor MK, Shields AM, et al. Prevalence and Demographic and Clinical Associations of Health Literacy in Patients on Maintenance Hemodialysis. *Clinical Journal of the American Society of Nephrology*. 2011 Jun;6(6):1354-60. **X-2, X-4**
1490. Green JL, Gazmararian JA, Rask KJ, et al. Quality of diabetes care for underserved patients with and without mental illness: Site of care matters. *Psychiatric Services*. 2010 Dec;61(12):1204-10. PMID: 21123404. **X-2, X-6**
1491. Greenberg H, Fleischman J, Gouda HE, et al. Disparities in obstructive sleep apnea and its management between a minority-serving institution and a voluntary hospital. *Sleep Breath*. 2004 Dec;8(4):185-92. PMID: 15611893. **X-2, X-5**
1492. Greene BL, Miller JD, Brown TM, et al. Economic impact of the BP DownShift Program on blood pressure control among commercial driver license employees. *J Occup Environ Med*. 2009 May;51(5):542-53. PMID: 19365286. **X-2, X-4, X-5, X-8**
1493. Greene C, McClellan L, Gardner T, et al. Diabetes management among low-income African Americans: a description of a pilot strategy for empowerment. *J Ambul Care Manage*. 2006 Apr-Jun;29(2):162-6. PMID: 16552325. **X-7, X-9**
1494. Greene J, Yedidia MJ. Provider behaviors contributing to patient self-management of chronic illness among underserved populations. *J Health Care Poor Underserved*. 2005 Nov;16(4):808-24. PMID: 16311500. **X-2**
1495. Greene RA. Using the Ferrans and Powers Quality of Life Index of Dialysis: a comparison of quality of life in older and younger African Americans receiving hemodialysis. *Topics in Geriatric Rehabilitation*. 2005;21(3):230-2. PMID: 14650370. **X-2**
1496. Greenfield S, Kaplan SH, Kahn R, et al. Profiling care provided by different groups of physicians: effects of patient case-mix (bias) and physician-level clustering on quality assessment results. *Ann Intern Med*. 2002 Jan 15;136(2):111-21. PMID: 11790062. **X-2**
1497. Greenglass ER, Burke RJ. Stress and the effects of hospital restructuring in nurses. *Can J Nurs Res*. 2001 Sep;33(2):93-108. PMID: 11928340. **X-2, X-3, X-5, X-6**

1498. Greenhalgh T, Campbell-Richards D, Vijayaraghavan S, et al. New models of self-management education for minority ethnic groups: pilot randomized trial of a story-sharing intervention. *J Health Serv Res Policy*. 2011 Jan;16(1):28-36. PMID: 20739577. **X-3**
1499. Greenhalgh T, Collard A, Begum N. Sharing stories: complex intervention for diabetes education in minority ethnic groups who do not speak English. *BMJ*. 2005 Mar 19;330(7492):628. PMID: 15774990. **X-2, X-3**
1500. Greenhalgh T, Collard A, Campbell-Richards D, et al. Storylines of self-management: narratives of people with diabetes from a multiethnic inner city population. *J Health Serv Res Policy*. 2011 Jan;16(1):37-43. PMID: 20819914. **X-2, X-3**
1501. Greenslit N. Pharmaceutical branding: identity, individuality, and illness. *Mol Interv*. 2002 Oct;2(6):342-5. PMID: 14993408. **X-1, X-6, X-7, X-9**
1502. Greenwald BJ, Edwards JU. Worksite education programs by county extension agents to promote colorectal cancer prevention and screening. *Gastroenterol Nurs*. 2010 Sep-Oct;33(5):348-52. PMID: 20890157. **X-4, X-6**
1503. Greenwell G, Perlow M. Knowledge regarding preventive care for breast cancer in African American women in west Kentucky. *Ky Nurse*. 2002 Oct-Dec;50(4):5-6. PMID: 12430341. **X-1, X-7, X-9**
1504. Gregg EW, Geiss LS, Saaddine J, et al. Use of diabetes preventive care and complications risk in two African-American communities. *Am J Prev Med*. 2001 Oct;21(3):197-202. PMID: 11567840. **X-2**
1505. Gregory KD, Johnson CT, Johnson TRB, et al. The Content of Prenatal Care update 2005. *Womens Health Issues*. 2006 Jul-Aug;16(4):198-215. PMID: 16920524. **X-1, X-2, X-4, X-6**
1506. Greig A, Howe D. Social understanding, attachment security of preschool children and maternal mental health. *British Journal of Developmental Psychology*. 2001;19(Part 3):381-93. **X-2, X-4, X-5**
1507. Greineder DK, Loane KC, Parks P. A randomized controlled trial of a pediatric asthma outreach program. *J Allergy Clin Immunol*. 1999 Mar;103(3 Pt 1):436-40. PMID: 10069877. **X-6, X-9**
1508. Grey M, Boland EA, Davidson M, et al. Short-term effects of coping skills training as adjunct to intensive therapy in adolescents. *Diabetes Care*. 1998 Jun;21(6):902-8. PMID: 9614605. **X-4, X-6**
1509. Grey M, Jaser SS, Holl MG, et al. A multifaceted school-based intervention to reduce risk for type 2 diabetes in at-risk youth. *Prev Med*. 2009 Aug-Sep;49(2-3):122-8. PMID: 19643125. **X-6, X-9**
1510. Griffith DM, Yonas M, Mason M, et al. Considering organizational factors in addressing health care disparities: two case examples. *Health Promot Pract*. 2010 May;11(3):367-76. PMID: 19346409. **X-1, X-2, X-3, X-4, X-5, X-6**

1511. Griffith KA. Biological, psychological and behavioral, and social variables influencing colorectal cancer screening in African Americans. *Nurs Res.* 2009 Sep-Oct;58(5):312-20. PMID: 19752671. **X-2**
1512. Griffiths C, Foster G, Barnes N, et al. Specialist nurse intervention to reduce unscheduled asthma care in a deprived multiethnic area: the east London randomised controlled trial for high risk asthma (ELECTRA). *BMJ.* 2004 Jan 17;328(7432):144. PMID: 14718266. **X-2, X-3**
1513. Griggs JJ, Culakova E, Sorbero ME, et al. Social and racial differences in selection of breast cancer adjuvant chemotherapy regimens. *J Clin Oncol.* 2007 Jun 20;25(18):2522-7. PMID: 17577029. **X-2**
1514. Griggs JJ, Sorbero ME, Ahrendt GM, et al. The pen and the scalpel: effect of diffusion of information on nonclinical variations in surgical treatment. *Med Care.* 2009 Jul;47(7):749-57. PMID: 19536033. **X-2**
1515. Griggs JJ, Sorbero ME, Mallinger JB, et al. Vitality, mental health, and satisfaction with information after breast cancer. *Patient Educ Couns.* 2007 Apr;66(1):58-66. PMID: 17137744. **X-2**
1516. Grigg-Saito D, Och S, Liang S, et al. Building on the strengths of a Cambodian refugee community through community-based outreach. *Health Promot Pract.* 2008 Oct;9(4):415-25. PMID: 17494947. **X-1, X-2, X-4**
1517. Grigg-Saito D, Toof R, Silka L, et al. Long-term development of a “whole community” best practice model to address health disparities in the Cambodian refugee and immigrant community of Lowell, Massachusetts. *Am J Public Health.* 2010 Nov;100(11):2026-9. PMID: 20864723. **X-1, X-2, X-4, X-5**
1518. Grilli R, Mainini F, Penna A, et al. Inappropriate Halsted mastectomy and patient volume in Italian hospitals. *Am J Public Health.* 1993 Dec;83(12):1762-4. PMID: 8259814. **X-2, X-3**
1519. Grindel CG, Brown L, Caplan L, et al. The effect of breast cancer screening messages on knowledge, attitudes, perceived risk, and mammography screening of African American women in the rural South. *Oncol Nurs Forum.* 2004 Jul;31(4):801-8. PMID: 15252434. **X-7, X-9**
1520. Grindel CG, McGehee LA, Patsdaughter CA, et al. Cancer prevention and screening behaviors in lesbians. *Women Health.* 2006;44(2):15-39. PMID: 17255057. **X-2, X-6**
1521. Grineski S. Coping with asthma in the central city: Parental experiences with children’s health care. *Journal of Health Care for the Poor and Underserved.* 2008 Feb;19(1):227-36. PMID: 18263998 **X-2, X-4**
1522. Groeneveld PW. Preventing sudden death: implantable cardioverter-defibrillators in elderly cardiac patients. *LDI Issue Brief.* 2008 May-Jun;13(6):1-4. PMID: 18613344. **X-1, X-2, X-3, X-4, X-5, X-6**
1523. Gross TM, Ter Veer A. Continuous glucose monitoring in previously unstudied population subgroups. *Diabetes Technol Ther.* 2000;2 Suppl 1:S27-34. PMID: 11469629. **X-6, X-7, X-9**

1524. Grossman E, Keegan T, Lessler AL, et al. Inside the health disparities collaboratives: a detailed exploration of quality improvement at community health centers. *Med Care*. 2008 May;46(5):489-96. PMID: 18438197. **X-6, X-9**
1525. Groth S. Are the Institute of Medicine recommendations for gestational weight gain appropriate for adolescents? *J Obstet Gynecol Neonatal Nurs*. 2007 Jan-Feb;36(1):21-7. PMID: 17238943. **X-2**
1526. Grubbs V, Gregorich SE, Perez-Stable EJ, et al. Health literacy and access to kidney transplantation. *Clin J Am Soc Nephrol*. 2009 Jan;4(1):195-200. PMID: 19056617. **X-2, X-4**
1527. Grunau GL, Ratner PA, Galdas PM, et al. Ethnic and gender differences in patient education about heart disease risk and prevention. *Patient Education and Counseling*. 2009 Aug;76(2):181-8. PMID: 19232879. **X-2, X-3**
1528. Grunau GL, Sheps S, Goldner EM, et al. Specific comorbidity risk adjustment was a better predictor of 5-year acute myocardial infarction mortality than general methods. *J Clin Epidemiol*. 2006 Mar;59(3):274-80. PMID: 16488358. **X-2, X-3, X-6**
1529. Grzywacz JG, Arcury TA, Bell RA, et al. Ethnic differences in elders' home remedy use: sociostructural explanations. *Am J Health Behav*. 2006 Jan-Feb;30(1):39-50. PMID: 16430319. **X-2, X-5**
1530. Grzywacz JG, Arcury TA, Ip EH, et al. Older adults' common sense models of diabetes. *Am J Health Behav*. 2011 May;35(3):318-33. PMID: 21683021. **X-2, X-4**
1531. Grzywacz JG, Suerken CK, Quandt SA, et al. Older adults' use of complementary and alternative medicine for mental health: findings from the 2002 National Health Interview Survey. *J Altern Complement Med*. 2006 Jun;12(5):467-73. PMID: 16813511. **X-2, X-6**
1532. Gu Q, Burt VL, Paulose-Ram R, et al. Gender differences in hypertension treatment, drug utilization patterns, and blood pressure control among US adults with hypertension: data from the National Health and Nutrition Examination Survey 1999-2004. *Am J Hypertens*. 2008 Jul;21(7):789-98. PMID: 18451806. **X-2**
1533. Gucciardi E, DeMelo M, Booth G, et al. Individual and contextual factors associated with follow-up use of diabetes self-management education programmes: a multisite prospective analysis. *Diabet Med*. 2009 May;26(5):510-7. PMID: 19646191. **X-2**
1534. Gucciardi E, DeMelo M, Offenheim A, et al. Patient factors associated with attrition from a self-management education programme. *J Eval Clin Pract*. 2007 Dec;13(6):913-9. PMID: 18070262. **X-2, X-3**
1535. Gucciardi E, Demelo M, Offenheim A, et al. Factors contributing to attrition behavior in diabetes self-management programs: a mixed method approach. *BMC Health Serv Res*. 2008;8:33. PMID: 18248673. **X-2, X-3, X-6**
1536. Gucciardi E, Wang SC, DeMelo M, et al. Characteristics of men and women with diabetes: observations during patients' initial visit to a diabetes education centre. *Can Fam Physician*. 2008 Feb;54(2):219-27. PMID: 18272638. **X-2, X-3**

1537. Guerra CE, Dominguez F, Shea JA. Literacy and knowledge, attitudes, and behavior about colorectal cancer screening. *Journal of Health Communication*. 2005 Oct-Nov;10(7):651-63. PMID: 16278201. **X-2**
1538. Guerra CE, Schwartz JS, Armstrong K, et al. Barriers of and facilitators to physician recommendation of colorectal cancer screening. *J Gen Intern Med*. 2007 Dec;22(12):1681-8. PMID: 17939007. **X-2, X-4, X-6**
1539. Guidry JJ, Fagan P, Walker V. Cultural sensitivity and readability of breast and prostate printed cancer education materials targeting African Americans. *J Natl Med Assoc*. 1998 Mar;90(3):165-9. PMID: 9549980. **X-2, X-4**
1540. Gulliford MC, Alert CV, Mahabir D, et al. Diabetes care in middle-income countries: a Caribbean case study. *Diabet Med*. 1996 Jun;13(6):574-81. PMID: 8799663. **X-2, X-3**
1541. Gunathilake W, Idampitiya CA, Siriwardana A, et al. An international partnership to implement innovative systems of health care delivery for diabetes in a developing country. *Practical Diabetes International*. 2009;26(4):145-7. **X-1, X-2, X-3, X-5, X-6**
1542. Gupta RS, Weiss KB. The 2007 National Asthma Education and Prevention Program asthma guidelines: accelerating their implementation and facilitating their impact on children with asthma. *Pediatrics*. 2009 Mar;123 Suppl 3:S193-8. PMID: 19221163. **X-1, X-2, X-3, X-4, X-6**
1543. Gupta SK. Impact of a health education intervention program regarding breast self examination by women in a semi-urban area of Madhya Pradesh, India. *Asian Pac J Cancer Prev*. 2009;10(6):1113-7. PMID: 20192594. **X-3, X-5**
1544. Gurwitz JH, McLaughlin TJ, Willison DJ, et al. Delayed hospital presentation in patients who have had acute myocardial infarction. *Ann Intern Med*. 1997 Apr 15;126(8):593-9. PMID: 9103125. **X-2**
1545. Gustafson DH, Hawkins R, Pingree S, et al. Effect of computer support on younger women with breast cancer. *J Gen Intern Med*. 2001 Jul;16(7):435-45. PMID: 11520380. **X-6, X-7, X-9, X-10**
1546. Gustafson DH, Taylor JO, Thompson S, et al. Assessing the needs of breast cancer patients and their families. *Qual Manag Health Care*. 1993 Fall;2(1):6-17. PMID: 10131022. **X-1, X-2, X-3, X-4, X-5, X-6**
1547. Gustavsson A, Branholm I. Experienced health, life satisfaction, sense of coherence, and coping resources in individuals living with heart failure. *Scandinavian Journal of Occupational Therapy*. 2003;10(3):138-43. PMID: 21275511. **X-2, X-4**
1548. Gwarzo UM, Sabitu K, Idris SH. Knowledge and practice of breast-self examination among female undergraduate students of Ahmadu Bello University Zaria, northwestern Nigeria. *Ann Afr Med*. 2009 Jan-Mar;8(1):55-8. PMID: 19763009. **X-2, X-3, X-6**
1549. Ha J, Carr D. The effect of parent-child geographic proximity on widowed parents' psychological adjustment and social integration. *Research on Aging*. 2005;27(5):578-610. **X-2, X-4, X-5, X-6**

1550. Haafkens JA, Beune EJ, Moll van Charante EP, et al. A cluster-randomized controlled trial evaluating the effect of culturally-appropriate hypertension education among Afro-Surinamese and Ghanaian patients in Dutch general practice: study protocol. *BMC Health Serv Res*. 2009;9:193. PMID: 19849857. **X-3**
1551. Haber SG, Mitchell JB. Access to physicians' services for vulnerable Medicare beneficiaries. *Inquiry*. 1999 Winter;36(4):445-60. PMID: 10711319. **X-2, X-7**
1552. Habermann EB, Virnig BA, Durham SB, et al. Managed care enrollment and chronically disabled women with breast cancer. *Am J Manag Care*. 2008 Aug;14(8):514-20. PMID: 18690767. **X-2, X-4**
1553. Haerem JW, Ronning EJ, Leidal R. Home access to hospital discharge information on audiotape reduces sick leave and readmissions in patients with first-time myocardial infarction. *Scand Cardiovasc J*. 2000;34(2):219-22. PMID: 10872714. **X-4, X-6**
1554. Hagedoorn M, Keers JC, Links TP, et al. Improving self-management in insulin-treated adults participating in diabetes education. The role of overprotection by the partner. *Diabet Med*. 2006 Mar;23(3):271-7. PMID: 16492210. **X-2, X-6**
1555. Hagey R. The Native Diabetes Program: rhetorical process and praxis. *Med Anthropol*. 1989 Nov;12(1):7-33. PMID: 2486129. **X-1, X-2, X-3, X-4, X-5, X-6**
1556. Hahn EA, Cella D. Health outcomes assessment in vulnerable populations: Measurement challenges and recommendations. *Archives of Physical Medicine and Rehabilitation*. 2003 Apr;84(4):S35-S42. PMID: 12692770. **X-1, X-6, X-7, X-9**
1557. Hahn EA, Cella D, Dobrez D, et al. The talking touchscreen: A new approach to outcomes assessment in low literacy. *Psycho-Oncology*. 2004 Feb;13(2):86-95. PMID: 14872527. **X-2, X-4**
1558. Haiart DC, Henderson J. A comparison of interpretation of screening mammograms by a radiographer, a doctor and a radiologist: results and implications. *Br J Clin Pract*. 1991 Spring;45(1):43-5. PMID: 1931542. **X-2, X-3, X-4, X-6**
1559. Haire-Joshu D, Fisher EB, Jr., Munro J, et al. A comparison of patient attitudes toward asthma self-management among acute and preventive care settings. *J Asthma*. 1993;30(5):359-71. PMID: 8407736. **X-2, X-4**
1560. Hairon N. Report finds inequity in access to breast surgery services. *Nurs Times*. 2008 Mar 18-24;104(11):21-2. PMID: 18411814. **X-1, X-2, X-3, X-4, X-5, X-6**
1561. Hajek P, West R, Lee A, et al. Randomized controlled trial of a midwife-delivered brief smoking cessation intervention in pregnancy. *Addiction*. 2001 Mar;96(3):485-94. PMID: 11255587. **X-3, X-5, X-6**
1562. Halabi S, Skinner CS, Samsa GP, et al. Factors associated with repeat mammography screening. *J Fam Pract*. 2000 Dec;49(12):1104-12. PMID: 11132060. **X-2, X-4, X-6**
1563. Hale NL, Bennett KJ, Probst JC. Diabetes care and outcomes: disparities across rural America. *J Community Health*. 2010 Aug;35(4):365-74. PMID: 20386968. **X-2, X-4, X-6**

1564. Halgunseth LC, Ispa JM, Csizmadia A, et al. Relations among maternal racial identity, maternal parenting behavior, and child outcomes in low-income, urban, black families. *Journal of Black Psychology*. 2005;31(4):418-40. **X-2, X-4, X-5**
1565. Hall CP, Hall JD, Pfriemer JT, et al. Effects of a culturally sensitive education program on the breast cancer knowledge and beliefs of Hispanic women. *Oncol Nurs Forum*. 2007 Nov;34(6):1195-202. PMID: 18024346. **X-4**
1566. Hall CP, Wimberley PD, Hall JD, et al. Teaching breast cancer screening to African American women in the Arkansas Mississippi river delta. *Oncol Nurs Forum*. 2005 Jul;32(4):857-63. PMID: 15990915. **X-4**
1567. Hall L, Gore S, Witten B. Vocational rehabilitation: is your facility on track? *Nephrol News Issues*. 2009 Dec;23(13):22-5. PMID: 20050435. **X-2, X-6**
1568. Hall PS, Hill MN, Roary MC, et al. A look at hypertension in young African-American men. *Nurse Pract*. 2003 Jan;28(1):59-60. PMID: 12544590. **X-1, X-2, X-3, X-4, X-5, X-6**
1569. Hall TA. Designing culturally relevant educational materials for Mexican American clients. *Diabetes Educ*. 1987 Summer;13(3):281-5. PMID: 3665715. **X-1, X-6, X-7, X-9**
1570. Hallal JC. A descriptive analysis of knowledge about breast cancer. *Health Values*. 1983 Jul-Aug;7(4):11-4. PMID: 10261565. **X-2, X-4**
1571. Halm EA, Mora P, Leventhal H. No symptoms, no asthma: the acute episodic disease belief is associated with poor self-management among inner-city adults with persistent asthma. *Chest*. 2006 Mar;129(3):573-80. PMID: 16537854. **X-2, X-4**
1572. Halm EA, Wisnivesky JP, Leventhal H. Quality and access to care among a cohort of inner-city adults with asthma: who gets guideline concordant care? *Chest*. 2005 Oct;128(4):1943-50. PMID: 16236839. **X-2, X-4, X-5**
1573. Halpern J, Johnson MD, Miranda J, et al. The partners in care approach to ethics outcomes in quality improvement programs for depression. *Psychiatr Serv*. 2004 May;55(5):532-9. PMID: 15128961. **X-1, X-6, X-7, X-9**
1574. Halterman JS, Aligne CA, Auinger P, et al. Inadequate therapy for asthma among children in the United States. *Pediatrics*. 2000 Jan;105(1 Pt 3):272-6. PMID: 10617735. **X-2, X-4**
1575. Halterman JS, Borrelli B, Fisher S, et al. Improving care for urban children with asthma: design and methods of the School-Based Asthma Therapy (SBAT) trial. *J Asthma*. 2008 May;45(4):279-86. PMID: 18446591. **X-1, X-2, X-3, X-4, X-5, X-6**
1576. Hamalainen J, Isometsa E, Sihvo S, et al. Treatment of major depressive disorder in the Finnish general population. *Depress Anxiety*. 2009;26(11):1049-59. PMID: 19123456. **X-2, X-3, X-5**
1577. Hamilton FL, Bottle A, Vamos EP, et al. Impact of a pay-for-performance incentive scheme on age, sex, and socioeconomic disparities in diabetes management in UK primary care. *J Ambul Care Manage*. 2010 Oct-Dec;33(4):336-49. PMID: 20838113. **X-3**

1578. Hamilton P, Restrepo E. Weekend birth and higher neonatal mortality: a problem of patient acuity or quality of care? *J Obstet Gynecol Neonatal Nurs.* 2003 Nov-Dec;32(6):724-33. PMID: 14649592. **X-2, X-4**
1579. Hamilton W, Round A, Goodchild R, et al. Do community based self-reading sphygmomanometers improve detection of hypertension? A feasibility study. *J Public Health Med.* 2003 Jun;25(2):125-30. PMID: 12848401. **X-2, X-3, X-4, X-6**
1580. Han HR, Kim J, Kim KB, et al. Implementation and success of nurse telephone counseling in linguistically isolated Korean American patients with high blood pressure. *Patient Educ Couns.* 2010 Jul;80(1):130-4. PMID: 19945816. **X-9**
1581. Han HR, Kim KB, Kang J, et al. Knowledge, beliefs, and behaviors about hypertension control among middle-aged Korean Americans with hypertension. *Journal of Community Health.* 2007 Oct;32(5):324-42. PMID: 17922204. **X-6, X-7, X-9**
1582. Han HR, Kim KB, Kim MT. Evaluation of the training of Korean community health workers for chronic disease management. *Health Educ Res.* 2007 Aug;22(4):513-21. PMID: 17032707. **X-2, X-3, X-4**
1583. Han PK, Lehman TC, Massett H, et al. Conceptual problems in laypersons' understanding of individualized cancer risk: a qualitative study. *Health Expect.* 2009 Mar;12(1):4-17. PMID: 19250148. **X-2, X-4**
1584. Hanania NA, David-Wang A, Kesten S, et al. Factors associated with emergency department dependence of patients with asthma. *Chest.* 1997 Feb;111(2):290-5. PMID: 9041971. **X-2, X-4, X-6**
1585. Handley MA, Shumway M, Schillinger D. Cost-effectiveness of automated telephone self-management support with nurse care management among patients with diabetes. *Ann Fam Med.* 2008 Nov-Dec;6(6):512-8. PMID: 19001303. **X-6, X-9**
1586. Hanel G, Henningsen P, Herzog W, et al. Depression, anxiety, and somatoform disorders: vague or distinct categories in primary care? Results from a large cross-sectional study. *J Psychosom Res.* 2009 Sep;67(3):189-97. PMID: 19686874. **X-2, X-3, X-4, X-6**
1587. Hanlon JT, Fillenbaum GG, Studenski SA, et al. Factors associated with suboptimal analgesic use in community-dwelling elderly. *Ann Pharmacother.* 1996 Jul-Aug;30(7-8):739-44. PMID: 8826552. **X-2, X-4, X-5, X-6**
1588. Hannan EL, Kumar D. Geographic variation in the utilization and choice of procedures for treating coronary artery disease in New York State. Ischaemic Heart Disease Patient Outcomes Research Team (PORT). *J Health Serv Res Policy.* 1997 Jul;2(3):137-43. PMID: 10180374. **X-2, X-4, X-6**
1589. Hanni KD, Garcia E, Ellemberg C, et al. Targeting the taqueria: implementing healthy food options at Mexican American restaurants. *Health Promot Pract.* 2009 Apr;10(2 Suppl):91S-9S. PMID: 19454755. **X-3, X-4, X-5**
1590. Hanninen J, Takala J, Keinanen-Kiukaanniemi S. Good continuity of care may improve quality of life in Type 2 diabetes. *Diabetes Res Clin Pract.* 2001 Jan;51(1):21-7. PMID: 11137178. **X-2, X-4, X-6**

1591. Hanprasitkam K, Wonghongkul T, Sucamvang K, et al. Factors predicting fatigue among Thai women with breast cancer. *Thai Journal of Nursing Research*. 2007 2007 Jan-Mar;11(1):1-14. **X-2, X-3, X-4, X-6**
1592. Hansen LK, Feigl P, Modiano MR, et al. An educational program to increase cervical and breast cancer screening in Hispanic women: a Southwest Oncology Group study. *Cancer Nurs*. 2005 Jan-Feb;28(1):47-53. PMID: 15681982. **X-7, X-9**
1593. Hansen MV, Pedersen-Bjergaard U, Heller SR, et al. Frequency and motives of blood glucose self-monitoring in type 1 diabetes. *Diabetes Res Clin Pract*. 2009 Aug;85(2):183-8. PMID: 19497633. **X-2, X-3, X-4, X-6**
1594. Hanson CL, De Guire MJ, Schinkel AM, et al. Empirical validation for a family-centered model of care. *Diabetes Care*. 1995 Oct;18(10):1347-56. PMID: 8721936. **X-2, X-4, X-6**
1595. Hanson H, Hodgson S. Cancer genetics and reproduction. *Best Pract Res Clin Obstet Gynaecol*. 2010 Feb;24(1):3-18. PMID: 19864186. **X-1, X-2, X-3, X-4, X-5, X-6**
1596. Hanson J. Parental self-efficacy and asthma self-management skills. *J Soc Pediatr Nurs*. 1998 Oct-Dec;3(4):146-54. PMID: 9884948. **X-6, X-9**
1597. Hardman K, Hunt KJ, Carter RE, et al. Diabetes management and vaccination rates in the Southeast United States, 2000 through 2007. *Ethn Dis*. 2011 Winter;21(1):13-9. PMID: 21462724. **X-2, X-4, X-6**
1598. Harewood GC, Petersen BT, Ott BJ. Prospective assessment of the impact of feedback on colonoscopy performance. *Aliment Pharmacol Ther*. 2006 Jul 15;24(2):313-8. PMID: 16842458. **X-6, X-9**
1599. Haringsma R, Engels GI, van der Leeden R, et al. Predictors of response to the 'Coping with Depression' course for older adults. A field study. *Aging Ment Health*. 2006 Jul;10(4):424-34. PMID: 16798635. **X-3, X-6**
1600. Harman JS, Edlund M, Fortney JC. Disparities in the Adequacy of Depression Treatment in the United States. *Psychiatric Services*. 2004 Dec;55(12):1379-85. PMID: 15572565. **X-2, X-4**
1601. Harman JS, Scholle SH, Ng JH, et al. Association of Health Plans' Healthcare Effectiveness Data and Information Set (HEDIS) performance with outcomes of enrollees with diabetes. *Med Care*. 2010 Mar;48(3):217-23. PMID: 20125042. **X-2, X-4, X-6**
1602. Harper G. GAKP responds to CMS proposed conditions for coverage. *Nephrol News Issues*. 2005 May;19(6):38, 43. PMID: 15945225. **X-1, X-2, X-3, X-4, X-5, X-6**
1603. Harris A, Gao Y, Barclay L, et al. Consequences of birth policies and practices in post-reform China. *Reprod Health Matters*. 2007 Nov;15(30):114-24. PMID: 17938076. **X-1, X-2, X-3, X-4, X-5, X-6**
1604. Harris DE, Aboueissa AM, Hartley D. Myocardial infarction and heart failure hospitalization rates in Maine, USA - variability along the urban-rural continuum. *Rural Remote Health*. 2008 Apr-Jun;8(2):980. PMID: 18627216. **X-2, X-4, X-6**

1605. Harris MI. Frequency of blood glucose monitoring in relation to glycemic control in patients with type 2 diabetes. *Diabetes Care*. 2001 Jun;24(6):979-82. PMID: 11375356. **X-2, X-4, X-6**
1606. Harris MI, Cowie CC, Eastman R. Health-insurance coverage for adults with diabetes in the U.S. population. *Diabetes Care*. 1994 Jun;17(6):585-91. PMID: 8082529. **X-2, X-4, X-6**
1607. Harris MI, Cowie CC, Howie LJ. Self-monitoring of blood glucose by adults with diabetes in the United States population. *Diabetes Care*. 1993 Aug;16(8):1116-23. PMID: 8375241. **X-2, X-4**
1608. Harris MI, Eastman RC, Cowie CC, et al. Racial and ethnic differences in glycemic control of adults with type 2 diabetes. *Diabetes Care*. 1999 Mar;22(3):403-8. PMID: 10097918. **X-2**
1609. Harsen GA. Identifying and overcoming barriers to learning: low literacy levels and vision impairment in elderly diabetics. *Tenn Nurse*. 2009 Fall;72(3):4. PMID: 19856541. **X-1, X-2, X-3, X-4, X-5, X-6**
1610. Hartenbaum NP. What are the current guidelines on the use of implantable defibrillators in transportation safety critical work? *J Occup Environ Med*. 2005 Jul;47(7):752-5. PMID: 16010201. **X-1, X-2, X-3, X-4, X-5, X-6**
1611. Hartmuller VW, Desmond SM. Professional and patient perspectives on nutritional needs of patients with cancer. *Oncology Nursing Forum*. 2004 Sep;31(5):989-96. PMID: 15378100 **X-2, X-4, X-6**
1612. Hartwell L. Patients educating patients. Let's add a little PEP to the renal community. *Nephrol News Issues*. 2003 Sep;17(10):67. PMID: 14533518. **X-1, X-6, X-7, X-9**
1613. Harum P, Galvez O, Mayol LG, et al. Immediate and delayed memory recall patterns of chronic hemodialysis adult hispanic patients. *J Ren Nutr*. 2003 Apr;13(2):98-104. PMID: 12671832. **X-2, X-4**
1614. Harvey I, Schulz A, Israel B, et al. The Healthy Connections project: a community-based participatory research project involving women at risk for diabetes and hypertension. *Prog Community Health Partnersh*. 2009 Winter;3(4):287-300. PMID: 20097990. **X-9**
1615. Harwell TS, McDowall JM, Gohdes D, et al. Measuring and improving preventive care for patients with diabetes in primary health centers. *Am J Med Qual*. 2002 Sep-Oct;17(5):179-84. PMID: 12412945. **X-4**
1616. Hasan RA, Zureikat GY, Camp J, et al. The positive impact of a disease management program on asthma morbidity in inner-city children. *Pediatric Asthma, Allergy & Immunology*. 2003;16(3):147-53. **X-9**
1617. Haskell WL, Berra K, Arias E, et al. Multifactor cardiovascular disease risk reduction in medically underserved, high-risk patients. *Am J Cardiol*. 2006 Dec 1;98(11):1472-9. PMID: 17126653. **X-9**
1618. Haslam C, Brown S, Atkinson S, et al. Patients' experiences of medication for anxiety and depression: effects on working life. *Fam Pract*. 2004 Apr;21(2):204-12. PMID: 15020393. **X-2, X-3, X-4, X-6**

1619. Hasnain-Wynia R, Kang R, Landrum MB, et al. Racial and ethnic disparities within and between hospitals for inpatient quality of care: an examination of patient-level Hospital Quality Alliance measures. *J Health Care Poor Underserved*. 2010;21(2):629-48. PMID: 20453362. **X-2, X-4**
1620. Hassan K, Heptulla RA. Glycemic control in pediatric type 1 diabetes: role of caregiver literacy. *Pediatrics*. 2010 May;125(5):e1104-8. PMID: 20368322. **X-2, X-4**
1621. Hassinger JP, Holubar SD, Pendlimari R, et al. Effectiveness of a multimedia-based educational intervention for improving colon cancer literacy in screening colonoscopy patients. *Dis Colon Rectum*. 2010 Sep;53(9):1301-7. PMID: 20706074. **X-4, X-6, X-7, X-9**
1622. Hastrup JL, Phillips SM, Vullo K, et al. Adolescents' knowledge of medical terminology and family health history. *Health Psychol*. 1992;11(1):41-7. PMID: 1559533. **X-2, X-6**
1623. Hatcher ME, Green LW, Levine DM, et al. Validation of a decision model for triaging hypertensive patients to alternate health education interventions. *Soc Sci Med*. 1986;22(8):813-9. PMID: 3092363. **X-6, X-9**
1624. Hatherly K, Smith L, Overland J, et al. Glycemic control and type 1 diabetes: the differential impact of model of care and income. *Pediatr Diabetes*. 2011 Mar;12(2):115-9. PMID: 20522168. **X-2, X-3, X-4, X-6**
1625. Haupt E, Herrmann R, Benecke-Timp A, et al. The KID Study. II: Socioeconomic baseline characteristics, psycho-social strain, standard of current medical care and education of the Federal Insurance for Salaried Employees' Institution (BfA) diabetic patients in inpatient rehabilitation. *Kissingen Diabetes Intervention Study. Exp Clin Endocrinol Diabetes*. 1996;104(5):378-86. PMID: 8957273. **X-2, X-3, X-6**
1626. Haupt E, Herrmann R, Benecke-Timp A, et al. The KID study IV: effects of inpatient rehabilitation on the frequency of glucose self-monitoring, quality of further primary care, on time being unable to work and on everyday psychic strain of type I and type II diabetics--a one-year follow-up. *Kissingen Diabetes Intervention Study. Exp Clin Endocrinol Diabetes*. 1997;105(1):21-31. PMID: 9088891. **X-2, X-3, X-6**
1627. Hausmann LR, Ibrahim SA, Mehrotra A, et al. Racial and ethnic disparities in pneumonia treatment and mortality. *Med Care*. 2009 Sep;47(9):1009-17. PMID: 19648832. **X-6, X-7, X-9**
1628. Hausmann LR, Kressin NR, Hanusa BH, et al. Perceived racial discrimination in health care and its association with patients' healthcare experiences: does the measure matter? *Ethn Dis*. 2010 Winter;20(1):40-7. PMID: 20178181. **X-2, X-4**
1629. Hautman MA, Bomar P. Gender differences in knowing about hypertension: the black experience. *Health Care Women Int*. 1992 Jan-Mar;13(1):57-65. PMID: 1556032. **X-2, X-4**
1630. Haverkamp D, Perdue DG, Espey D, et al. A survey of Indian Health Service and tribal health providers' colorectal cancer screening knowledge, perceptions, and practices. *J Health Care Poor Underserved*. 2011;22(1):243-57. PMID: 21317519. **X-2, X-4**

1631. Havik OE, Maeland JG. Knowledge and expectations: perceived illness in myocardial infarction patients. *Scand J Psychol.* 1987;28(4):281-92. PMID: 3449940. **X-2, X-4**
1632. Hawkins SY. Improving glycemic control in older adults using a videophone motivational diabetes self-management intervention. *Res Theory Nurs Pract.* 2010;24(4):217-32. PMID: 21197917. **X-4, X-6**
1633. Hawley ST, Janz NK, Lillie SE, et al. Perceptions of care coordination in a population-based sample of diverse breast cancer patients. *Patient Educ Couns.* 2010 Dec;81 Suppl:S34-40. PMID: 21074963. **X-2, X-4**
1634. Hawley ST, Lantz PM, Janz NK, et al. Factors associated with patient involvement in surgical treatment decision making for breast cancer. *Patient Educ Couns.* 2007 Mar;65(3):387-95. PMID: 17156967. **X-2, X-4, X-6**
1635. Hawley ST, Volk RJ, Krishnamurthy P, et al. Preferences for colorectal cancer screening among racially/ethnically diverse primary care patients. *Med Care.* 2008 Sep;46(9 Suppl 1):S10-6. PMID: 18725820. **X-2**
1636. Hawley ST, Zikmund-Fisher B, Ubel P, et al. The impact of the format of graphical presentation on health-related knowledge and treatment choices. *Patient Educ Couns.* 2008 Dec;73(3):448-55. PMID: 18755566. **X-2, X-5**
1637. Hawthorne K, Tomlinson S. Pakistani moslems with Type 2 diabetes mellitus: effect of sex, literacy skills, known diabetic complications and place of care on diabetic knowledge, reported self-monitoring management and glycaemic control. *Diabet Med.* 1999 Jul;16(7):591-7. PMID: 10445836. **X-2, X-3, X-4**
1638. Hayes RP, Bernard AM, Slocum W, et al. Diabetes in urban African Americans: Assessment of diabetes-specific locus of control in patients with type 2 diabetes. *Diabetes Educator.* 2000 Jan-Feb;26(1):121-8. PMID: 10776104 **X-2, X-4**
1639. Hayes RP, Bowman L, Monahan PO, et al. Understanding diabetes medications from the perspective of patients with type 2 diabetes: prerequisite to medication concordance. *Diabetes Educ.* 2006 May-Jun;32(3):404-14. PMID: 16772656. **X-2, X-4, X-6**
1640. Hays R, Waterman AD. Improving preemptive transplant education to increase living donation rates: reaching patients earlier in their disease adjustment process. *Prog Transplant.* 2008 Dec;18(4):251-6. PMID: 19186577. **X-1, X-2, X-4, X-5**
1641. Hays RD, Morales LS. The RAND-36 measure of health-related quality of life. *Annals of Medicine.* 2001 Jul;33(5):350-7. PMID: 11491194. **X-1, X-2, X-4, X-5, X-6**
1642. Hazuda HP, Stern MP, Gaskill SP, et al. Ethnic differences in health knowledge and behaviors related to the prevention and treatment of coronary heart disease. The San Antonio Heart Study. *Am J Epidemiol.* 1983 Jun;117(6):717-28. PMID: 6859027. **X-2, X-4**
1643. Heaman M, Elliott LJ, Beaudoin C, et al. Preventable feto-infant mortality: application of a conceptual framework for perinatal health surveillance to Manitoba perinatal outcomes. *Can J Public Health.* 2002 Nov-Dec;93 Suppl 2:S27-32. PMID: 12580387. **X-2, X-3, X-4, X-6**

1644. Hebb JH, Fitzgerald D, Fan W. Health care disparities in disadvantaged Medicare beneficiaries: a national project review. *J Health Hum Serv Adm.* 2003 Fall;26(2):153-73. PMID: 15330488. **X-2, X-4**
1645. Hebert PL, Frick KD, Kane RL, et al. The Causes of Racial and Ethnic Differences in Influenza Vaccination Rates among Elderly Medicare Beneficiaries. *Health Services Research.* 2005 Apr;40(2):517-37. PMID: 15762905. **X-2, X-4, X-5**
1646. Heiken JP. CT colonography screening: ready for prime time? *Cancer Imaging.* 2009;9 Spec No A:S59-62. PMID: 19965295. **X-1, X-2, X-3, X-4, X-5, X-6**
1647. Heimbach JK, Biffl WL, Mitchell EL, et al. Breast conservation therapy in affiliated county, university, and private hospitals. *Am J Surg.* 1999 Dec;178(6):466-9. PMID: 10670854. **X-2, X-4, X-6**
1648. Heinberg LJ, Kutchman EM, Berger NA, et al. Parent involvement is associated with early success in obesity treatment. *Clin Pediatr (Phila).* 2010 May;49(5):457-65. PMID: 19487764. **X-5, X-6**
1649. Heiser D. Depression identification in the long-term care setting: the GDS vs. the MDS. *Clinical Gerontologist.* 2004;27(4):3-18. **X-2, X-4, X-6**
1650. Heisler M, Faul JD, Hayward RA, et al. Mechanisms for racial and ethnic disparities in glycemic control in middle-aged and older Americans in the health and retirement study. *Arch Intern Med.* 2007 Sep 24;167(17):1853-60. PMID: 17893306. **X-2, X-4**
1651. Heisler M, Piette JD. "I help you, and you help me": facilitated telephone peer support among patients with diabetes. *Diabetes Educ.* 2005 Nov-Dec;31(6):869-79. PMID: 16288094. **X-2, X-4, X-6**
1652. Heisler M, Piette JD, Spencer M, et al. The relationship between knowledge of recent HbA1c values and diabetes care understanding and self-management. *Diabetes Care.* 2005 Apr;28(4):816-22. PMID: 15793179. **X-2, X-4, X-6**
1653. Heisler M, Smith DM, Hayward RA, et al. Racial disparities in diabetes care processes, outcomes, and treatment intensity. *Med Care.* 2003 Nov;41(11):1221-32. PMID: 14583685. **X-2, X-4**
1654. Heisler M, Spencer M, Forman J, et al. Participants' assessments of the effects of a community health worker intervention on their diabetes self-management and interactions with healthcare providers. *Am J Prev Med.* 2009 Dec;37(6 Suppl 1):S270-9. PMID: 19896029. **X-4**
1655. Heisler M, Vijan S, Anderson RM, et al. When do patients and their physicians agree on diabetes treatment goals and strategies, and what difference does it make? *Journal of General Internal Medicine.* 2003 Nov;18(11):893-902. PMID: 14687274. **X-2, X-4, X-6**
1656. Helfrich CD, Savitz LA, Swiger KD, et al. Adoption and implementation of mandated diabetes registries by community health centers. *Am J Prev Med.* 2007 Jul;33(1 Suppl):S50-8; quiz S9-65. PMID: 17584591. **X-2, X-4**
1657. Helgeson VS, Reynolds KA, Escobar O, et al. The role of friendship in the lives of male and female adolescents: does diabetes make a difference? *J Adolesc Health.* 2007 Jan;40(1):36-43. PMID: 17185204. **X-2, X-4, X-6**

1658. Heller A, Elliott MN, Haviland AM, et al. Patient Activation Status as a Predictor of Patient Experience Among Medicare Beneficiaries. *Medical Care*. 2009 Aug;47(8):850-7. PMID: 19584763. **X-2, X-4, X-6**
1659. Hellerstein DJ, Agosti V, Bosi M, et al. Impairment in psychosocial functioning associated with dysthymic disorder in the NESARC study. *J Affect Disord*. 2010 Dec;127(1-3):84-8. PMID: 20471093. **X-2, X-4, X-6**
1660. Helsel D, Mochel M, Bauer R. Chronic illness and Hmong shamans. *J Transcult Nurs*. 2005 Apr;16(2):150-4. PMID: 15764638. **X-2, X-4, X-5**
1661. Henderson LC. Divergent models of diabetes among American Indian elders. *J Cross Cult Gerontol*. 2010 Dec;25(4):303-16. PMID: 20931270. **X-2, X-4**
1662. Henderson SO, Bretsky P, DeQuattro V, et al. Treatment of hypertension in African Americans and Latinos: the effect of JNC VI on urban prescribing practices. *J Clin Hypertens (Greenwich)*. 2003 Mar-Apr;5(2):107-12. PMID: 12671322. **X-2, X-4**
1663. Hendren S, Birkmeyer JD, Yin H, et al. Surgical complications are associated with omission of chemotherapy for stage III colorectal cancer. *Dis Colon Rectum*. 2010 Dec;53(12):1587-93. PMID: 21178851. **X-2, X-4**
1664. Hendren S, Griggs JJ, Epstein RM, et al. Study Protocol: A randomized controlled trial of patient navigation-activation to reduce cancer health disparities. *BMC Cancer*. 2010 Oct;10PMID: 20939928. **X-9**
1665. Hendricks LE, Hendricks RT. Day treatment: a nontraditional strategy for teaching elderly blacks about diabetes. *Diabetes Educ*. 1996 Nov-Dec;22(6):565-6. PMID: 8970286. **X-1, X-6, X-7, X-9**
1666. Hendricks LE, Hendricks RT. The effect of diabetes self-management education with frequent follow-up on the health outcomes of African American men. *Diabetes Educ*. 2000 Nov-Dec;26(6):995-1002. PMID: 11912812. **X-4**
1667. Hendricks LE, Hendricks RT, Young AL. The Diabetes Day Treatment experiment: a preliminary report on what we learned. *Diabetes Educ*. 1999 May-Jun;25(3):364-73. PMID: 10531856. **X-6, X-7, X-9**
1668. Hendricks RT. African American specialty educators. *Diabetes Educ*. 2002 Nov-Dec;28(6):888-9. PMID: 12526630. **X-1, X-2, X-3, X-4, X-5, X-6**
1669. Hendrickson SG, Williams J, Acee TW. Immigrant Hispanic mothers' participation in a dual-site safety intervention. *Hispanic Health Care International*. 2008;6(2):71-9. **X-5**
1670. Hendricson WD, Wood PR, Hidalgo HA, et al. Implementation of a physician education intervention. The Childhood Asthma Project. *Arch Pediatr Adolesc Med*. 1994 Jun;148(6):595-601. PMID: 8193683. **X-3, X-6, X-10**
1671. Hendricson WD, Wood PR, Hidalgo HA, et al. Implementation of individualized patient education for Hispanic children with asthma. *Patient Educ Couns*. 1996 Nov;29(2):155-65. PMID: 9006232. **X-9**

1672. Hendrix CC, Sakauye KM, Karabatsos G, et al. The use of the Minimum Data Set to identify depression in the elderly. *J Am Med Dir Assoc.* 2003 Nov-Dec;4(6):308-12. PMID: 14613597. **X-2, X-4, X-6**
1673. Hendrix KH, Lackland DT, Egan BM. Cardiovascular risk factor control and treatment patterns in primary care. *Managed Care Interface.* 2003;16(11):21-6. **X-2, X-4**
1674. Hendrix KH, Riehle JE, Egan BM. Ethnic, gender, and age-related differences in treatment and control of dyslipidemia in hypertensive patients. *Ethn Dis.* 2005 Winter;15(1):11-6. PMID: 15720044. **X-2, X-4**
1675. Henry DA, Sutherland D, Francis L. The use of non-prescription salbutamol inhalers by asthmatic patients in the Hunter Valley, New South Wales. Newcastle Retail Pharmacy Research Group. *Med J Aust.* 1989 Apr 17;150(8):445-9. PMID: 2716682. **X-2, X-3, X-4, X-6**
1676. Hensley S. The latest thing. Minimally invasive heart surgery is all the rage. But it may not always be the right thing to do. *Mod Healthc.* 1997 Jun 9;27(23):44-4, 8, 50. PMID: 10173019. **X-1, X-2, X-3, X-4, X-5, X-6**
1677. Henson RM, Wyatt SW, Lee NC. The National Breast and Cervical Cancer Early Detection Program: a comprehensive public health response to two major health issues for women. *J Public Health Manag Pract.* 1996 Spring;2(2):36-47. PMID: 10186667. **X-1, X-2, X-3, X-4, X-5, X-6**
1678. Heredia GC. The Hispanic/Latino Diabetes Educator Specialty. *Diabetes Educ.* 2003 Mar-Apr;29(2):218-20. PMID: 12728750. **X-1, X-6, X-7, X-9**
1679. Herenda S, Tahirovic H, Zildzic M. Impact of education on metabolic control in type 2 diabetic patients in family practice. *Med Arh.* 2007;61(4):236-9. PMID: 18297999. **X-2, X-3, X-6**
1680. Herman CJ, Speroff T, Cebul RD. Improving compliance with breast cancer screening in older women. Results of a randomized controlled trial. *Arch Intern Med.* 1995 Apr 10;155(7):717-22. PMID: 7695460. **X-6**
1681. Herman PM, Larkey LK. Effects of an art-based curriculum on clinical trials attitudes and breast cancer prevention knowledge. *Health Educ Behav.* 2006 Oct;33(5):664-76. PMID: 16740503. **X-2, X-4**
1682. Hernandez-Valero MA, Thomson CA, Hernandez M, et al. Comparison of baseline dietary intake of Hispanic and matched non-Hispanic white breast cancer survivors enrolled in the Women's Healthy Eating and Living study. *J Am Diet Assoc.* 2008 Aug;108(8):1323-9. PMID: 18656572. **X-2, X-4**
1683. Herrera AP, Snipes SA, King DW, et al. Disparate Inclusion of Older Adults in Clinical Trials: Priorities and Opportunities for Policy and Practice Change. *American Journal of Public Health.* 2010;100:S105-S12. PMID: 20147682. **X-1, X-2, X-4, X-5, X-6**
1684. Herreria J. "Control your diabetes" campaign encourages a healthy lifestyle. National Diabetes Education Program. *Profiles Healthc Mark.* 1999 Jan-Feb;15(1):23-6. PMID: 10387457. **X-1, X-2, X-3, X-4, X-5, X-6**

1685. Herrin J, Cangialose CB, Nicewander D, et al. Cost and effects of performance feedback and nurse case management for Medicare beneficiaries with diabetes: A randomized controlled trial. *Population Health Management*. 2007 Dec;10(6):328-36. PMID: 18163861. **X-6**
1686. Hesse BW, Shneiderman B. eHealth research from the user's perspective. *American Journal of Preventive Medicine*. 2007 May;32(5):S97-S103. PMID: 17466825 **X-1, X-2, X-3, X-4, X-5, X-6**
1687. Hetherington SE. A controlled study of the effect of prepared childbirth classes on obstetric outcomes. *Birth*. 1990 Jun;17(2):86-90. PMID: 2363771. **X-6, X-9**
1688. Heuer L, Hess CW, Klug MG. Meeting the health care needs-of a rural Hispanic migrant population with diabetes. *Journal of Rural Health*. 2004 Sum;20(3):265-70. PMID: 15298102 **X-6, X-7, X-9**
1689. Heuer L, Lausch C. Living with diabetes: perceptions of Hispanic migrant farmworkers. *J Community Health Nurs*. 2006 Spring;23(1):49-64. PMID: 16445364. **X-2, X-4**
1690. Heuer LJ, Hess C, Batson A. Cluster clinics for migrant Hispanic farmworkers with diabetes: perceptions, successes, and challenges. *Rural Remote Health*. 2006 Jan-Mar;6(1):469. PMID: 16573366. **X-9, X-10**
1691. Hewitt J, Smeeth L, Chaturvedi N, et al. Self management and patient understanding of diabetes in the older person. *Diabet Med*. 2011 Jan;28(1):117-22. PMID: 21166853. **X-2, X-4, X-6**
1692. Hiatt RA, Pasick RJ, Stewart S, et al. Community-based cancer screening for underserved women: Design and baseline findings from the Breast and Cervical Cancer Intervention Study. *Preventive Medicine: An International Journal Devoted to Practice and Theory*. 2001 Sep;33(3):190-203. PMID: 11522160. **X-7, X-9**
1693. Hiatt RA, Perez-Stable EJ, Quesenberry C, Jr., et al. Agreement between self-reported early cancer detection practices and medical audits among Hispanic and non-Hispanic white health plan members in northern California. *Prev Med*. 1995 May;24(3):278-85. PMID: 7644451. **X-2, X-4**
1694. Hibbard JH, Mahoney ER, Stock R, et al. Do increases in patient activation result in improved self-management behaviors? *Health Serv Res*. 2007 Aug;42(4):1443-63. PMID: 17610432. **X-2, X-6**
1695. Hicks C, Fide J. The educational needs of non-specialist breast care nurses. *Nurse Educ Today*. 2003 Oct;23(7):509-21. PMID: 12963360. **X-2, X-3, X-4, X-5, X-6**
1696. Hicks LS, Fairchild DG, Horng MS, et al. Determinants of JNC VI guideline adherence, intensity of drug therapy, and blood pressure control by race and ethnicity. *Hypertension*. 2004 Oct;44(4):429-34. PMID: 15326088. **X-2, X-4**
1697. Hicks LS, O'Malley AJ, Lieu TA, et al. Impact of health disparities collaboratives on racial/ethnic and insurance disparities in US community health centers. *Arch Intern Med*. 2010 Feb 8;170(3):279-86. PMID: 20142575. **X-7, X-8, X-9, X-12**

1698. Hicks LS, Sequist TD, Ayanian JZ, et al. Impact of computerized decision support on blood pressure management and control: A randomized controlled trial. *Journal of General Internal Medicine*. 2008 Apr;23(4):429-41. PMID: 18373141. **X-4, X-9**
1699. Hierholzer R. A critique of the clinical examples for the APA's "Guidelines regarding possible conflict between psychiatrists' religious commitments and psychiatric practice". *Ethics Med*. 2001 Summer;17(2):93-8. PMID: 15069983. **X-1, X-2, X-3, X-4, X-5, X-6**
1700. Higgins P, Murray ML. Perinatal outcomes and level of prenatal care: a study of the Southwestern United States. *Journal of Perinatal Education*. 1996;5(4):37-46. **X-2, X-4, X-6**
1701. Hill A, De Zapien JG, Staten LK, et al. From program to policy: expanding the role of community coalitions. *Prev Chronic Dis*. 2007 Oct;4(4):A103. PMID: 17875247. **X-1, X-7, X-9**
1702. Hill MN, Bone LR, Hilton SC, et al. A clinical trial to improve high blood pressure care in young urban black men: recruitment, follow-up, and outcomes. *Am J Hypertens*. 1999 Jun;12(6):548-54. PMID: 10371363. **X-9**
1703. Hill MN, Han HR, Dennison CR, et al. Hypertension care and control in underserved urban African American men: behavioral and physiologic outcomes at 36 months. *Am J Hypertens*. 2003 Nov;16(11 Pt 1):906-13. PMID: 14573327. **X-9**
1704. Hill NE, Herman-Stahl MA. Neighborhood safety and social involvement: Associations with parenting behaviors and depressive symptoms among African-American and Euro-American mothers. *Journal of Family Psychology*. 2002 Jun;16(2):209-19. PMID: 12085733. **X-2, X-4, X-5**
1705. Hill-Briggs F, Batts-Turner M, Gary TL, et al. Training community health workers as diabetes educators for urban African Americans: value added using participatory methods. *Prog Community Health Partnersh*. 2007 Summer;1(2):185-94. PMID: 20208238. **X-3, X-10**
1706. Hill-Briggs F, Cooper DC, Loman K, et al. A qualitative study of problem solving and diabetes control in type 2 diabetes self-management. *Diabetes Educ*. 2003 Nov-Dec;29(6):1018-28. PMID: 14692375. **X-2, X-4**
1707. Hill-Briggs F, Gary TL, Bone LR, et al. Medication adherence and diabetes control in urban African Americans with type 2 diabetes. *Health Psychol*. 2005 Jul;24(4):349-57. PMID: 16045370. **X-2, X-4**
1708. Hill-Briggs F, Renosky R, Lazo M, et al. Development and pilot evaluation of literacy-adapted diabetes and CVD education in urban, diabetic African Americans. *J Gen Intern Med*. 2008 Sep;23(9):1491-4. PMID: 18521688. **X-4**
1709. Hill-Briggs F, Yeh HC, Gary TL, et al. Diabetes problem-solving scale development in an adult, African American sample. *Diabetes Educ*. 2007 Mar-Apr;33(2):291-9. PMID: 17426304. **X-2, X-4**

1710. Hilton S, Doherty S, Kendrick T, et al. Promotion of healthy behaviour among adults at increased risk of coronary heart disease in general practice: methodology and baseline data from the Change of Heart study. *Health Education Journal*. 1999;58(1):3-16. **X-1, X-2, X-3, X-4, X-5, X-6**
1711. Hine J. Standards of palliative care in a renal care setting. *EDTNA ERCA J*. 1998 Oct-Dec;24(4):27-9, 35. PMID: 10222912. **X-1, X-2, X-3, X-4, X-5, X-6**
1712. Hippisley-Cox J, O'Hanlon S, Coupland C. Association of deprivation, ethnicity, and sex with quality indicators for diabetes: population based survey of 53,000 patients in primary care. *BMJ*. 2004 Nov 27;329(7477):1267-9. PMID: 15548561. **X-2, X-3, X-4**
1713. Hippisley-Cox J, Pringle M, Coupland C, et al. Waiting times for surgery -- inheritance for primary care organisations in Trent. *Journal of Clinical Governance*. 2002;10(2):63-9. **X-2, X-3, X-4, X-6**
1714. Hirsh JM, Boyle DJ, Collier DH, et al. Limited Health Literacy Is a Common Finding in a Public Health Hospital's Rheumatology Clinic and Is Predictive of Disease Severity. *Jcr-Journal of Clinical Rheumatology*. 2011 Aug;17(5):236-41. PMID: 21778910. **X-1, X-2, X-5**
1715. Hirth RA, Turenne MN, Wheeler JR, et al. Provider monitoring and pay-for-performance when multiple providers affect outcomes: An application to renal dialysis. *Health Serv Res*. 2009 Oct;44(5 Pt 1):1585-602. PMID: 19555398. **X-2, X-4, X-6**
1716. Hjelm K, Nambozi G. Beliefs about health and illness: a comparison between Ugandan men and women living with diabetes mellitus. *Int Nurs Rev*. 2008 Dec;55(4):434-41. PMID: 19146555. **X-2, X-3, X-4**
1717. Hjelm KG, Bard K, Nyberg P, et al. Beliefs about health and diabetes in men of different ethnic origin. *J Adv Nurs*. 2005 Apr;50(1):47-59. PMID: 15788065. **X-2, X-3, X-4, X-6**
1718. Ho TM. Hypertension management: lifestyle interventions in a transcultural context. *J Ren Care*. 2009 Dec;35(4):176-84. PMID: 19909410. **X-1, X-2, X-3, X-4, X-5, X-6**
1719. Ho TM, Fernandez M. Patient's sexual health: do we care enough? *J Ren Care*. 2006 Oct-Dec;32(4):183-6. PMID: 17345975. **X-2, X-3, X-4, X-5, X-6**
1720. Hoare T, Thomas C, Biggs A, et al. Can the uptake of breast screening by Asian women be increased? A randomized controlled trial of a linkworker intervention. *J Public Health Med*. 1994 Jun;16(2):179-85. PMID: 7946492. **X-2, X-3**
1721. Hoekstra JW, Pollack CV, Jr., Roe MT, et al. Improving the care of patients with non-ST-elevation acute coronary syndromes in the emergency department: the CRUSADE initiative. *Acad Emerg Med*. 2002 Nov;9(11):1146-55. PMID: 12414463. **X-1, X-2, X-3, X-4, X-6**
1722. Hoey HM. Background and methods for evaluating quality of life in children and adolescents with diabetes. *Acta Biomed*. 2003;74 Suppl 1:7-12. PMID: 12817794. **X-1, X-2, X-3, X-4, X-5, X-6**
1723. Hofer TP, Hayward RA, Greenfield S, et al. The unreliability of individual physician "report cards" for assessing the costs and quality of care of a chronic disease. *JAMA*. 1999 Jun 9;281(22):2098-105. PMID: 10367820. **X-2, X-4, X-6**

1724. Hoffelt Z, Fallon S, Wong BA, et al. Glaucoma public service announcements: factors associated with follow-up of participants with risk factors for glaucoma. *Ophthalmology*. 2011 Jul;118(7):1327-33. PMID: 21439644. **X-2, X-4, X-5**
1725. Hoffman L, Enders J, Luo J, et al. Impact of an antidepressant management program on medication adherence. *Am J Manag Care*. 2003 Jan;9(1):70-80. PMID: 12549816. **X-6, X-7**
1726. Hoffman-Goetz L, Donelle L, Thomson MD. Clinical guidelines about diabetes and the accuracy of peer information in an unmoderated online health forum for retired persons. *Inform Health Soc Care*. 2009 Mar;34(2):91-9. PMID: 19412842. **X-2, X-3, X-4, X-6**
1727. Hoffman-Goetz L, Meissner HI, Thomson MD. Literacy and cancer anxiety as predictors of health status: An exploratory study. *Journal of Cancer Education*. 2009 Jul;24(3):218-24. PMID: 19526411. **X-2, X-4, X-5**
1728. Hohler AD, Lee JD, Schulman EA, et al. Invited Article: Improving safety for the neurologic patient Evaluating medications, literacy, and abuse. *Neurology*. 2010 Aug;75(8):742-6. PMID: 20733149 **X-1, X-2, X-3, X-4, X-5, X-6**
1729. Hokanson P, Seshadri R, Miller KD. Underutilization of breast-conserving therapy in a predominantly rural population: need for improved surgeon and public education. *Clin Breast Cancer*. 2000 Apr;1(1):72-6. PMID: 11899394. **X-2, X-3, X-4, X-6**
1730. Holcomb JD, Kingery PM, Sherman LD, et al. Evaluation of a diabetes education program for fifth-grade students. *Journal of Health Education*. 1999;30(2):73-84. **X-7, X-9, X-10**
1731. Holley JL, Barrington K, Kohn J, et al. Patient factors and the influence of nephrologists, social workers, and nurses on patient decisions to choose continuous peritoneal dialysis. *Adv Perit Dial*. 1991;7:108-10. PMID: 1680403. **X-2, X-4**
1732. Hollman G, Olsson AG, Ek AC. Disease knowledge and adherence to treatment in patients with familial hypercholesterolemia. *J Cardiovasc Nurs*. 2006 Mar-Apr;21(2):103-8. PMID: 16601526. **X-2, X-4, X-5, X-6**
1733. Holloway CM, Saskin R, Brackstone M, et al. Variation in the use of percutaneous biopsy for diagnosis of breast abnormalities in Ontario. *Ann Surg Oncol*. 2007 Oct;14(10):2932-9. PMID: 17619931. **X-2, X-3, X-4, X-6**
1734. Holmes-Rovner M, Williams GA, Hoppough S, et al. Colorectal cancer screening barriers in persons with low income. *Cancer Pract*. 2002 Sep-Oct;10(5):240-7. PMID: 12236837. **X-2, X-4**
1735. Holstein BE, Vesterdal Jorgensen H, Sestoft L. Illness-behaviour, attitude, and knowledge in newly diagnosed diabetics. *Dan Med Bull*. 1986 Jun;33(3):165-71. PMID: 3720366. **X-6, X-7, X-9**
1736. Holt CL, Klem PR. As you go, spread the word: spiritually based breast cancer education for African American women. *Gynecol Oncol*. 2005 Dec;99(3 Suppl 1):S141-2. PMID: 16139347. **X-7, X-9**

1737. Holt CL, Kyles A, Wiehagen T, et al. Development of a spiritually based breast cancer educational booklet for African American women. *Cancer Control*. 2003 Sep-Oct;10(5 Suppl):37-44. PMID: 14581903. **X-1, X-2, X-3, X-4, X-6**
1738. Holt CL, Lee C, Wright K. A spiritually based approach to breast cancer awareness: cognitive response analysis of communication effectiveness. *Health Commun*. 2008 Jan-Feb;23(1):13-22. PMID: 18443989. **X-2, X-10**
1739. Holt CL, Roberts C, Scarinci I, et al. Development of a spiritually based educational program to increase colorectal cancer screening among African American men and women. *Health Commun*. 2009 Jul;24(5):400-12. PMID: 19657823. **X-1, X-2, X-4**
1740. Holt CL, Shipp M, Eloubeidi M, et al. Use of focus group data to develop recommendations for demographically segmented colorectal cancer educational strategies. *Health Educ Res*. 2009 Oct;24(5):876-89. PMID: 19395624. **X-2, X-4**
1741. Holt EW, Tan J, Hosgood HD. The impact of spirometry on pediatric asthma diagnosis and treatment. *J Asthma*. 2006 Sep;43(7):489-93. PMID: 16939987. **X-2, X-4**
1742. Holubar SD, Hassinger JP, Dozois EJ, et al. Impact of a multimedia e-learning module on colon cancer literacy: a community-based pilot study. *J Surg Res*. 2009 Oct;156(2):305-11. PMID: 19631335. **X-2, X-4, X-6**
1743. Homer SD. Effect of education on school-age children's and parents' asthma management. *J Spec Pediatr Nurs*. 2004 Jul-Sep;9(3):95-102. PMID: 15553551. **X-4**
1744. Homko CJ, Santamore WP, Whiteman V, et al. Use of an internet-based telemedicine system to manage underserved women with gestational diabetes mellitus. *Diabetes Technol Ther*. 2007 Jun;9(3):297-306. PMID: 17561800. **X-4**
1745. Homko CJ, Sivan E, Reece EA. The impact of self-monitoring of blood glucose on self-efficacy and pregnancy outcomes in women with diet-controlled gestational diabetes. *Diabetes Educ*. 2002 May-Jun;28(3):435-43. PMID: 12073958. **X-4, X-6**
1746. Honda K, Gorin SS. A model of stage of change to recommend colonoscopy among urban primary care physicians. *Health Psychology*. 2006 Jan;25(1):65-73. PMID: 16448299. **X-1, X-2, X-3, X-4, X-5, X-6**
1747. Hong SI, Morrow-Howell N, Proctor E, et al. The quality of medical care for comorbid conditions of depressed elders. *Aging Ment Health*. 2008 May;12(3):323-32. PMID: 18728945. **X-2, X-4, X-6**
1748. Hopper SV, Schechtman KB. Factor associated with diabetic control and utilization patterns in a low-income, older adult population. *Patient Educ Couns*. 1985 Sep;7(3):275-88. PMID: 10273959. **X-2, X-4**
1749. Hoppichler F, Lechleitner M. Counseling programs and the outcome of gestational diabetes in Austrian and Mediterranean Turkish women. *Patient Educ Couns*. 2001 Dec 15;45(4):271-4. PMID: 11755772. **X-2, X-3, X-4**
1750. Hopson S, Frankenfield D, Rocco M, et al. Variability in reasons for hemodialysis catheter use by race, sex, and geography: findings from the ESRD Clinical Performance Measures Project. *Am J Kidney Dis*. 2008 Oct;52(4):753-60. PMID: 18514986. **X-2, X-4**

1751. Horner RD, Oddone EZ, Stechuchak KM, et al. Racial variations in postoperative outcomes of carotid endarterectomy: evidence from the Veterans Affairs National Surgical Quality Improvement Program. *Med Care*. 2002 Jan;40(1 Suppl):I35-43. PMID: 11789630. **X-2, X-4**
1752. Horner SD, Surratt D, Juliusson S. Improving readability of patient education materials. *J Community Health Nurs*. 2000 Spring;17(1):15-23. PMID: 10778026. **X-1, X-6, X-7, X-9**
1753. Horner SD, Surratt D, Smith SB. The impact of asthma risk factors on home management of childhood asthma. *J Pediatr Nurs*. 2002 Jun;17(3):211-21. PMID: 12094362. **X-2, X-4**
1754. Horowitz CR, Williams L, Bickell NA. A community-centered approach to diabetes in East Harlem. *Journal of General Internal Medicine*. 2003 Jul;18(7):542-8. PMID: 12848837 **X-2, X-4**
1755. Horsburgh ME, Rice VH, Matuk L. Sense of coherence and life satisfaction: patient and spousal adaptation to home dialysis. *ANNA J*. 1998 Apr;25(2):219-28; discussion 29-30. PMID: 9801501. **X-2, X-3, X-4, X-6**
1756. Horsfield P, Teasdale S. Generating information from electronic patient records in general practice: a description of clinical care and gender inequalities in coronary heart disease using data from over two million patient records. *Inform Prim Care*. 2003;11(3):137-44. PMID: 14680536. **X-2, X-3, X-4**
1757. Hoskins G, Neville RG, Smith B, et al. Focus on asthma. The link between practice nurse training and asthma outcomes. *British Journal of Community Nursing*. 1999;4(5):222-8. **X-2, X-4, X-6**
1758. Hosler AS, Godley K, Rowland DH. An initiative to improve diabetes care standards in healthcare organizations serving minorities. *Diabetes Educ*. 2002 Jul-Aug;28(4):581-9. PMID: 12224198. **X-9**
1759. Hosler AS, Melnik TA. Population-based assessment of diabetes care and self-management among Puerto Rican adults in New York City. *Diabetes Educ*. 2005 May-Jun;31(3):418-26. PMID: 15919642. **X-2, X-4**
1760. Houston JM, Martin M, Williams JE, et al. The Annual African American Conference on Diabetes: evolving program evaluation with evolving program implementation. *Prev Chronic Dis*. 2006 Jan;3(1):A18. PMID: 16356371. **X-2, X-4**
1761. Houston TK, Allison JJ, Sussman M, et al. Culturally appropriate storytelling to improve blood pressure: a randomized trial. *Ann Intern Med*. 2011 Jan 18;154(2):77-84. PMID: 21242364. **X-9**
1762. Hovey JD. Acculturative stress, depression, and suicidal ideation among Mexican-American adolescents: implications for the development of suicide prevention programs in schools. *Psychol Rep*. 1998 Aug;83(1):249-50. PMID: 9775681. **X-2, X-4**
1763. Howard Caldwell C, Bell L, Brooks CL, et al. Engaging Nonresident African American Fathers in Intervention Research: What Practitioners Should Know About Parental Monitoring in Nonresident Families. *Research on Social Work Practice*. 2011;21(3):298-307. **X-7, X-9**

1764. Howell EA, Holzman I, Kleinman LC, et al. Surfactant use for premature infants with respiratory distress syndrome in three New York city hospitals: discordance of practice from a community clinician consensus standard. *J Perinatol*. 2010 Sep;30(9):590-5. PMID: 20182436. **X-2, X-4, X-5**
1765. Howell EA, Mora PA, DiBonaventura MD, et al. Modifiable factors associated with changes in postpartum depressive symptoms. *Arch Womens Ment Health*. 2009 Apr;12(2):113-20. PMID: 19238520. **X-2, X-4, X-5, X-6**
1766. Howell MD. A 37-year-old man trying to choose a high-quality hospital: Review of hospital quality indicators. *JAMA: Journal of the American Medical Association*. 2009 Dec;302(21):2353-60. PMID: 19887653. **X-1, X-2, X-3, X-4, X-5, X-6**
1767. Howes F, Hansen E, Williams D, et al. Barriers to diagnosing and managing hypertension—a qualitative study in Australian general practice. *Aust Fam Physician*. 2010 Jun-Jul;39(6):511-6. PMID: 20628667. **X-2, X-3, X-4, X-6**
1768. Hsin O, La Greca AM, Valenzuela J, et al. Adherence and glycemic control among Hispanic youth with type 1 diabetes: role of family involvement and acculturation. *J Pediatr Psychol*. 2010 Mar;35(2):156-66. PMID: 19491214. **X-2, X-4**
1769. Hsu HC, Tung HJ. What makes you good and happy? Effects of internal and external resources to adaptation and psychological well-being for the disabled elderly in Taiwan. *Aging Ment Health*. 2010 Sep;14(7):851-60. PMID: 20665281. **X-2, X-3, X-4, X-5, X-6**
1770. Hsu WC, Cheung S, Ong E, et al. Identification of linguistic barriers to diabetes knowledge and glycemic control in Chinese Americans with diabetes. *Diabetes Care*. 2006 Feb;29(2):415-6. PMID: 16443897. **X-2**
1771. Huang ES, Brown SE, Zhang JX, et al. The cost consequences of improving diabetes care: the community health center experience. *Jt Comm J Qual Patient Saf*. 2008 Mar;34(3):138-46. PMID: 18419043. **X-2, X-3, X-4, X-5, X-6**
1772. Huang ES, Zhang Q, Brown SE, et al. The cost-effectiveness of improving diabetes care in U.S. federally qualified community health centers. *Health Serv Res*. 2007 Dec;42(6 Pt 1):2174-93; discussion 294-323. PMID: 17995559. **X-6, X-9**
1773. Huang MC, Hsu CC, Wang HS, et al. Prospective randomized controlled trial to evaluate effectiveness of registered dietitian-led diabetes management on glycemic and diet control in a primary care setting in Taiwan. *Diabetes Care*. 2010 Feb;33(2):233-9. PMID: 19910499. **X-2**
1774. Huang MC, Hung CH. Quality of life and its predictors for middle-aged and elderly patients with type 2 diabetes mellitus. *J Nurs Res*. 2007 Sep;15(3):193-201. PMID: 17806036. **X-2, X-3, X-4, X-6**
1775. Huang MF, Courtney M, Edwards H, et al. Psychometric evaluation of the Chinese version of the Diabetes Coping Measure scale. *J Nurs Scholarsh*. 2009;41(4):385-90. PMID: 19941584. **X-2, X-3, X-4**
1776. Huang TT. Self-care behavior of adult asthma patients. *J Asthma*. 2007 Oct;44(8):613-9. PMID: 17943571. **X-2, X-3, X-4, X-6**

1777. Hudelson P, Huanca T, Charaly D, et al. Ethnographic studies of ARI in Bolivia and their use by the national ARI programme. *Soc Sci Med*. 1995 Dec;41(12):1677-83. PMID: 8746867. **X-1, X-2, X-3, X-4, X-5, X-6**
1778. Huffman FG, Vaccaro JA, Nath S, et al. Diabetes self management: are Cuban Americans receiving quality health care? *J Health Hum Serv Adm*. 2009 Winter;32(3):278-304. PMID: 20099581. **X-7, X-9**
1779. Hughes HE, Love A, Peabody K, et al. Diabetes Education Programs for African American Women: what works? *Diabetes Educ*. 2001 Jan-Feb;27(1):46-50, 2-4. PMID: 11912616. **X-1, X-2, X-3, X-4, X-5, X-6**
1780. Hughes HW, Connery SM, Rivera JO, et al. Adequacy of outpatient care among hospitalized adult asthmatics in a southwest US border city. *Tex Med*. 2008 Oct;104(10):55-62. PMID: 19009464. **X-6, X-7, X-9**
1781. Humphreys CT, Tallman B, Altmaier EM, et al. Sexual functioning in patients undergoing bone marrow transplantation: a longitudinal study. *Bone Marrow Transplant*. 2007 Apr;39(8):491-6. PMID: 17322932. **X-2, X-4, X-5**
1782. Humphry J, Jameson LM, Beckham S. Overcoming social and cultural barriers to care for patients with diabetes. *West J Med*. 1997 Sep;167(3):138-44. PMID: 9308405. **X-1, X-6, X-9**
1783. Hung CC, Chen YC, Mao HC, et al. Effects of systematic nursing instruction of mothers on using medication and on health status of asthmatic children. *J Nurs Res*. 2002 Mar;10(1):22-32. PMID: 11923898. **X-3, X-4, X-6**
1784. Hunt LM, Arar NH, Larme AC. Contrasting patient and practitioner perspectives in type 2 diabetes management. *West J Nurs Res*. 1998 Dec;20(6):656-76; discussion 77-82. PMID: 9842286. **X-2, X-4, X-6**
1785. Hunt LM, Pugh J, Valenzuela M. How patients adapt diabetes self-care recommendations in everyday life. *J Fam Pract*. 1998 Mar;46(3):207-15. PMID: 9519018. **X-2, X-4**
1786. Hunt LM, Valenzuela MA, Pugh JA. Porque me toco a mi? Mexican American diabetes patients' causal stories and their relationship to treatment behaviors. *Soc Sci Med*. 1998 Apr;46(8):959-69. PMID: 9579748. **X-2, X-4**
1787. Hurd SS, Lenfant C. The National Heart, Lung and Blood Institute asthma program. *Chest*. 1992 Jun;101(6 Suppl):359S-61S. PMID: 1591931. **X-1, X-6, X-7, X-9**
1788. Hurd TC, Muti P, Erwin DO, et al. An evaluation of the integration of non-traditional learning tools into a community based breast and cervical cancer education program: the Witness Project of Buffalo. *BMC Cancer*. 2003 May 29;3:18. PMID: 12775219. **X-7, X-9**
1789. Hurdle DE. Breast cancer prevention with older women: a gender-focused intervention study. *Health Care Women Int*. 2007 Nov-Dec;28(10):872-87. PMID: 17987458. **X-6, X-7, X-9**
1790. Husaini BA, Sherkat DE, Levine R, et al. The effect of a church-based breast cancer screening education program on mammography rates among African-American women. *J Natl Med Assoc*. 2002 Feb;94(2):100-6. PMID: 11853042. **X-7, X-9**

1791. Huss K, Winkelstein M, Calabrese B, et al. Asthma management practices and education needs of head start directors and staff. *J Sch Health*. 2002 Oct;72(8):329-33. PMID: 12389373. **X-2, X-4**
1792. Hwang SY, Ryan CJ, Zerwic JJ. Korean immigrants' knowledge of heart attack symptoms and risk factors. *J Immigr Minor Health*. 2008 Feb;10(1):67-72. PMID: 17503183. **X-2, X-4**
1793. Hyland ME, Blake S, Greaves CJ, et al. Guidelines versus practice: UK asthma nurses often recommend intermittent, symptom-driven use of inhaled corticosteroids. *Prim Care Respir J*. 2009 Jun;18(2):114-7. PMID: 18923800. **X-2, X-3, X-4, X-6**
1794. Ibrahim AG, Mahmoud SA. Educational program on self-management for asthmatic school children. *J Egypt Public Health Assoc*. 1996;71(5-6):385-402. PMID: 17214188. **X-3, X-6**
1795. Ibrahim EM, al-Idrissi HY, al-Khadra AH, et al. Women's knowledge of and attitude toward breast cancer in a developing country: implications for program interventions--results based on interviewing 500 women in Saudi Arabia. *J Cancer Educ*. 1991;6(2):73-81. PMID: 1911173. **X-2, X-3, X-4, X-6**
1796. Ibrahim K, Taboonpong S, Nilmanat K. Coping and quality of life among Indonesians undergoing hemodialysis. *Thai Journal of Nursing Research*. 2009;13(2):109-16. **X-2, X-3, X-4, X-6**
1797. Ibrahim SA, Babiker AG, Amin IK, et al. Factors associated with high risk of perinatal and neonatal mortality: an interim report on a prospective community-based study in rural Sudan. *Paediatr Perinat Epidemiol*. 1994 Apr;8(2):193-204. PMID: 8047487. **X-2, X-3, X-4**
1798. Ibrahim SA, Cook CF, Kwoh CK, et al. Racial differences in mortality among elderly patients admitted for heart failure. *Research on Aging*. 2001;23(4):457-72. **X-2, X-4**
1799. Ilgen MA, McLouth C, Barry KL, et al. Pain interference in individuals in driver intervention programs for driving under the influence offenders. *Subst Use Misuse*. 2010 Jul;45(9):1406-19. PMID: 20509742. **X-2, X-4, X-5, X-6**
1800. Ilksoy N, Moore RH, Easley K, et al. Quality of care in African-American patients admitted for congestive heart failure at a university teaching hospital. *Am J Cardiol*. 2006 Mar 1;97(5):690-3. PMID: 16490439. **X-2, X-4, X-6**
1801. Imperato PJ, Waisman J, Wallen M, et al. Breast cancer pathology practices among Medicare patients undergoing unilateral extended simple mastectomy. *J Womens Health Gen Based Med*. 2002 Jul-Aug;11(6):537-47. PMID: 12225627. **X-2, X-4, X-6**
1802. Indinnimeo L, Midulla F, Hindi-Alexander M, et al. Controlled studies of childhood asthma self-management in Italy using the "open airways" and "living with asthma" programs: a preliminary report. *Health Educ Q*. 1987 Fall;14(3):291-308. PMID: 3654236. **X-3, X-4**
1803. Indorf C, Sherry B, Mancl L. Comparisons of Yupik infant growth measurements with NCHS/CDC reference data. *Alaska Med*. 2001 Jan-Mar;43(1):6-12, 23. PMID: 11345856. **X-2, X-4, X-5**

1804. Ingram M, Ruiz M, Mayorga MT, et al. The Animadora Project: identifying factors related to the promotion of physical activity among Mexican Americans with diabetes. *Am J Health Promot.* 2009 Jul-Aug;23(6):396-402. PMID: 19601479. **X-2, X-4**
1805. Ingram M, Torres E, Redondo F, et al. The impact of promotoras on social support and glycemic control among members of a farmworker community on the US-Mexico border. *Diabetes Educ.* 2007 Jun;33 Suppl 6:172S-8S. PMID: 17620398. **X-9**
1806. Inkelas M, Decristofaro AH, McGlynn EA, et al. Outcome measurement in HEDIS: can risk adjustment save the low birth weight measure? *Health Serv Res.* 2000 Dec;35(5 Pt 3):72-85. PMID: 16148953. **X-2, X-4**
1807. Insel K, Morrow D, Brewer B, et al. Executive function, working memory, and medication adherence among older adults. *J Gerontol B Psychol Sci Soc Sci.* 2006 Mar;61(2):P102-7. PMID: 16497953. **X-2, X-4, X-5, X-6**
1808. Irons BK, Seifert CF, Horton NA. Quality of care of a pharmacist-managed diabetes service compared to usual care in an indigent clinic. *Diabetes Technol Ther.* 2008 Jun;10(3):220-6. PMID: 18473697. **X-4, X-6**
1809. Irons BK, Vickers P, Esperat C, et al. The need for a community diabetes education curriculum for healthcare professionals. *J Contin Educ Nurs.* 2007 Sep-Oct;38(5):227-31. PMID: 17907667. **X-1, X-6, X-7, X-9**
1810. Irvine AA, Mitchell CM. Impact of community-based diabetes education on program attenders and nonattenders. *Diabetes Educ.* 1992 Jan-Feb;18(1):29-33. PMID: 1729122. **X-6, X-8**
1811. Irwin DE, Varni JW, Yeatts K, et al. Cognitive interviewing methodology in the development of a pediatric item bank: a patient reported outcomes measurement information system (PROMIS) study. *Health and Quality of Life Outcomes.* 2009 Jan;7PMID: 19166601. **X-2, X-4, X-6**
1812. Isarankura-Na-Ayudhya C, Nantasenamat C, Dansethakul P, et al. Solving the barriers to diabetes education through the use of multimedia. *Nurs Health Sci.* 2010 Mar;12(1):58-66. PMID: 20487327. **X-3**
1813. Ishida DN, Toomata-Mayer TF, Braginsky NS. Beliefs and attitudes of Samoan women toward early detection of breast cancer and mammography utilization. *Cancer.* 2001 Jan 1;91(1 Suppl):262-6. PMID: 11148591. **X-2, X-4**
1814. Ishikawa H, Takeuchi T, Yano E. Measuring functional, communicative, and critical health literacy among diabetic patients. *Diabetes Care.* 2008 May;31(5):874-9. PMID: 18299446. **X-2, X-4**
1815. Ishikawa H, Yano E, Fujimori S, et al. Patient health literacy and patient-physician information exchange during a visit. *Fam Pract.* 2009 Dec;26(6):517-23. PMID: 19812242. **X-2, X-4**
1816. Ishine M, Sakagami T, Sakamoto R, et al. Comprehensive geriatric assessment for community-dwelling elderly in Asia compared with those in Japan: VII. Khon Khen in Thailand. *Geriatrics & Gerontology International.* 2006;6(1):40-8. **X-3**

1817. Ishine M, Wada T, Sakagami T, et al. Comprehensive geriatric assessment for community-dwelling elderly in Asia compared with those in Japan: III. Phuto in Vietnam. *Geriatrics & Gerontology International*. 2005;5(2):115-21. **X-2, X-3, X-4, X-6**
1818. Ismail K. Psychological training for nurses improves HbA1c levels. *Journal of Diabetes Nursing*. 2009;13(3):119-. **X-3, X-6, X-7, X-9**
1819. Issell BF, Maskarinec G, Pagano I, et al. Breast cancer treatment among women of different ethnicity in Hawaii. *Cancer Invest*. 2005;23(6):497-504. PMID: 16203657. **X-2, X-4**
1820. Ivarsson B, Fridlund B, Sjoberg T. Information from health care professionals about sexual function and coexistence after myocardial infarction: a Swedish national survey. *Heart Lung*. 2009 Jul-Aug;38(4):330-5. PMID: 19577704. **X-2, X-3, X-4, X-6**
1821. Ivarsson B, Fridlund B, Sjoberg T. Health professionals' views on sexual information following MI. *Br J Nurs*. 2010 Sep 9-22;19(16):1052-4. PMID: 20852469. **X-2, X-3, X-4, X-6**
1822. Ivers N, Schwandt M, Hum S, et al. A comparison of hospital and nonhospital colonoscopy: wait times, fees and guideline adherence to follow-up interval. *Can J Gastroenterol*. 2011 Feb;25(2):78-82. PMID: 21321678. **X-2, X-4, X-6**
1823. Iwasaki Y, Bartlett J, O'Neil J. An examination of stress among Aboriginal women and men with diabetes in Manitoba, Canada. *Ethn Health*. 2004 May;9(2):189-212. PMID: 15223576. **X-2, X-3, X-4**
1824. Jaarsma T, Steinke EE, Gianotten WL. Sexual Problems in Cardiac Patients How to Assess, When to Refer. *Journal of Cardiovascular Nursing*. 2010 Mar-Apr;25(2):159-64. PMID: 20168196 **X-1, X-2, X-3, X-4, X-6**
1825. Jaber LA, Pinelli NR, Brown MB, et al. Feasibility of group lifestyle intervention for diabetes prevention in Arab Americans. *Diabetes Res Clin Pract*. 2011 Mar;91(3):307-15. PMID: 21168232. **X-4, X-8**
1826. Jack L, Jr., Toston T, Jack NH, et al. A gender-centered ecological framework targeting Black men living with diabetes: integrating a "masculinity" perspective in diabetes management and education research. *Am J Mens Health*. 2010 Mar;4(1):7-15. PMID: 19477741. **X-1, X-2, X-4, X-6**
1827. Jackson AL. Operation Sunday School--educating caring hearts to be healthy hearts. *Public Health Rep*. 1990 Jan-Feb;105(1):85-8. PMID: 2106709. **X-1, X-2, X-3, X-4, X-6**
1828. Jackson AP, Scheines R. Single mothers' self-efficacy, parenting in the home environment, and children's development in a two-wave study [corrected] [published erratum appears in *SOC WORK RES* 2005 Jun;29(2):86]. *Social Work Research*. 2005;29(1):7-20. **X-2, X-4**
1829. Jackson CL, Batts-Turner ML, Falb MD, et al. Computer and internet use among urban African Americans with type 2 diabetes. *J Urban Health*. 2005 Dec;82(4):575-83. PMID: 16221917. **X-2, X-4**

1830. Jackson GL, Powell AA, Ordin DL, et al. Developing and sustaining quality improvement partnerships in the VA: The Colorectal Cancer Care Collaborative. *Journal of General Internal Medicine*. 2010 Jan;25(Suppl 1):S38-S43. PMID: 20077150. **X-1, X-2, X-3, X-4, X-6**
1831. Jackson JE, Doescher MP, Saver BG, et al. Prescription drug coverage, health, and medication acquisition among seniors with one or more chronic conditions. *Med Care*. 2004 Nov;42(11):1056-65. PMID: 15586832. **X-2, X-4**
1832. Jackson JHt, Bramley TJ, Chiang TH, et al. Determinants of uncontrolled hypertension in an African-American population. *Ethn Dis*. 2002 Fall;12(4):S3-53-7. PMID: 12477156. **X-2, X-4**
1833. Jackson JL, Emery CF. Illness knowledge moderates the influence of coping style on quality of life among women with congestive heart failure. *Heart & Lung*. 2011;40(2):122-9. PMID: 20561886. **X-2, X-4, X-6**
1834. Jacob TC, Penn NE, Kulik JA, et al. Effects of cognitive style and maintenance strategies on breast self-examination (BSE) practice by African American women. *J Behav Med*. 1992 Dec;15(6):589-609. PMID: 1484382. **X-9**
1835. Jacobs DG. Depression screening as an intervention against suicide. *J Clin Psychiatry*. 1999;60 Suppl 2:42-5; discussion 51-2, 113-6. PMID: 10073386. **X-1, X-2, X-3, X-4, X-6**
1836. Jacobs DR, Jr., Hannan PJ, Wallace D, et al. Interpreting age, period and cohort effects in plasma lipids and serum insulin using repeated measures regression analysis: the CARDIA Study. *Stat Med*. 1999 Mar 30;18(6):655-79. PMID: 10204196. **X-2, X-4**
1837. Jacobs VR, Thoedtman J, Euler U, et al. Physician-based active cost management of oncological therapies reducing pharmaceutical costs by 83.4 in two years without leaving standard of care. *Onkologie*. 2005 Aug;28(8-9):441-5. PMID: 16160408. **X-3, X-4, X-6**
1838. Jacobson S, Wood FG. Lessons learned from a very small pilot study. *Online Journal of Rural Nursing & Health Care*. 2006;6(2):16p. **X-4**
1839. Jacobson TA, Thomas DM, Morton FJ, et al. Use of a low-literacy patient education tool to enhance pneumococcal vaccination rates. A randomized controlled trial. *JAMA*. 1999 Aug 18;282(7):646-50. PMID: 10517717. **X-6, X-9**
1840. Jahanlou AS, Alishan Karami N. The effect of literacy level on health related-quality of life, self-efficacy and self-management behaviors in diabetic patients. *Acta Med Iran*. 2011;49(3):153-8. PMID: 21681702. **X-2, X-3, X-4**
1841. Jain N. Kidney Research UK's: a better life through education and empowerment. *Br J Community Nurs*. 2008 Apr;13(4):166-70. PMID: 18595304. **X-1, X-3, X-4**
1842. Jakicic JM, Jaramillo SA, Balasubramanyam A, et al. Effect of a lifestyle intervention on change in cardiorespiratory fitness in adults with type 2 diabetes: Results from the Look AHEAD Study. *International Journal of Obesity*. 2009 Mar;33(3):305-16. PMID: 19153582. **X-6, X-9**

1843. Jallo N, Bray K, Padden MP, et al. A nurse-driven quality improvement program to improve perinatal outcomes. *The Journal of Perinatal & Neonatal Nursing*. 2009 Jul-Sep;23(3):241-50. PMID: 19704292. **X-1, X-6, X-9**
1844. James PA, Cowan TM, Graham RP. Patient-centered clinical decisions and their impact on physician adherence to clinical guidelines. *J Fam Pract*. 1998 Apr;46(4):311-8. PMID: 9564373. **X-2, X-4, X-6**
1845. James TM, Greiner KA, Ellerbeck EF, et al. Disparities in colorectal cancer screening: a guideline-based analysis of adherence. *Ethn Dis*. 2006 Winter;16(1):228-33. PMID: 16599375. **X-2, X-4**
1846. James-Rogers A. What to say to CKD patients about working. *Nephrol News Issues*. 2005 Jun;19(7):S7. PMID: 16008030. **X-1, X-6, X-7, X-9**
1847. Jamil H, Hakim-Larson J, Farrag M, et al. Medical complaints among Iraqi American refugees with mental disorders. *J Immigr Health*. 2005 Jul;7(3):145-52. PMID: 15900415. **X-2, X-4, X-6**
1848. Jandorf L, Gutierrez Y, Lopez J, et al. Use of a patient navigator to increase colorectal cancer screening in an urban neighborhood health clinic. *J Urban Health*. 2005 Jun;82(2):216-24. PMID: 15888638. **X-9**
1849. Janisse HC, Cakan N, Ellis D, et al. Dietary vitamin D intake among high-risk adolescents with insulin dependent diabetes. *Diabetes Educ*. 2011 Mar-Apr;37(2):222-6. PMID: 21372095. **X-2, X-4**
1850. Janisse HC, Naar-King S, Ellis D. Brief report: Parent's health literacy among high-risk adolescents with insulin dependent diabetes. *J Pediatr Psychol*. 2010 May;35(4):436-40. PMID: 19755494. **X-2, X-4**
1851. Janke MC, Son JS, Payne LL. Self-regulation and adaptation of leisure activities among adults with arthritis. *Activities, Adaptation & Aging*. 2009;33(2):65-80. **X-2, X-4, X-5, X-6**
1852. Jansa M, Diaz M, Franch J, et al. Anthropologic study of immigrant patients with T2DM from Morocco to Spain: practical implications for therapeutic patient education. *European Diabetes Nursing*. 2010;7(1):24-8. **X-2, X-3, X-4**
1853. Janson-Bjerklie S, Ferketich S, Benner P. Predicting the outcomes of living with asthma. *Res Nurs Health*. 1993 Aug;16(4):241-50. PMID: 8378554. **X-2, X-4**
1854. Janz NK, Mujahid MS, Hawley ST, et al. Racial/ethnic differences in adequacy of information and support for women with breast cancer. *Cancer*. 2008 Sep 1;113(5):1058-67. PMID: 18618494. **X-2, X-4**
1855. Janz NK, Schottenfeld D, Doerr KM, et al. A two-step intervention to increase mammography among women aged 65 and older. *Am J Public Health*. 1997 Oct;87(10):1683-6. PMID: 9357355. **X-6**
1856. Jaser SS, Whittemore R, Ambrosino JM, et al. Coping and psychosocial adjustment in mothers of young children with type 1 diabetes. *Children's Health Care*. 2009;38(2):91-106. PMID: 19412355. **X-2, X-4, X-6**

1857. Jaworska J, Dziemidok P, Kulik TB, et al. Frequency of self-monitoring and its effect on metabolic control in patients with type 2 diabetes. *Ann Univ Mariae Curie Sklodowska Med.* 2004;59(1):310-6. PMID: 16146003. **X-2, X-3, X-4, X-6**
1858. Jayadevappa R, Johnson JC, Bloom BS, et al. Effectiveness of transcendental meditation on functional capacity and quality of life of African Americans with congestive heart failure: a randomized control study. *Ethn Dis.* 2007 Winter;17(1):72-7. PMID: 17274213. **X-4**
1859. Jaycox LH, Miranda J, Meredith LS, et al. Impact of a primary care quality improvement intervention on use of psychotherapy for depression. *Ment Health Serv Res.* 2003 Jun;5(2):109-20. PMID: 12801074. **X-6, X-9**
1860. Jayne RL, Rankin SH. Application of Leventhal's self-regulation model to Chinese immigrants with type 2 diabetes. *J Nurs Scholarsh.* 2001;33(1):53-9. PMID: 11253580. **X-2, X-4**
1861. Jefferson LL. Exploring effects of therapeutic massage and patient teaching in the practice of diaphragmatic breathing on blood pressure, stress, and anxiety in hypertensive African-American women: an intervention study. *J Natl Black Nurses Assoc.* 2010 Jul;21(1):17-24. PMID: 20857772. **X-6, X-7, X-9**
1862. Jeglic E, Kobak KA, Engelhardt N, et al. A novel approach to rater training and certification in multinational trials. *Int Clin Psychopharmacol.* 2007 Jul;22(4):187-91. PMID: 17519640. **X-2, X-3, X-4, X-6**
1863. Jenerette C, Dixon J. Developing a short form of the simple Rathus assertiveness schedule using a sample of adults with sickle cell disease. *J Transcult Nurs.* 2010 Oct;21(4):314-24. PMID: 20592057. **X-2, X-4, X-5, X-6**
1864. Jenhani M, Gaha K, Nabouli R, et al. Effectiveness of patient education on glycemic control in insulin treated patients in general practice. *Diabetes Metab.* 2005 Sep;31(4 Pt 1):376-81. PMID: 16369200. **X-3, X-6**
1865. Jenkins C, McNary S, Carlson BA, et al. Reducing disparities for African Americans with diabetes: progress made by the REACH 2010 Charleston and Georgetown Diabetes Coalition. *Public Health Rep.* 2004 May-Jun;119(3):322-30. PMID: 15158111. **X-11**
1866. Jenkins C, Pope C, Magwood G, et al. Expanding the chronic care framework to improve diabetes management: the REACH case study. *Prog Community Health Partnersh.* 2010 Spring;4(1):65-79. PMID: 20364080. **X-1, X-2, X-3, X-4, X-6**
1867. Jenkins CN, McPhee SJ, Bird JA, et al. Effect of a media-led education campaign on breast and cervical cancer screening among Vietnamese-American women. *Prev Med.* 1999 Apr;28(4):395-406. PMID: 10090869. **X-9**
1868. Jenkins K, Alberry B, Daniel J, et al. Beyond communication: the development of a training program for hospital and hospice staff in the detection and management of psychological distress--preliminary results. *Palliat Support Care.* 2010 Mar;8(1):27-33. PMID: 20163757. **X-3, X-5, X-6**

1869. Jenkins RG, Ornstein SM, Nietert PJ, et al. Quality improvement for prevention of cardiovascular disease and stroke in an academic family medicine center: do racial differences in outcome exist? *Ethn Dis*. 2006 Winter;16(1):132-7. PMID: 16599361. **X-11**
1870. Jennings AM, Mackinnon M, Sparkes P, et al. Education for patients with established NIDDM. Disparities between patients who do and do not attend. *Diabetes Care*. 1990 Jan;13(1):79-80. PMID: 2298114. **X-6, X-7, X-9**
1871. Jenny JL. A comparison of four age groups' adaptation to diabetes. *Can J Public Health*. 1984 May-Jun;75(3):237-44. PMID: 6744196. **X-6, X-7, X-9**
1872. Jeon YH, Essue B, Jan S, et al. Economic hardship associated with managing chronic illness: a qualitative inquiry. *BMC Health Serv Res*. 2009;9:182. PMID: 19818128. **X-2, X-3, X-4, X-5, X-6**
1873. Jeppesen KM, Coyle JD, Miser WF. Screening questions to predict limited health literacy: a cross-sectional study of patients with diabetes mellitus. *Ann Fam Med*. 2009 Jan-Feb;7(1):24-31. PMID: 19139446. **X-2, X-4**
1874. Jernigan VB, Lorig K. The internet diabetes self-management workshop for American Indians and Alaska Natives. *Health Promot Pract*. 2011 Mar;12(2):261-70. PMID: 20534807. **X-4, X-10, X-11**
1875. Jerome-D'Emilia B, Merwin E, Stern S. Feasibility of using technology to disseminate evidence to rural nurses and improve patient outcomes. *J Contin Educ Nurs*. 2010 Jan;41(1):25-32. PMID: 20102140. **X-7, X-9**
1876. Jha AK, Orav EJ, Epstein AM. The effect of financial incentives on hospitals that serve poor patients. *Ann Intern Med*. 2010 Sep 7;153(5):299-306. PMID: 20820039. **X-6, X-7**
1877. Jibaja ML, Kingery P, Neff NE, et al. Tailored, interactive soap operas for breast cancer education of high-risk Hispanic women. *J Cancer Educ*. 2000 Winter;15(4):237-42. PMID: 11199243. **X-9**
1878. Jibaja-Weiss ML, Volk RJ. Utilizing computerized entertainment education in the development of decision aids for lower literate and naive computer users. *Journal of Health Communication*. 2007 Oct-Nov;12(7):681-97. PMID: 17934944 **X-1, X-2, X-3, X-4, X-5, X-6**
1879. Jibaja-Weiss ML, Volk RJ, Friedman LC, et al. Preliminary testing of a just-in-time, user-defined values clarification exercise to aid lower literate women in making informed breast cancer treatment decisions. *Health Expect*. 2006 Sep;9(3):218-31. PMID: 16911136. **X-9**
1880. Jibaja-Weiss ML, Volk RJ, Granch TS, et al. Entertainment education for informed breast cancer treatment decisions in low-literate women: development and initial evaluation of a patient decision aid. *J Cancer Educ*. 2006 Fall;21(3):133-9. PMID: 17371175. **X-6, X-9**
1881. Jibaja-Weiss ML, Volk RJ, Granchi TS, et al. Entertainment education for breast cancer surgery decisions: a randomized trial among patients with low health literacy. *Patient Educ Couns*. 2011 Jul;84(1):41-8. PMID: 20609546. **X-6, X-9**

1882. Jibaja-Weiss ML, Volk RJ, Kingery P, et al. Tailored messages for breast and cervical cancer screening of low-income and minority women using medical records data. *Patient Educ Couns*. 2003 Jun;50(2):123-32. PMID: 12781927. **X-6, X-9**
1883. Johansson A, Svanborg E, Swahn E, et al. Sleep, arousal and health-related quality of life in men and women with coronary artery disease. *Journal of Clinical Nursing*. 2011;20(19/20):2787-801. PMID: 21781201. **X-2, X-6**
1884. Johnson AE, Yin M, Berg G. Utilization and financial outcomes of an asthma disease management program delivered to Medicaid members: results of a three-group comparison study. *Disease Management & Health Outcomes*. 2003;11(7):455-65. **X-9**
1885. Johnson B, Chavkin W. Policy efforts to prevent ART-related preterm birth. *Matern Child Health J*. 2007 May;11(3):219-25. PMID: 17066313. **X-1, X-2, X-3, X-4, X-6**
1886. Johnson CE, Johnson T, Clark H, et al. A library-site asthma education program for inner-city communities. *J Asthma*. 2006 Jan-Feb;43(1):9-18. PMID: 16448959. **X-7, X-9**
1887. Johnson CS, McLeod PJ, Sharpe D, et al. Differences among core dimensions of the Centre for Epidemiological Studies Depression (CES-D) scale across age and gender groups. *Canadian Journal of Community Mental Health*. 2008 Spr;27(1):79-91. **X-2, X-3, X-4**
1888. Johnson JA, Eurich DT, Toth EL, et al. Generalizability and persistence of a multifaceted intervention for improving quality of care for rural patients with type 2 diabetes. *Diabetes Care*. 2005 Apr;28(4):783-8. PMID: 15793173. **X-6, X-9**
1889. Johnson JL, Stern EB. Readability of patient education materials: a comparison of rural and urban cardiac rehabilitation sites in Minnesota. *J Cardiopulm Rehabil*. 2004 Mar-Apr;24(2):121-7. PMID: 15052116. **X-2, X-4, X-6**
1890. Johnson KH, Bazargan M, Bing EG. Alcohol consumption and compliance among inner-city minority patients with type 2 diabetes mellitus. *Arch Fam Med*. 2000 Nov-Dec;9(10):964-70. PMID: 11115194. **X-2, X-4**
1891. Johnson-Kozlow M. Colorectal Cancer Screening of Californian Adults of Mexican Origin as a Function of Acculturation. *Journal of Immigrant and Minority Health*. 2010 Aug;12(4):454-61. PMID: 19252984 **X-2, X-4**
1892. Johnson-Spruill I, Hammond P, Davis B, et al. Health of Gullah families in South Carolina with type 2 diabetes: diabetes self-management analysis from project SuGar. *Diabetes Educ*. 2009 Jan-Feb;35(1):117-23. PMID: 19244567. **X-2, X-4**
1893. Joish VN, Malone DC, Wendel C, et al. Profiling quality of diabetes care in a Veterans Affairs Healthcare System. *Am J Med Qual*. 2004 May-Jun;19(3):112-20. PMID: 15212316. **X-2, X-4, X-6**
1894. Jones BA, Culler CS, Kasl SV, et al. Is variation in quality of mammographic services race linked? *J Health Care Poor Underserved*. 2001 Feb;12(1):113-26. PMID: 11217224. **X-2, X-4**
1895. Jones BA, Reams K, Calvocoressi L, et al. Adequacy of communicating results from screening mammograms to African American and White women. *Am J Public Health*. 2007 Mar;97(3):531-8. PMID: 17267723. **X-2, X-4**

1896. Jones C. Sexual activity after myocardial infarction. *Nurs Stand.* 1992 Aug 19-25;6(48):25-8. PMID: 1515329. **X-1, X-2, X-3, X-4, X-6**
1897. Jones CA, Mawani S, King KM, et al. Tackling health literacy: adaptation of public hypertension educational materials for an Indo-Asian population in Canada. *BMC Public Health.* 2011;11:24. PMID: 21223580. **X-2, X-3, X-4**
1898. Jones D, Hendricks A, Comstock C, et al. Eye examinations for VA patients with diabetes: standardizing performance measures. *Int J Qual Health Care.* 2000 Apr;12(2):97-104. PMID: 10830666. **X-2, X-4, X-6**
1899. Jones JA, Wahlgren DR, Meltzer SB, et al. Increasing asthma knowledge and changing home environments for Latino families with asthmatic children. *Patient Educ Couns.* 2001 Jan;42(1):67-79. PMID: 11080607. **X-6, X-9**
1900. Jones JL, Ogunmodede F, Scheftel J, et al. Toxoplasmosis-related knowledge and practices among pregnant women in the United States. *Infect Dis Obstet Gynecol.* 2003;11(3):139-45. PMID: 15022874. **X-2, X-4, X-6**
1901. Jones L, Wright K, Wright A, et al. The Healthy African American Families' risk communications initiative: using community partnered participatory research to address preterm birth at the local level. *Ethn Dis.* 2010 Winter;20(1 Suppl 2):S2-30-5. PMID: 20629244. **X-1, X-2, X-4**
1902. Jones RA, Utz S, Wenzel J, et al. Use of complementary and alternative therapies by rural African Americans with type 2 diabetes. *Altern Ther Health Med.* 2006 Sep-Oct;12(5):34-8. PMID: 17017753. **X-2, X-4**
1903. Jones RG, Trivedi AN, Ayanian JZ. Factors influencing the effectiveness of interventions to reduce racial and ethnic disparities in health care. *Soc Sci Med.* 2010 Feb;70(3):337-41. PMID: 19914755. **X-2, X-4**
1904. Jones WL, Rimer B, Engstrom PF, et al. Important gaps in patients' knowledge prior to chemotherapy. *Prog Clin Biol Res.* 1983;130:391-400. PMID: 6622474. **X-6, X-7, X-9**
1905. Joo JH, Solano FX, Mulsant BH, et al. Predictors of adequacy of depression management in the primary care setting. *Psychiatr Serv.* 2005 Dec;56(12):1524-8. PMID: 16339613. **X-2, X-4, X-6**
1906. Jordan DN, Jordan JL. Self-care behaviors of Filipino-American adults with type 2 diabetes mellitus. *J Diabetes Complications.* 2010 Jul-Aug;24(4):250-8. PMID: 19615920. **X-2, X-4**
1907. Jorm AF, Christensen H, Griffiths KM. The impact of beyondblue: the national depression initiative on the Australian public's recognition of depression and beliefs about treatments. *Aust N Z J Psychiatry.* 2005 Apr;39(4):248-54. PMID: 15777361. **X-3**
1908. Jorm AF, Christensen H, Griffiths KM. Changes in depression awareness and attitudes in Australia: the impact of beyondblue: the national depression initiative. *Aust N Z J Psychiatry.* 2006 Jan;40(1):42-6. PMID: 16403036. **X-3, X-6**

1909. Jorm AF, Griffiths KM, Christensen H, et al. Providing information about the effectiveness of treatment options to depressed people in the community: a randomized controlled trial of effects on mental health literacy, help-seeking and symptoms. *Psychol Med.* 2003 Aug;33(6):1071-9. PMID: 12946091. **X-6, X-7, X-9**
1910. Josefson D. Media watch: the kidney dilemma. *West J Med.* 1999 Jun;170(6):373-4. PMID: 11645169. **X-1, X-2, X-3, X-4, X-6**
1911. Joseph CL, Havstad SL, Johnson D, et al. Factors associated with nonresponse to a computer-tailored asthma management program for urban adolescents with asthma. *J Asthma.* 2010 Aug;47(6):667-73. PMID: 20642376. **X-7, X-9**
1912. Joseph CL, Peterson E, Havstad S, et al. A web-based, tailored asthma management program for urban African-American high school students. *Am J Respir Crit Care Med.* 2007 May 1;175(9):888-95. PMID: 17290041. **X-7, X-9**
1913. Joseph G, Beattie MS, Lee R, et al. Pre-counseling Education for Low Literacy Women at Risk of Hereditary Breast and Ovarian Cancer (HBOC): Patient Experiences Using the Cancer Risk Education Intervention Tool (CREDIT). *Journal of Genetic Counseling.* 2010 Oct;19(5):447-62. PMID: 20490636 **X-2, X-4**
1914. Joseph G, Dohan D. Recruiting minorities where they receive care: Institutional barriers to cancer clinical trials recruitment in a safety-net hospital. *Contemporary Clinical Trials.* 2009 Nov;30(6):552-7. PMID: 19580887 **X-2, X-4**
1915. Joshi R, Joshi N, Helmuth A. Improving ambulatory diabetes care in high-risk racial minorities: use of culture-specific education and close follow-up. *Endocr Pract.* 2010 Mar-Apr;16(2):171-7. PMID: 19833583. **X-9**
1916. Jovanovic L, Harrison RW, 3rd. Advances in diabetes for the millennium: diabetes in minorities. *MedGenMed.* 2004;6(3 Suppl):2. PMID: 15647707. **X-1, X-6, X-7, X-9**
1917. Jowsey T, Gillespie J, Aspin C. Effective communication is crucial to self-management: the experiences of immigrants to Australia living with diabetes. *Chronic Illn.* 2011 Mar;7(1):6-19. PMID: 21078683. **X-2, X-3, X-4**
1918. Joyce R, Webb R, Peacock JL, et al. Adjusted mortality rates: a tool for creating more meaningful league tables for stillbirth and infant mortality rates. *Public Health.* 2002 Nov;116(6):315-21. PMID: 12407470. **X-2, X-3, X-4**
1919. Joyner-Grantham J, Mount DL, McCorkle OD, et al. Self-reported influences of hopelessness, health literacy, lifestyle action, and patient inertia on blood pressure control in a hypertensive emergency department population. *Am J Med Sci.* 2009 Nov;338(5):368-72. PMID: 19838100. **X-2, X-4**
1920. Juip MP. Implications of clinical advancement systems and nurse case managers on the diabetes educator. *Diabetes Educ.* 1993 Jan-Feb;19(1):77-8. PMID: 8458303. **X-1, X-6, X-7, X-9**
1921. Jula A, Puukka P, Karanko H. Multiple clinic and home blood pressure measurements versus ambulatory blood pressure monitoring. *Hypertension.* 1999 Aug;34(2):261-6. PMID: 10454451. **X-2, X-4**

1922. Junda T. Living with breast cancer: Thai women's perspective. *Thai Journal of Nursing Research*. 2004;8(3):208-22. **X-2, X-3, X-4**
1923. Kafatos AG, Tsitoura S, Pantelakis SN, et al. Maternal and infant health education in a rural Greek community. *Hygie*. 1991 Mar;10(1):32-7. PMID: 2040509. **X-3**
1924. Kagawa-Singer M, Tanjasiri SP, Valdez A, et al. Outcomes of a breast health project for Hmong women and men in California. *Am J Public Health*. 2009 Oct;99 Suppl 2:S467-73. PMID: 19443830. **X-9**
1925. Kahan NR, Waitman DA, Blackman S, et al. Prior authorization to improve testing of glycosylated hemoglobin in a managed care setting. *Am J Manag Care*. 2009 Sep;15(9):582-4. PMID: 19747022. **X-2, X-3, X-4, X-6**
1926. Kahn LS, Fox CH, Carrington J, et al. Telephonic nurse case management for patients with diabetes and mental illnesses: a qualitative perspective. *Chronic Illn*. 2009 Dec;5(4):257-67. PMID: 20156943. **X-2, X-6**
1927. Kahn LS, Glaser K, Fox CH, et al. Diabetes educators in safety-net practices: a qualitative study. *Diabetes Educ*. 2011 Mar-Apr;37(2):212-9. PMID: 21357750. **X-2, X-4, X-6**
1928. Kaholokula JK, Haynes SN, Grandinetti A, et al. Ethnic differences in the relationship between depressive symptoms and health-related quality of life in people with type 2 diabetes. *Ethnicity & Health*. 2006;11(1):59-80. PMID: 16338755. **X-2, X-4**
1929. Kaholokula JK, Saito E, Mau MK, et al. Pacific Islanders' perspectives on heart failure management. *Patient Educ Couns*. 2008 Feb;70(2):281-91. PMID: 18068939. **X-2, X-4**
1930. Kaiser K, Miksch S. Versioning computer-interpretable guidelines: semi-automatic modeling of 'Living Guidelines' using an information extraction method. *Artif Intell Med*. 2009 May;46(1):55-66. PMID: 18950994. **X-1, X-2, X-3, X-4, X-5, X-6**
1931. Kaissi AA, Parchman M. Organizational factors associated with self-management behaviors in diabetes primary care clinics. *The Diabetes Educator*. 2009 Sep-Oct;35(5):843-50. PMID: 19783769. **X-2, X-4, X-6**
1932. Kalauokalani D, Franks P, Oliver JW, et al. Can patient coaching reduce racial/ethnic disparities in cancer pain control? Secondary analysis of a randomized controlled trial. *Pain Med*. 2007 Jan-Feb;8(1):17-24. PMID: 17244100. **X-4**
1933. Kales HC, Blow FC, Welsh DE, et al. Herbal products and other supplements: use by elderly veterans with depression and dementia and their caregivers. *J Geriatr Psychiatry Neurol*. 2004 Mar;17(1):25-31. PMID: 15018694. **X-2, X-4, X-6**
1934. Kalichman SC, Cherry J, Cain D. Nurse-Delivered Antiretroviral Treatment Adherence Intervention for People With Low Literacy Skills and Living With HIV/AIDS. *JANAC: Journal of the Association of Nurses in AIDS Care*. 2005 Sep-Oct;16(5):3-15. PMID: 16433105. **X-4, X-5**
1935. Kalichman SC, Ramachandran B, Catz S. Adherence to combination antiretroviral therapies in HIV patients of low health literacy. *Journal of General Internal Medicine*. 1999 May;14(5):267-73. PMID: 10337035. **X-2, X-4, X-5**

1936. Kalichman SC, Rompa D. Emotional reactions to health status changes and emotional well-being among HIV-positive persons with limited reading literacy. *Journal of Clinical Psychology in Medical Settings*. 2000 Dec;7(4):203-11. PMID: n/a. **X-2, X-4, X-5**
1937. Kalichman SC, Williams E, Nachimson D. Randomized community trial of a breast self-examination skills-building intervention for inner-city African-American women. *J Am Med Womens Assoc*. 2000 Winter;55(1):47-50. PMID: 10680410. **X-9**
1938. Kamara M. Interview with Makeda Kamara. Interview by Ina May Gaskin. *Birth Gaz*. 1992 Summer;8(3):4-11. PMID: 1392647. **X-1, X-2, X-3, X-4, X-5, X-6**
1939. Kamel NM, Badawy YA, el-Zeiny NA, et al. Sociodemographic determinants of management behaviour of diabetic patients. Part II. Diabetics' knowledge of the disease and their management behaviour. *East Mediterr Health J*. 1999 Sep;5(5):974-83. PMID: 10983538. **X-2, X-4, X-6**
1940. Kamel NM, Badawy YA, el-Zeiny NA, et al. Sociodemographic determinants of management behaviour of diabetic patients. Part I. Behaviour of patients in relation to management of their disease. *East Mediterr Health J*. 1999 Sep;5(5):967-73. PMID: 10983537. **X-2, X-4, X-6**
1941. Kandula NR, Nsiah-Kumi PA, Makoul G, et al. The relationship between health literacy and knowledge improvement after a multimedia type 2 diabetes education program. *Patient Educ Couns*. 2009 Jun;75(3):321-7. PMID: 19395223. **X-7, X-9, X-10**
1942. Kang HY, Yoo YS. Effects of a bereavement intervention program in middle-aged widows in Korea. *Arch Psychiatr Nurs*. 2007 Jun;21(3):132-40. PMID: 17556106. **X-3, X-5, X-6**
1943. Kanter DE, Turenne W, Slonim AD. Hospital-reported medical errors in premature neonates. *Pediatr Crit Care Med*. 2004 Mar;5(2):119-23. PMID: 14987340. **X-2, X-4, X-5**
1944. Kaplan CP, Crane LA, Stewart S, et al. Factors affecting follow-up among low-income women with breast abnormalities. *J Womens Health (Larchmt)*. 2004 Mar;13(2):195-206. PMID: 15072734. **X-2, X-4**
1945. Kapp JM, Ryerson AB, Coughlin SS, et al. Racial and ethnic differences in mammography use among U.S. women younger than age 40. *Breast Cancer Res Treat*. 2009 Jan;113(2):327-37. PMID: 18264758. **X-2, X-4**
1946. Kapp JM, Walker R, Haneuse S, et al. Are there racial/ethnic disparities among women younger than 40 undergoing mammography? *Breast Cancer Res Treat*. 2010 Nov;124(1):213-22. PMID: 20204501. **X-2, X-4**
1947. Kara B. Herbal product use in a sample of Turkish patients undergoing haemodialysis. *J Clin Nurs*. 2009 Aug;18(15):2197-205. PMID: 19207805. **X-2, X-3, X-4, X-6**
1948. Kara M, van der Bijl JJ, Shortridge-Baggett LM, et al. Cross-cultural adaptation of the Diabetes Management Self-Efficacy Scale for patients with type 2 diabetes mellitus: scale development. *Int J Nurs Stud*. 2006 Jul;43(5):611-21. PMID: 16239003. **X-2, X-3, X-4, X-6**

1949. Karaguzel G, Bircan I, Erisir S, et al. Metabolic control and educational status in children with type 1 diabetes: effects of a summer camp and intensive insulin treatment. *Acta Diabetol.* 2005 Dec;42(4):156-61. PMID: 16382302. **X-4, X-6**
1950. Karalis M. How to make the new conditions for coverage work in your dialysis clinic. *Nephrol News Issues.* 2009 Apr;23(4):28, 31. PMID: 19437945. **X-1, X-2, X-3, X-4, X-6**
1951. Karanja NM, McCullough ML, Kumanyika SK, et al. DASH trial. Pre-enrollment diets of Dietary Approaches to Stop Hypertension trial participants. *Journal of the American Dietetic Association.* 1999;99(8):S28-34. PMID: 10450291. **X-6, X-7, X-9**
1952. Karaoz B, Aksu H, Kucuk M. A qualitative study of the information needs of premenopausal women with breast cancer in terms of contraception, sexuality, early menopause, and fertility. *Int J Gynaecol Obstet.* 2010 May;109(2):118-20. PMID: 20152978. **X-2, X-3, X-4, X-6**
1953. Karasz A. Cultural differences in conceptual models of depression. *Soc Sci Med.* 2005 Apr;60(7):1625-35. PMID: 15652693. **X-2, X-4**
1954. Karlen A. Positive sexual effects of chronic illness: Case studies of women with lupus (SLE). *Sexuality and Disability.* 2002 Fal;20(3):191-208. PMID: n/a. **X-1, X-2, X-3, X-4, X-5, X-6**
1955. Karliner LS, Hwang ES, Nickleach D, et al. Language barriers and patient-centered breast cancer care. *Patient Education and Counseling.* 2011 Aug;84(2):223-8. PMID: 20685068. **X-2, X-4**
1956. Karliner LS, Kim SE, Meltzer DO, et al. Influence of Language Barriers on Outcomes of Hospital Care for General Medicine Inpatients. *Journal of Hospital Medicine.* 2010 May-Jun;5(5):276-82. PMID: 20533573 **X-2, X-4, X-5**
1957. Karmaliani R, Bann CM, Mahmood MA, et al. Measuring antenatal depression and anxiety: Findings from a community-based study of women in Hyderabad, Pakistan. *Women & Health.* 2006;44(3):79-103. PMID: 17255067 **X-2, X-3, X-4, X-6**
1958. Karner A, Goransson A, Bergdahl B. Patients' conceptions of coronary heart disease--a phenomenographic analysis. *Scand J Caring Sci.* 2003 Mar;17(1):43-50. PMID: 12581294. **X-2, X-4, X-6**
1959. Karnick P, Margellos-Anast H, Seals G, et al. The pediatric asthma intervention: a comprehensive cost-effective approach to asthma management in a disadvantaged inner-city community. *J Asthma.* 2007 Jan-Feb;44(1):39-44. PMID: 17365203. **X-6, X-9**
1960. Karter AJ, Ferrara A, Darbinian JA, et al. Self-monitoring of blood glucose: language and financial barriers in a managed care population with diabetes. *Diabetes Care.* 2000 Apr;23(4):477-83. PMID: 10857938. **X-2, X-4**
1961. Karter AJ, Stevens MR, Brown AF, et al. Educational disparities in health behaviors among patients with diabetes: the Translating Research Into Action for Diabetes (TRIAD) Study. *BMC Public Health.* 2007;7:308. PMID: 17967177. **X-2, X-4, X-6**
1962. Karter AJ, Subramanian U, Saha C, et al. Barriers to insulin initiation: the translating research into action for diabetes insulin starts project. *Diabetes Care.* 2010 Apr;33(4):733-5. PMID: 20086256. **X-2, X-4, X-6**

1963. Karve AM, Ou FS, Lytle BL, et al. Potential unintended financial consequences of pay-for-performance on the quality of care for minority patients. *Am Heart J*. 2008 Mar;155(3):571-6. PMID: 18294498. **X-2, X-4, X-5**
1964. Kaslow NJ, Leiner AS, Reviere S, et al. Suicidal, abused African American women's response to a culturally informed intervention. *J Consult Clin Psychol*. 2010 Aug;78(4):449-58. PMID: 20658802. **X-9**
1965. Kato N, Kinugawa K, Ito N, et al. Adherence to self-care behavior and factors related to this behavior among patients with heart failure in Japan. *Heart Lung*. 2009 Sep-Oct;38(5):398-409. PMID: 19755190. **X-2, X-3, X-4, X-6**
1966. Katon W, Unutzer J, Wells K, et al. Collaborative depression care: history, evolution and ways to enhance dissemination and sustainability. *Gen Hosp Psychiatry*. 2010 Sep-Oct;32(5):456-64. PMID: 20851265. **X-1, X-2, X-3, X-4, X-6**
1967. Katon WJ, Richardson L, Russo J, et al. Quality of Mental Health Care for Youth with Asthma and Comorbid Anxiety and Depression. *Medical Care*. 2006 Dec;44(12):1064-72. PMID: 17122709. **X-2, X-4, X-6**
1968. Katon WJ, Russo JE, Von Korff M, et al. Long-term effects on medical costs of improving depression outcomes in patients with depression and diabetes. *Diabetes Care*. 2008 Jun;31(6):1155-9. PMID: 18332158. **X-6, X-7, X-9**
1969. Katz MG, Jacobson TA, Veledar E, et al. Patient literacy and question-asking behavior during the medical encounter: A mixed-methods analysis. *Journal of General Internal Medicine*. 2007 Jun;22(6):782-6. PMID: 17431697 **X-2, X-4, X-5**
1970. Katz ML, Heaner S, Reiter P, et al. Development of an educational video to improve patient knowledge and communication with their healthcare providers about colorectal cancer screening. *American Journal of Health Education*. 2009;40(4):220-8. PMID: 20209024. **X-2, X-4**
1971. Katz ML, James AS, Pignone MP, et al. Colorectal cancer screening among African American church members: a qualitative and quantitative study of patient-provider communication. *BMC Public Health*. 2004 Dec 15;4:62. PMID: 15601463. **X-2, X-4**
1972. Katz ML, Tatum C, Dickinson SL, et al. Improving colorectal cancer screening by using community volunteers: results of the Carolinas cancer education and screening (CARES) project. *Cancer*. 2007 Oct 1;110(7):1602-10. PMID: 17665496. **X-9**
1973. Katz PP, Morris A, Julian L, et al. Onset of depressive symptoms among adults with asthma: results from a longitudinal observational cohort. *Prim Care Respir J*. 2010 Sep;19(3):223-30. PMID: 20169291. **X-2, X-4, X-6**
1974. Katz PP, Yelin EH, Smith S, et al. Perceived control of asthma: development and validation of a questionnaire. *Am J Respir Crit Care Med*. 1997 Feb;155(2):577-82. PMID: 9032197. **X-2, X-4, X-6**
1975. Kaufman DR, Patel VL, Hilliman C, et al. Usability in the real world: assessing medical information technologies in patients' homes. *J Biomed Inform*. 2003 Feb-Apr;36(1-2):45-60. PMID: 14552846. **X-2, X-4**

1976. Kaufman DR, Starren J, Patel VL, et al. A cognitive framework for understanding barriers to the productive use of a diabetes home telemedicine system. *AMIA Annu Symp Proc*. 2003;356-60. PMID: 14728194. **X-1, X-2, X-3, X-4, X-6**
1977. Kaul T. Helping African American children self-manage asthma: the importance of self-efficacy. *J Sch Health*. 2011 Jan;81(1):29-33. PMID: 21158863. **X-2, X-4**
1978. Kavanagh J, Oliver S, Lorenc T, et al. School-based cognitive-behavioural interventions: a systematic review of effects and inequalities. *Health Sociology Review*. 2009;18(1):61-78. **X-1, X-2, X-3, X-4, X-6**
1979. Kawada T, Okada K. The metabolic syndrome: prevalence and associated lifestyles in Japanese workingmen. *J Cardiometab Syndr*. 2006 Fall;1(5):313-7. PMID: 17679793. **X-2, X-3, X-4, X-6**
1980. Kayaniyl S, Ardern CI, Winstanley J, et al. Degree and correlates of cardiac knowledge and awareness among cardiac inpatients. *Patient Educ Couns*. 2009 Apr;75(1):99-107. PMID: 18952393. **X-2, X-3, X-4**
1981. Kazancioglu R, Ozturk S, Ekiz S, et al. Can using a questionnaire for assessment of home visits to peritoneal dialysis patients make a difference to the treatment outcome? *J Ren Care*. 2008 Jun;34(2):59-63. PMID: 18498569. **X-2, X-4, X-6**
1982. Kazemi-Saleh D, Pishgou B, Farrokhi F, et al. Gender impact on the correlation between sexuality and marital relation quality in patients with coronary artery disease. *J Sex Med*. 2008 Sep;5(9):2100-6. PMID: 18221280. **X-2, X-4**
1983. Keating NL, Kouri E, He Y, et al. Racial differences in definitive breast cancer therapy in older women: Are they explained by the hospitals where patients undergo surgery? *Medical Care*. 2009 Jul;47(7):765-73. PMID: 19536008. **X-2, X-4**
1984. Keating T. Will success of hospital-based pay-for-performance project be duplicated in renal care? *Nephrol News Issues*. 2008 Mar;22(3):12. PMID: 18372674. **X-1, X-6, X-7, X-9**
1985. Kee F, Reaney E, Savage G, et al. Are gatekeepers to renal services referring patients equitably? *J Health Serv Res Policy*. 2007 Jan;12(1):36-41. PMID: 17244396. **X-2, X-3, X-4, X-6**
1986. Keeping LM, English LM. Informal and incidental learning with patients who use continuous ambulatory peritoneal dialysis. *Nephrol Nurs J*. 2001 Jun;28(3):313-4, 9-22; discussion 23. PMID: 12143453. **X-2, X-4, X-6**
1987. Keeratiyutawong P, Hanucharunkul S, Boonchaury W, et al. Effectiveness of a supportive-educative program on diabetic control, perceived self-care efficacy, and body mass index in persons with type 2 diabetes mellitus. *Thai Journal of Nursing Research*. 2005 2005 Jan-Mar;9(1):1-12. **X-3, X-6**
1988. Kellar I, Sutton S, Griffin S, et al. Evaluation of an informed choice invitation for type 2 diabetes screening. *Patient Educ Couns*. 2008 Aug;72(2):232-8. PMID: 18513916. **X-2, X-4, X-6, X-8**

1989. Keller C, Siegrist M. Effect of risk communication formats on risk perception depending on numeracy. *Med Decis Making*. 2009 Jul-Aug;29(4):483-90. PMID: 19525484. **X-2, X-4**
1990. Kelley MA. Culturally appropriate breast health educational intervention program for African-American women. *J Natl Black Nurses Assoc*. 2004 Jul;15(1):36-47. PMID: 15712819. **X-9**
1991. Kelley MA. Recruitment of African American women for research on breast cancer early detection: using culturally appropriate interventions. *Southern Online Journal of Nursing Research*. 2011;11(1):15p. **X-5, X-7, X-9, X-10**
1992. Kelly J, Schumacher C, Mayer AM, et al. Diabetes care: a comparison of management systems. *Alaska Med*. 2000 Jan-Mar;42(1):13-9, 27. PMID: 10822870. **X-2, X-4, X-6**
1993. Kelly KM, Dickinson SL, Degraffinreid CR, et al. Colorectal cancer screening in 3 racial groups. *Am J Health Behav*. 2007 Sep-Oct;31(5):502-13. PMID: 17555381. **X-2, X-4**
1994. Kelly KM, Shedlosky-Shoemaker R, Porter K, et al. Cancer Recurrence Worry, Risk Perception, and Informational-Coping Styles Among Appalachian Cancer Survivors. *Journal of Psychosocial Oncology*. 2011;29(1):1-18. PMID: 21240722. **X-1, X-2, X-3, X-4, X-6**
1995. Kelso TM, Abou-Shala N, Heilker GM, et al. Comprehensive long-term management program for asthma: effect on outcomes in adult African-Americans. *Am J Med Sci*. 1996 Jun;311(6):272-80. PMID: 8659554. **X-4**
1996. Kelso TM, Self TH, Rumbak MJ, et al. Educational and long-term therapeutic intervention in the ED: effect on outcomes in adult indigent minority asthmatics. *Am J Emerg Med*. 1995 Nov;13(6):632-7. PMID: 7575800. **X-4**
1997. Kemp BJ, Bateham AL. The role of distress and social involvement in quality of life among people with spinal cord injury. *Topics in Spinal Cord Injury Rehabilitation*. 2010;16(2):72-80. **X-2, X-4, X-5, X-6**
1998. Kemper P, Savage C, Niederbaumer P, et al. A study of the level of knowledge about diabetes management of low-income persons with diabetes. *J Community Health Nurs*. 2005 Winter;22(4):231-9. PMID: 16245974. **X-2, X-4**
1999. Kendrick JM, Wilson C, Elder RF, et al. Reliability of reporting of self-monitoring of blood glucose in pregnant women. *J Obstet Gynecol Neonatal Nurs*. 2005 May-Jun;34(3):329-34. PMID: 15890831. **X-2, X-4**
2000. Kenealy TW, Eggleton KS, Robinson EM, et al. Systematic care to reduce ethnic disparities in diabetes care. *Diabetes Res Clin Pract*. 2010 Sep;89(3):256-61. PMID: 20570383. **X-3**
2001. Kennedy BR. Psychosocial model: racism as a predictor of adherence and compliance to treatment and health outcomes among African Americans. *Journal of Theory Construction & Testing*. 2009;13(1):20-6. **X-1, X-2, X-3, X-4, X-5, X-6**
2002. Kennedy TS, Oakland MJ, Brotherson MJ. Making feeding decisions for preterm low birth weight infants: a family systems approach. *Topics in Clinical Nutrition*. 2000;15(2):38. **X-2, X-4, X-5, X-6**

2003. Keogh KM, Smith SM, White P, et al. Psychological family intervention for poorly controlled type 2 diabetes. *Am J Manag Care*. 2011 Feb;17(2):105-13. PMID: 21473660. **X-6**
2004. Kernohan EE. Evaluation of a pilot study for breast and cervical cancer screening with Bradford's minority ethnic women; a community development approach, 1991-93. *Br J Cancer Suppl*. 1996 Sep;29:S42-6. PMID: 8782798. **X-2, X-3, X-4**
2005. Kerr AJ, Looi JL, Garofalo D, et al. Acute Predict: a clinician-led cardiovascular disease quality improvement project (Predict-CVD 12). *Heart Lung Circ*. 2010 May-Jun;19(5-6):378-83. PMID: 20392667. **X-3**
2006. Kerr C, Murray E, Noble L, et al. The potential of Web-based interventions for heart disease self-management: a mixed methods investigation. *J Med Internet Res*. 2010;12(4):e56. PMID: 21156471. **X-3, X-6**
2007. Kerr EA, Smith DM, Kaplan SH, et al. The association between three different measures of health status and satisfaction among patients with diabetes. *Med Care Res Rev*. 2003 Jun;60(2):158-77. PMID: 12800682. **X-2, X-4, X-6**
2008. Keselman A, Logan R, Smith CA, et al. Developing Informatics tools and strategies for consumer-centered health communication. *Journal of the American Medical Informatics Association*. 2008 Jul-Aug;15(4):473-83. PMID: 18436895 **X-1, X-2, X-3, X-4, X-5, X-6**
2009. Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). *JAMA*. 2003 Jun 18;289(23):3095-105. PMID: 12813115. **X-2, X-4**
2010. Kesten S, Zive K, Chapman KR. Pharmacist knowledge and ability to use inhaled medication delivery systems. *Chest*. 1993 Dec;104(6):1737-42. PMID: 8252954. **X-2, X-4, X-6**
2011. Ketcham JD, Lutfey KE, Gerstenberger E, et al. Physician clinical information technology and health care disparities. *Medical Care Research and Review*. 2009 Dec;66(6):658-81. PMID: 19564640. **X-6, X-7, X-9**
2012. Keville T, Johnson TL, Epstein SS, et al. Women's Health Law Symposium, Rutgers School of Law-Newark, April 6, 1994. *Women's Rights Law Report*. 1994 Fall;16(1):17-41. PMID: 11654984. **X-1, X-2, X-3, X-4, X-5, X-6**
2013. Keys IR. Take it to heart: a national health screening and education project in African-American communities. A joint project of the NMA and Bayer Corporation. *J Natl Med Assoc*. 1999 Dec;91(12):649-52. PMID: 10628123. **X-1, X-6, X-7, X-9**
2014. Keyserling TC, Ammerman AS, Davis CE, et al. A randomized controlled trial of a physician-directed treatment program for low-income patients with high blood cholesterol: the Southeast Cholesterol Project. *Arch Fam Med*. 1997 Mar-Apr;6(2):135-45. PMID: 9075448. **X-5**
2015. Keyserling TC, Ammerman AS, Samuel-Hodge CD, et al. A diabetes management program for African American women with type 2 diabetes. *Diabetes Educ*. 2000 Sep-Oct;26(5):796-805. PMID: 11140007. **X-2, X-10**

2016. Keyserling TC, Samuel-Hodge CD, Ammerman AS, et al. A randomized trial of an intervention to improve self-care behaviors of African-American women with type 2 diabetes: impact on physical activity. *Diabetes Care*. 2002 Sep;25(9):1576-83. PMID: 12196430. **X-9**
2017. Keyzer JF, Melnikow J, Kuppermann M, et al. Recruitment strategies for minority participation: challenges and cost lessons from the POWER interview. *Ethn Dis*. 2005 Summer;15(3):395-406. PMID: 16108298. **X-2, X-4**
2018. Khamseh ME, Vatankeh N, Baradaran HR. Knowledge and practice of foot care in Iranian people with type 2 diabetes. *Int Wound J*. 2007 Dec;4(4):298-302. PMID: 18154624. **X-2, X-3, X-4, X-6**
2019. Khan CM, Iida M, Stephens MA, et al. Spousal support following knee surgery: roles of self-efficacy and perceived emotional responsiveness. *Rehabil Psychol*. 2009 Feb;54(1):28-32. PMID: 19618700. **X-2, X-4, X-5, X-6**
2020. Khan JA, Shafquat A, Kundi A. Basic life support skills: assessment and education of spouse and first degree relatives of patients with coronary disease. *J Coll Physicians Surg Pak*. 2010 May;20(5):299-302. PMID: 20642919. **X-3, X-4, X-6**
2021. Khankari K, Eder M, Osborn CY, et al. Improving colorectal cancer screening among the medically underserved: A pilot study within a federally qualified health center. *Journal of General Internal Medicine*. 2007 Oct;22(10):1410-4. PMID: 17653808 **X-9**
2022. Khavjou OA, Finkelstein EA, Farris R, et al. Recall of three heart disease risk factor diagnoses among low-income women. *J Womens Health (Larchmt)*. 2009 May;18(5):667-75. PMID: 19405860. **X-2, X-4**
2023. Khosla N, Gordon E, Nishi L, et al. Impact of a chronic kidney disease clinic on preemptive kidney transplantation and transplant wait times. *Prog Transplant*. 2010 Sep;20(3):216-20. PMID: 20929105. **X-2, X-4**
2024. Khrennikov A. Human subconscious as a p-adic dynamical system. *J Theor Biol*. 1998 Jul 27;193(2):179-96. PMID: 9714931. **X-1, X-2, X-3, X-4, X-5, X-6**
2025. Khuwatsamrit K, Hanucharunkul S, Chyun DA, et al. Social support, self-efficacy, and adherence to self-care requirements in patients with coronary artery disease. *Thai Journal of Nursing Research*. 2006;10(3):155-64. **X-2, X-3, X-4, X-6**
2026. Kicera TJ, Douglas M, Guerra FA. Best-practice models that work: the CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) Programs. *Ethn Dis*. 2005 Spring;15(2 Suppl 3):S3-17-S3-20. PMID: 15945362. **X-1, X-2, X-3, X-4, X-5, X-6**
2027. Kicklighter JR, Stein MA. Factors influencing diabetic clients' ability to read and comprehend printed diabetic diet material. *Diabetes Educ*. 1993 Jan-Feb;19(1):40-6. PMID: 8458298. **X-2, X-4**
2028. Kidder B. P.O.W. (protect our women): results of a breast cancer prevention project targeted to older African-American women. *Soc Work Health Care*. 2008;47(1):60-72. PMID: 18956513. **X-9**

2029. Kiefe CI, McKay SV, Halevy A, et al. Is cost a barrier to screening mammography for low-income women receiving Medicare benefits? A randomized trial. *Arch Intern Med.* 1994 Jun 13;154(11):1217-24. PMID: 8203989. **X-7**
2030. Kieffer EC, Willis SK, Odoms-Young AM, et al. Reducing disparities in diabetes among African-American and Latino residents of Detroit: the essential role of community planning focus groups. *Ethn Dis.* 2004 Summer;14(3 Suppl 1):S27-37. PMID: 15682769. **X-2, X-4**
2031. Kiger H. Outreach to multiethnic, multicultural, and multilingual women for breast cancer and cervical cancer education and screening: a model using professional and volunteer staffing. *Fam Community Health.* 2003 Oct-Dec;26(4):307-18. PMID: 14528136. **X-1, X-7, X-9**
2032. Kim C, McEwen LN, Gerzoff RB, et al. Is physician gender associated with the quality of diabetes care? *Diabetes Care.* 2005 Jul;28(7):1594-8. PMID: 15983306. **X-2, X-4**
2033. Kim EH, Stolyar A, Lober WB, et al. Challenges to Using an Electronic Personal Health Record by a Low-Income Elderly Population. *Journal of Medical Internet Research.* 2009 Oct-Dec;11(4) PMID: 19861298 **X-2, X-4, X-5**
2034. Kim J, Han HR, Song H, et al. Compliance with home blood pressure monitoring among middle-aged Korean Americans with hypertension. *J Clin Hypertens (Greenwich).* 2010 Apr;12(4):253-60. PMID: 20433546. **X-9**
2035. Kim MJ, Ahn YH, Chon C, et al. Health disparities in lifestyle choices among hypertensive Korean Americans, non-Hispanic Whites, and Blacks. *Biol Res Nurs.* 2005 Jul;7(1):67-74. PMID: 15920004. **X-2, X-4**
2036. Kim MJ, Lee SJ, Ahn YH, et al. Lifestyle advice for Korean Americans and native Koreans with hypertension. *J Adv Nurs.* 2011 Mar;67(3):531-9. PMID: 21077932. **X-2**
2037. Kim MT, Han HR, Park HJ, et al. Constructing and testing a self-help intervention program for high blood pressure control in Korean American seniors--a pilot study. *J Cardiovasc Nurs.* 2006 Mar-Apr;21(2):77-84. PMID: 16601523. **X-4**
2038. Kim MT, Han HR, Song HJ, et al. A community-based, culturally tailored behavioral intervention for Korean Americans with type 2 diabetes. *Diabetes Educ.* 2009 Nov-Dec;35(6):986-94. PMID: 19934458. **X-4**
2039. Kim MT, Kim EY, Han HR, et al. Mail education is as effective as in-class education in hypertensive Korean patients. *J Clin Hypertens (Greenwich).* 2008 Mar;10(3):176-84. PMID: 18326962. **X-7, X-9**
2040. Kim S, Love F, Quistberg DA, et al. Association of health literacy with self-management behavior in patients with diabetes. *Diabetes Care.* 2004 Dec;27(12):2980-2. PMID: 15562219. **X-7, X-9**
2041. Kim SH. Health literacy and functional health status in Korean older adults. *J Clin Nurs.* 2009 Aug;18(16):2337-43. PMID: 19583664. **X-2, X-3, X-4, X-5**

2042. Kim Y, Evangelista LS, Phillips LR, et al. The End-Stage Renal Disease Adherence Questionnaire (ESRD-AQ): testing the psychometric properties in patients receiving in-center hemodialysis. *Nephrol Nurs J*. 2010 Jul-Aug;37(4):377-93. PMID: 20830945. **X-2, X-3**
2043. Kim YH, Sarna L. An intervention to increase mammography use by Korean American women. *Oncol Nurs Forum*. 2004 Jan-Feb;31(1):105-10. PMID: 14722594. **X-7, X-9**
2044. Kimble LP, Dunbar SB, McGuire DB, et al. Cardiac instrument development in a low-literacy population: the revised Chest Discomfort Diary. *Heart Lung*. 2001 Jul-Aug;30(4):312-20. PMID: 11449218. **X-2, X-4**
2045. Kimble LP, Dunbar SB, Weintraub WS, et al. Symptom clusters and health-related quality of life in people with chronic stable angina. *Journal of Advanced Nursing*. 2011;67(5):1000-11. PMID: 21352270. **X-2, X-4, X-6**
2046. King K. Educational factors affecting modality selection: a National Kidney Foundation study. *EDTNA ERCA J*. 1998 Jul-Sep;24(3):27-9. PMID: 10392075. **X-2, X-6**
2047. King KA, Strunk CM, Sorter MT. Preliminary Effectiveness of Surviving the Teens® Suicide Prevention and Depression Awareness Program on Adolescents' Suicidality and Self-Efficacy in Performing Help-Seeking Behaviors. *Journal of School Health*. 2011;81(9):581-90. PMID: 21831072. **X-4, X-5, X-6**
2048. King MG, Jenkins C, Hossler C, et al. People with diabetes: knowledge, perceptions, and applications of recommendations for diabetes management. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S128-33. PMID: 15682782. **X-2, X-4**
2049. King R. Illness attributions and myocardial infarction: the influence of gender and socio-economic circumstances on illness beliefs. *J Adv Nurs*. 2002 Mar;37(5):431-8. PMID: 11843981. **X-2, X-3, X-4**
2050. Kinney AY, Choi YA, DeVellis B, et al. Attitudes toward genetic testing in patients with colorectal cancer. *Cancer Pract*. 2000 Jul-Aug;8(4):178-86. PMID: 11898257. **X-2, X-4**
2051. Kinzie JD, Leung P, Boehnlein JK, et al. Antidepressant blood levels in Southeast Asians. Clinical and cultural implications. *J Nerv Ment Dis*. 1987 Aug;175(8):480-5. PMID: 3625187. **X-2, X-3, X-4**
2052. Kiritsi F, Tsiou C, Gouvelou-Deligianni G, et al. An investigation of risk factors for coronary heart disease in a greek [sic] population. *Health Science Journal*. 2008 2008 Jan-Mar;2(1):41-50. **X-2, X-3, X-4, X-6**
2053. Kirk JK, Bell RA, Bertoni AG, et al. Ethnic disparities: control of glycemia, blood pressure, and LDL cholesterol among US adults with type 2 diabetes. *Ann Pharmacother*. 2005 Sep;39(9):1489-501. PMID: 16076917. **X-1, X-2, X-3, X-4, X-6**
2054. Kirk JK, Strachan E, Martin CL, et al. Patient characteristics and process of care measures as predictors of glycemic control. *Journal of Clinical Outcomes Management*. 2010;17(1):27-30. **X-2, X-4, X-6**

2055. Kiropoulos LA, Griffiths KM, Blashki G. Effects of a multilingual information website intervention on the levels of depression literacy and depression-related stigma in Greek-born and Italian-born immigrants living in Australia: a randomized controlled trial. *J Med Internet Res*. 2011;13(2):e34. PMID: 21504872. **X-3**
2056. Kisioglu AN, Aslan B, Ozturk M, et al. Improving control of high blood pressure among middle-aged Turkish women of low socio-economic status through public health training. *Croat Med J*. 2004 Aug;45(4):477-82. PMID: 15311423. **X-3, X-6**
2057. Kivimaki M, Shipley MJ, Ferrie JE, et al. Best-practice interventions to reduce socioeconomic inequalities of coronary heart disease mortality in UK: a prospective occupational cohort study. *Lancet*. 2008 Nov 8;372(9650):1648-54. PMID: 18994662. **X-2, X-3, X-4**
2058. Klabunde CN, Riley GF, Mandelson MT, et al. Health plan policies and programs for colorectal cancer screening: a national profile. *Am J Manag Care*. 2004 Apr;10(4):273-9. PMID: 15124504. **X-2, X-4, X-6**
2059. Klabunde CN, Schenck AP, Davis WW. Barriers to colorectal cancer screening among Medicare consumers. *Am J Prev Med*. 2006 Apr;30(4):313-9. PMID: 16530618. **X-2, X-4**
2060. Klap R, Tang L, Schell T, et al. How quality improvement interventions for depression affect stigma concerns over time: A nine-year follow-up study. *Psychiatric Services*. 2009 Feb;60(2):258-61. PMID: 19176423. **X-6, X-10**
2061. Kleftaras G. Psychosocial factors and later life depressive symptoms in a Greek community sample. *Physical & Occupational Therapy in Geriatrics*. 2006;25(2):13-32. **X-2, X-3, X-4, X-6**
2062. Kleinpeter MA. Health literacy affects peritoneal dialysis performance and outcomes. *Adv Perit Dial*. 2003;19:115-9. PMID: 14763046. **X-2, X-4**
2063. Klerman LV, Cleckley DC, Sinsky RJ, et al. Infant mortality review as a vehicle for quality improvement in a local health department. *Jt Comm J Qual Improv*. 2000 Mar;26(3):147-59. PMID: 10709148. **X-1, X-2, X-3, X-4, X-5, X-6**
2064. Klerman LV, Ramey SL, Goldenberg RL, et al. A randomized trial of augmented prenatal care for multiple-risk, Medicaid-eligible African American women. *Am J Public Health*. 2001 Jan;91(1):105-11. PMID: 11189800. **X-9**
2065. Kleshinski JF, Crews C, Fry E, et al. A survey of herbal product use in a dialysis population in Northwest Ohio. *J Ren Nutr*. 2003 Apr;13(2):93-7. PMID: 12671831. **X-2, X-4, X-6**
2066. Klima C, Norr K, Vonderheid S, et al. Introduction of CenteringPregnancy in a public health clinic. *J Midwifery Womens Health*. 2009 Jan-Feb;54(1):27-34. PMID: 19114236. **X-7, X-9**
2067. Klimmek R, Snow D, Wenzel J. Insurance-related and financial challenges reported by managed care enrollees with breast cancer. *Clinical Journal of Oncology Nursing*. 2010;14(5):598-606. PMID: 20880817. **X-2, X-4**

2068. Kline KN. Cultural sensitivity and health promotion: assessing breast cancer education pamphlets designed for African American women. *Health Commun.* 2007;21(1):85-96. PMID: 17461755. **X-2, X-4**
2069. Klinnert MD, Liu AH, Pearson MR, et al. Short-term impact of a randomized multifaceted intervention for wheezing infants in low-income families. *Arch Pediatr Adolesc Med.* 2005 Jan;159(1):75-82. PMID: 15630062. **X-9**
2070. Kloos C, Hagen F, Lindloh C, et al. Cognitive function is not associated with recurrent foot ulcers in patients with diabetes and neuropathy. *Diabetes Care.* 2009 May;32(5):894-6. PMID: 19244093. **X-2, X-4, X-6**
2071. Klug C, Toobert DJ, Fogerty M. Healthy Changes for living with diabetes: an evidence-based community diabetes self-management program. *Diabetes Educ.* 2008 Nov-Dec;34(6):1053-61. PMID: 19075087. **X-6, X-8, X-9**
2072. Klymko KW, Artinian NT, Price JE, et al. Self-care production experiences in elderly African Americans with hypertension and cognitive difficulty. *J Am Acad Nurse Pract.* 2011 Apr;23(4):200-8. PMID: 21489014. **X-2, X-4**
2073. Klymko KW, Artinian NT, Washington OG, et al. Effect of impaired cognition on hypertension outcomes in older urban African Americans. *Medsurg Nurs.* 2008 Dec;17(6):405-10. PMID: 19248406. **X-2, X-4**
2074. Knapp C. Bronson Methodist Hospital: journey to excellence in quality and safety. *Jt Comm J Qual Patient Saf.* 2006 Oct;32(10):556-63. PMID: 17066993. **X-1, X-2, X-3, X-4, X-5, X-6**
2075. Knapp PE, Showers KM, Phipps JC, et al. Self-monitoring of blood glucose with finger tip versus alternative site sampling: effect on glycemic control in insulin-using patients with type 2 diabetes. *Diabetes Technol Ther.* 2009 Apr;11(4):219-25. PMID: 19344196. **X-6, X-7, X-9**
2076. Knis-Matthews L, Bokara J, DeMeo L, et al. The meaning of higher education for people diagnosed with a mental illness: four students share their experiences. *Psychiatr Rehabil J.* 2007 Fall;31(2):107-14. PMID: 18018954. **X-2, X-3, X-4, X-6**
2077. Knowlton AR, Latkin CA, Chung S, et al. HIV and depressive symptoms among low-income illicit drug users. *AIDS & Behavior.* 2000;4(4):353-60. **X-2, X-4**
2078. Ko CM, Sadler GR, Ryuji L, et al. Filipina American women's breast cancer knowledge, attitudes, and screening behaviors. *BMC Public Health.* 2003 Aug 15;3:27. PMID: 12921541. **X-7, X-9**
2079. Kobayashi S. What caused the decline in breast cancer mortality in the United Kingdom? *Breast Cancer.* 2004;11(2):156-9. PMID: 15550861. **X-2, X-3, X-4, X-6**
2080. Koch J. The role of exercise in the African-American woman with type 2 diabetes mellitus: application of the health belief model. *J Am Acad Nurse Pract.* 2002 Mar;14(3):126-9. PMID: 11924335. **X-2, X-4**
2081. Koch U. IPOS Sutherland Memorial Lecture: Psycho-oncology and health care research. *Psycho-Oncology.* 2008 Jun;17(6):533-7. PMID: 18452235. **X-1, X-2, X-3, X-4, X-5, X-6**

2082. Koch-Weser S, Liang SL, Grigg-Saito DC. Self-reported health among Cambodians in Lowell, Massachusetts. *J Health Care Poor Underserved*. 2006 May;17(2 Suppl):133-45. PMID: 16809880. **X-2, X-4, X-5**
2083. Kocsis JH, Gelenberg AJ, Rothbaum B, et al. Chronic forms of major depression are still undertreated in the 21st century: systematic assessment of 801 patients presenting for treatment. *J Affect Disord*. 2008 Sep;110(1-2):55-61. PMID: 18272232. **X-2, X-4**
2084. Koenig K. Pilot study of low-income parents' perspectives of managing asthma in high-risk infants and toddlers. *Pediatr Nurs*. 2007 May-Jun;33(3):223-8, 42. PMID: 17708181. **X-2, X-4**
2085. Koh C, Nelson JM, Cook PF. Evaluation of a Patient Navigation Program. *Clinical Journal of Oncology Nursing*. 2011 Feb;15(1):41-8. PMID: 21278040. **X-4, X-6**
2086. Koh JC, Koo W. Chinese nutrition educational materials for renal patients. *J Ren Nutr*. 2007 Sep;17(5):357-9. PMID: 17720107. **X-1, X-6, X-7, X-9**
2087. Kohli HS, Teo PYK, Howie FMC, et al. How accessible is the Breast Screening Assessment Centre for Lanarkshire women? *Health Bulletin*. 1995;53(3):153-8. PMID: 7615386. **X-2, X-3, X-4, X-6**
2088. Kokkinos PF, Narayan P, Colleran J, et al. Effects of moderate intensity exercise on serum lipids in African-American men with severe systemic hypertension. *Am J Cardiol*. 1998 Mar 15;81(6):732-5. PMID: 9527083. **X-4**
2089. Kokkinos PF, Narayan P, Colleran JA, et al. Effects of regular exercise on blood pressure and left ventricular hypertrophy in African-American men with severe hypertension. *N Engl J Med*. 1995 Nov 30;333(22):1462-7. PMID: 7477146. **X-4**
2090. Kolawole BA, Adegbenro C, Adegoke S, et al. Effectiveness of a structured diabetes education program on some non-glycemic endpoints in Nigerians with type 2 diabetes mellitus. *Int Q Community Health Educ*. 2008;29(4):381-8. PMID: 19959429. **X-3, X-6**
2091. Kolbe J, Vamos M, Fergusson W, et al. Determinants of management errors in acute severe asthma. *Thorax*. 1998 Jan;53(1):14-20. PMID: 9577516. **X-2, X-4, X-6**
2092. Kong CK, Roslani AC, Law CW, et al. Impact of socio-economic class on colorectal cancer patient outcomes in Kuala Lumpur and Kuching, Malaysia. *Asian Pac J Cancer Prev*. 2010;11(4):969-74. PMID: 21133609. **X-2, X-3, X-4**
2093. Koontz MB, Cuttler L, Palmert MR, et al. Development and validation of a questionnaire to assess carbohydrate and insulin-dosing knowledge in youth with type 1 diabetes. *Diabetes Care*. 2010 Mar;33(3):457-62. PMID: 20007940. **X-2, X-4, X-6**
2094. Koro CE, L'Italien G J, Fedder DO. Major CHD risk factors predominate among African-American women who are eligible for lipid-lowering drug therapy under the new ATP III guidelines. *Eur J Cardiovasc Prev Rehabil*. 2004 Oct;11(5):376-81. PMID: 15616409. **X-2, X-4**
2095. Korsen N, Cartwright C. Developing and disseminating a model to improve depression care in primary care practices. *Journal of Clinical Outcomes Management*. 2006;13(9):506-11. **X-6, X-9**

2096. Kotseva K, Wood D, De Backer G, et al. EUROASPIRE III: a survey on the lifestyle, risk factors and use of cardioprotective drug therapies in coronary patients from 22 European countries. *Eur J Cardiovasc Prev Rehabil*. 2009 Apr;16(2):121-37. PMID: 19287307. **X-2, X-3, X-4, X-6**
2097. Kountz DS. Strategies for Improving Low Health Literacy. *Postgraduate Medicine*. 2009 Sep;121(5):171-7. PMID: 19820287 **X-1, X-2, X-3, X-4, X-5, X-6**
2098. Kovess-Masfety V, Briffault X, Sapinho D. Prevalence, risk factors, and use of health care in depression: a survey in a large region of France between 1991 and 2005. *Can J Psychiatry*. 2009 Oct;54(10):701-9. PMID: 19835677. **X-2, X-3, X-4, X-6**
2099. Kozhimannil KB, Adams AS, Soumerai SB, et al. New Jersey's efforts to improve postpartum depression care did not change treatment patterns for women on medicaid. *Health Aff (Millwood)*. 2011 Feb;30(2):293-301. PMID: 21289351. **X-1, X-2, X-3, X-4, X-5, X-6**
2100. Kraft AD, Quimbo SA, Solon O, et al. The health and cost impact of care delay and the experimental impact of insurance on reducing delays. *J Pediatr*. 2009 Aug;155(2):281-5 e1. PMID: 19394034. **X-7**
2101. Kralewski JE, Wallace W, Wingert TD, et al. The effects of medical group practice organizational factors on physicians' use of resources. *J Healthc Manag*. 1999 May-Jun;44(3):167-82; discussion 82-3. PMID: 10537495. **X-2, X-4, X-6**
2102. Kramer MH, Breydo E, Shubina M, et al. Prevalence and factors affecting home blood pressure documentation in routine clinical care: a retrospective study. *BMC Health Serv Res*. 2010;10:139. PMID: 20504370. **X-2, X-4**
2103. Krass I, Delaney C, Glaubitz S, et al. Measuring patient satisfaction with diabetes disease state management services in community pharmacy. *Res Social Adm Pharm*. 2009 Mar;5(1):31-9. PMID: 19285287. **X-2, X-6**
2104. Kratzke C, Garzon L, Lombard J, et al. Training community health workers: factors that influence mammography use. *J Community Health*. 2010 Dec;35(6):683-8. PMID: 20411410. **X-2, X-4**
2105. Krein SL, Heisler M, Piette JD, et al. The effect of chronic pain on diabetes patients' self-management. *Diabetes Care*. 2005 Jan;28(1):65-70. PMID: 15616235. **X-2, X-4, X-6**
2106. Kreitler S, Weissler K, Nurytemberg K. The cognitive orientation of patients with type 2 diabetes in Israel. *Patient Educ Couns*. 2004 Jun;53(3):257-67. PMID: 15186862. **X-2, X-3, X-4, X-6**
2107. Krespi R, Bone M, Ahmad R, et al. Haemodialysis patients' beliefs about renal failure and its treatment. *Patient Educ Couns*. 2004 May;53(2):189-96. PMID: 15140459. **X-2, X-4, X-6**
2108. Kreuter MW, Alcaraz KI, Pfeiffer D, et al. Using dissemination research to identify optimal community settings for tailored breast cancer information kiosks. *J Public Health Manag Pract*. 2008 Mar-Apr;14(2):160-9. PMID: 18287923. **X-7, X-9**

2109. Kreuter MW, Holmes K, Alcaraz K, et al. Comparing narrative and informational videos to increase mammography in low-income African American women. *Patient Educ Couns*. 2010 Dec;81 Suppl:S6-14. PMID: 21071167. **X-3, X-4, X-9**
2110. Kreuter MW, Lukwago SN, Bucholtz RD, et al. Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. *Health Educ Behav*. 2003 Apr;30(2):133-46. PMID: 12693519. **X-1, X-2, X-3, X-4, X-5, X-6**
2111. Kreuter MW, Sugg-Skinner C, Holt CL, et al. Cultural tailoring for mammography and fruit and vegetable intake among low-income African-American women in urban public health centers. *Prev Med*. 2005 Jul;41(1):53-62. PMID: 15916993. **X-9**
2112. Krieger J, Collier C, Song L, et al. Linking community-based blood pressure measurement to clinical care: a randomized controlled trial of outreach and tracking by community health workers. *Am J Public Health*. 1999 Jun;89(6):856-61. PMID: 10358675. **X-6, X-9**
2113. Krieger J, Takaro TK, Song L, et al. A randomized controlled trial of asthma self-management support comparing clinic-based nurses and in-home community health workers: the Seattle-King County Healthy Homes II Project. *Arch Pediatr Adolesc Med*. 2009 Feb;163(2):141-9. PMID: 19188646. **X-9**
2114. Krieger JK, Takaro TK, Allen C, et al. The Seattle-King County healthy homes project: implementation of a comprehensive approach to improving indoor environmental quality for low-income children with asthma. *Environ Health Perspect*. 2002 Apr;110 Suppl 2:311-22. PMID: 11929743. **X-1, X-9**
2115. Krieger JW, Takaro TK, Song L, et al. The Seattle-King County Healthy Homes Project: a randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *Am J Public Health*. 2005 Apr;95(4):652-9. PMID: 15798126. **X-7, X-9**
2116. Kripalani S, Gatti ME, Jacobson TA. Association of age, health literacy, and medication management strategies with cardiovascular medication adherence. *Patient Education and Counseling*. 2010 Nov;81(2):177-81. PMID: 20684870 **X-2, X-4**
2117. Kripalani S, Henderson LE, Chiu EY, et al. Predictors of medication self-management skill in a low-literacy population. *Journal of General Internal Medicine*. 2006 Aug;21(8):852-6. PMID: 16881946 **X-2, X-4**
2118. Kripalani S, Jacobson TA, Mugalla IC, et al. Health Literacy and the Quality of Physician-Patient Communication During Hospitalization. *Journal of Hospital Medicine*. 2010 May-Jun;5(5):269-75. PMID: 20533572 **X-2, X-4**
2119. Krishnakumar A, Webster JD, Lumeng J, et al. Healthy Eating and Harambee : Curriculum Development for a Culturally-Centered Bio-Medically Oriented Nutrition Education Program to Reach African American Women of Childbearing Age. *Maternal and Child Health Journal*. 2010;14(4):535-47. **X-5**
2120. Krishnan JA, Diette GB, Skinner EA, et al. Race and sex differences in consistency of care with national asthma guidelines in managed care organizations. *Arch Intern Med*. 2001 Jul 9;161(13):1660-8. PMID: 11434799. **X-2, X-4**

2121. Krist AH, Jones RM, Woolf SH, et al. Timing of repeat colonoscopy: disparity between guidelines and endoscopists' recommendation. *Am J Prev Med.* 2007 Dec;33(6):471-8. PMID: 18022063. **X-2, X-4, X-6**
2122. Kristofco RE, Stewart AJ, Vega W. Perspectives on disparities in depression care. *J Contin Educ Health Prof.* 2007 Fall;27 Suppl 1:S18-25. PMID: 18085576. **X-1, X-2, X-3, X-4, X-6**
2123. Kronmuller KT, Saha R, Karr M, et al. Psychosocial factors associated with knowledge about affective disorders in patients with depression. *Psychopathology.* 2006;39(3):105-12. PMID: 16531684. **X-2, X-4, X-6**
2124. Krueger L. Experiences of Hmong patients on hemodialysis and the nurses working with them. *Nephrol Nurs J.* 2009 Jul-Aug;36(4):379-87. PMID: 19715106. **X-2, X-4**
2125. Krug A, Pattinson RC, Power DJ. Why children die: an under-5 health care survey in Mafikeng region. *S Afr Med J.* 2004 Mar;94(3):202-6. PMID: 15098281. **X-2, X-3, X-4, X-5, X-6**
2126. Kuerbis AN, Neighbors CJ, Morgenstern J. Depression's moderation of the effectiveness of intensive case management with substance-dependent women on temporary assistance for needy families: outpatient substance use disorder treatment utilization and outcomes. *J Stud Alcohol Drugs.* 2011 Mar;72(2):297-307. PMID: 21388603. **X-2, X-4**
2127. Kuhn D, Edelman P, Fulton BR. Daytime sleep and the threat to well-being of persons with dementia. *Dementia (14713012).* 2005;4(2):233-47. **X-2, X-4, X-5, X-6**
2128. Kumanyika SK. Can hypertension be prevented? Applications of risk modifications in black populations: U.S. populations. *Ethn Dis.* 1997 Winter;7(1):72-7. PMID: 9253558. **X-1, X-6, X-7, X-9**
2129. Kumanyika SK, Adams-Campbell L, Van Horn B, et al. Outcomes of a cardiovascular nutrition counseling program in African-Americans with elevated blood pressure or cholesterol level. *J Am Diet Assoc.* 1999 Nov;99(11):1380-91. PMID: 10570675. **X-9**
2130. Kumanyika SK, Charleston JB. Lose weight and win: a church-based weight loss program for blood pressure control among black women. *Patient Educ Couns.* 1992 Feb;19(1):19-32. PMID: 1298945. **X-7, X-8**
2131. Kumanyika SK, Cook NR, Cutler JA, et al. Sodium reduction for hypertension prevention in overweight adults: further results from the Trials of Hypertension Prevention Phase II. *J Hum Hypertens.* 2005 Jan;19(1):33-45. PMID: 15372064. **X-7, X-9**
2132. Kumar A, Ciccarese P, Quaglini S, et al. Relating UMLS semantic types and task-based ontology to computer-interpretable clinical practice guidelines. *Stud Health Technol Inform.* 2003;95:469-74. PMID: 14664031. **X-2, X-3, X-4, X-5, X-6**
2133. Kuo S, Fleming BB, Gittings NS, et al. Trends in care practices and outcomes among Medicare beneficiaries with diabetes. *Am J Prev Med.* 2005 Dec;29(5):396-403. PMID: 16376702. **X-2, X-4**

2134. Kuo YF, Raji MA, Markides KS, et al. Inconsistent use of diabetes medications, diabetes complications, and mortality in older mexican americans over a 7-year period: data from the Hispanic established population for the epidemiologic study of the elderly. *Diabetes Care*. 2003 Nov;26(11):3054-60. PMID: 14578239. **X-2, X-4**
2135. Kureshi J, Rocke AD, Tariq AQ. Perioperative knowledge and anxiety score of patients undergoing surgery. *Middle East J Anesthesiol*. 1995 Oct;13(3):325-33. PMID: 8849988. **X-2, X-3, X-4, X-5, X-6**
2136. Kurian AK, Borders TF. Racial and ethnic differences in the effects of regular providers and self-management education on diabetes preventive care. *Ethn Dis*. 2006 Autumn;16(4):786-91. PMID: 17061728. **X-2, X-4**
2137. Kurlan R, Richard IH, Deeley C. Medication tolerance and augmentation in restless legs syndrome: the need for drug class rotation. *J Gen Intern Med*. 2006 Dec;21(12):C1-4. PMID: 17105517. **X-1, X-2, X-3, X-4, X-5, X-6**
2138. Kuschner WG, Hankinson TC, Wong HH, et al. Nonprescription bronchodilator medication use in asthma. *Chest*. 1997 Oct;112(4):987-93. PMID: 9377963. **X-2, X-4**
2139. Kusec S, Brborovic O, Schillinger D. Diabetes websites accredited by the Health On the Net Foundation Code of Conduct: readable or not? *Stud Health Technol Inform*. 2003;95:655-60. PMID: 14664062. **X-2, X-3, X-4, X-6**
2140. Kusumoto L, Marques S, Haas VJ, et al. Adults and elderly on hemodialysis evaluation of health related quality of life... World Congress of Nephrology Nursing, Sao Paulo, April 22 to April 25, 2007. *Acta Paulista de Enfermagem*. 2008;21:152-9. **X-2, X-3, X-4, X-6**
2141. Kutner N, Bowles T, Zhang R, et al. Dialysis facility characteristics and variation in employment rates: a national study. *Clin J Am Soc Nephrol*. 2008 Jan;3(1):111-6. PMID: 18178781. **X-2, X-4**
2142. Kwong KY, Morphew T, Huynh P, et al. Loss of asthma control in inner city children with asthma after withdraw of asthma controller medication. *J Asthma*. 2009 Dec;46(10):1001-5. PMID: 19995137. **X-2, X-7**
2143. La Roche MJ, Koinis-Mitchell D, Gualdrón L. A culturally competent asthma management intervention: a randomized controlled pilot study. *Ann Allergy Asthma Immunol*. 2006 Jan;96(1):80-5. PMID: 16440537. **X-4**
2144. Labbate LA, Croft HA, Oleshansky MA. Antidepressant-related erectile dysfunction: Management via avoidance, switching antidepressants, antidotes, and adaptation. *Journal of Clinical Psychiatry*. 2003;64:11-9. PMID: 12971811 **X-1, X-2, X-3, X-4, X-6**
2145. Lacey EA, Kalsi GS, Macintosh MJ. Mixed method evaluation of an innovation to improve secondary prevention of coronary heart disease in primary care. *Quality in Primary Care*. 2004;12(4):259-65. **X-6, X-9**
2146. Lacey EA, Musgrave RJ, Freeman JV, et al. Psychological morbidity after myocardial infarction in an area of deprivation in the UK: evaluation of a self-help package. *Eur J Cardiovasc Nurs*. 2004 Sep;3(3):219-24. PMID: 15350231. **X-3, X-6**

2147. Lacey L, Whitfield J, DeWhite W, et al. Referral adherence in an inner city breast and cervical cancer screening program. *Cancer*. 1993 Aug 1;72(3):950-5. PMID: 8334648. **X-4**
2148. Lacey LP, Phillips CW, Ansell D, et al. An urban community-based cancer prevention screening and health education intervention in Chicago. *Public Health Rep*. 1989 Nov-Dec;104(6):536-41. PMID: 2511585. **X-1, X-6, X-7, X-9**
2149. Lachaine J, Petrella RJ, Merikle E, et al. Choices, persistence and adherence to antihypertensive agents: evidence from RAMQ data. *Can J Cardiol*. 2008 Apr;24(4):269-73. PMID: 18401466. **X-2, X-3, X-4**
2150. Laditka JN, Laditka SS. Race, ethnicity and hospitalization for six chronic ambulatory care sensitive conditions in the USA. *Ethnicity & Health*. 2006;11(3):247-63. PMID: 16774877. **X-2, X-4**
2151. Lagerveld SE, Blonk RWB, Brenninkmeijer V, et al. Return to work among employees with mental health problems: development and validation of a self-efficacy questionnaire. *Work & Stress*. 2010;24(4):359-75. **X-2, X-5, X-6**
2152. Lagomasino IT, Dwight-Johnson M, Miranda J, et al. Disparities in depression treatment for Latinos and site of care. *Psychiatr Serv*. 2005 Dec;56(12):1517-23. PMID: 16339612. **X-2, X-4**
2153. Lai KQ, Nguyen TT, Mock J, et al. Increasing Vietnamese-American physicians' knowledge of cervical cancer and Pap testing: impact of continuing medical education programs. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S122-7. PMID: 15682781. **X-2, X-4, X-5**
2154. Lai LL. Community pharmacy-based hypertension disease-management program in a Latino/Hispanic-American population. *Consult Pharm*. 2007 May;22(5):411-6. PMID: 17658958. **X-4, X-8**
2155. Lai TY, Larson EL, Rockoff ML, et al. User acceptance of HIV TIDES--Tailored Interventions for Management of Depressive Symptoms in persons living with HIV/AIDS. *J Am Med Inform Assoc*. 2008 Mar-Apr;15(2):217-26. PMID: 18096915. **X-4, X-5, X-6**
2156. Lairson DR, Chan W, Newmark GR. Determinants of the demand for breast cancer screening among women veterans in the United States. *Social Science & Medicine*. Special Issue: Building trust and value in health systems in low- and middle-income countries. 2005 Oct;61(7):1608-17. **X-2, X-4, X-6**
2157. Lakshminarayan K, Tsai AW, Tong X, et al. Utility of dysphagia screening results in predicting poststroke pneumonia. *Stroke*. 2010 Dec;41(12):2849-54. PMID: 20947835. **X-2, X-4, X-5, X-6**
2158. Lam TK, McPhee SJ, Mock J, et al. Encouraging Vietnamese-American women to obtain Pap tests through lay health worker outreach and media education. *J Gen Intern Med*. 2003 Jul;18(7):516-24. PMID: 12848834. **X-5**

2159. Lamers F, Jonkers CC, Bosma H, et al. Treating depression in diabetes patients: does a nurse-administered minimal psychological intervention affect diabetes-specific quality of life and glycaemic control? A randomized controlled trial. *J Adv Nurs*. 2011 Apr;67(4):788-99. PMID: 21226754. **X-3, X-6**
2160. Landis SE, Hulkower SD, Pierson S. Enhancing adherence with mammography through patient letters and physician prompts. A pilot study. *N C Med J*. 1992 Nov;53(11):575-8. PMID: 1436150. **X-4, X-6, X-9**
2161. Landon BE, Hicks LS, O'Malley AJ, et al. Improving the management of chronic disease at community health centers. *N Engl J Med*. 2007 Mar 1;356(9):921-34. PMID: 17329699. **X-9**
2162. Landry SH, Smith KE, Swank PR. Responsive parenting: Establishing early foundations for social, communication, and independent problem-solving skills. *Developmental Psychology*. 2006 Jul;42(4):627-42. PMID: 16802896 **X-5**
2163. Lang DM, Sherman MS, Polansky M. Guidelines and realities of asthma management. The Philadelphia story. *Arch Intern Med*. 1997 Jun 9;157(11):1193-200. PMID: 9183230. **X-2, X-4**
2164. Lange J, Evans-Benard S, Cooper J, et al. Puerto Rican women's perceptions of heart disease risk. *Clin Nurs Res*. 2009 Nov;18(4):291-306. PMID: 19741240. **X-2, X-4**
2165. Langhofer S, LaMunyon C. Do you know what condition your 'conditions' are in? *Nephrol News Issues*. 2008 Sep;22(10):56-7. PMID: 18814559. **X-1, X-2, X-3, X-4, X-5, X-6**
2166. Lansdorp-Vogelaar I, van Ballegooijen M, Zauber AG, et al. Individualizing colonoscopy screening by sex and race. *Gastrointest Endosc*. 2009 Jul;70(1):96-108, e1-24. PMID: 19467539. **X-2, X-3**
2167. Lanting LC, Joung IMA, Vogel I, et al. Ethnic differences in outcomes of diabetes care and the role of self-management behavior. *Patient Education and Counseling*. 2008 Jul;72(1):146-54. **X-2, X-3, X-4**
2168. Lantz PM, Richardson LC, Macklem DJ, et al. Strategies for follow-up and treatment services in state breast and cervical cancer screening programs. *Womens Health Issues*. 1999 Jan-Feb;9(1):42-9. PMID: 9949695. **X-6, X-7, X-9**
2169. Lantz PM, Stencil D, Lippert MT, et al. Breast and cervical cancer screening in a low-income managed care sample: the efficacy of physician letters and phone calls. *Am J Public Health*. 1995 Jun;85(6):834-6. PMID: 7646664. **X-9**
2170. Lantz PM, Stencil D, Lippert MT, et al. Implementation issues and costs associated with a proven strategy for increasing breast and cervical cancer screening among low-income women. *J Public Health Manag Pract*. 1996 Summer;2(3):54-9. PMID: 10186680. **X-2, X-4, X-6**
2171. Lappalainen R, Koikkalainen M, Julkunen J, et al. Association of sociodemographic factors with barriers reported by patients receiving nutrition counseling as part of cardiac rehabilitation. *J Am Diet Assoc*. 1998 Sep;98(9):1026-9. PMID: 9739805. **X-6, X-7, X-9**

2172. Lara M, Sherbourne C, Duan NH, et al. An English and Spanish pediatric asthma symptom scale. *Medical Care*. 2000 Mar;38(3):342-50. PMID: 10718359. **X-2, X-4**
2173. Lara MA, Navarro C, Rubi NA, et al. Two levels of intervention in low-income women with depressive symptoms: compliance and programme assessment. *Int J Soc Psychiatry*. 2003 Mar;49(1):43-57. PMID: 12793515. **X-4**
2174. Larkey L. Las mujeres saludables: reaching Latinas for breast, cervical and colorectal cancer prevention and screening. *J Community Health*. 2006 Feb;31(1):69-77. PMID: 16482767. **X-4, X-8**
2175. Larkey LK, Gonzalez J. Storytelling for promoting colorectal cancer prevention and early detection among Latinos. *Patient Educ Couns*. 2007 Aug;67(3):272-8. PMID: 17524595. **X-4**
2176. Larkey LK, Lopez AM, Minnal A, et al. Storytelling for promoting colorectal cancer screening among underserved Latina women: a randomized pilot study. *Cancer Control*. 2009 Jan;16(1):79-87. PMID: 19078934. **X-4**
2177. Larne AC, Pugh JA. Evidence-based guidelines meet the real world: the case of diabetes care. *Diabetes Care*. 2001 Oct;24(10):1728-33. PMID: 11574433. **X-2, X-4**
2178. Laroche HH, Davis MM, Forman J, et al. Children's roles in parents' diabetes self-management. *Am J Prev Med*. 2009 Dec;37(6 Suppl 1):S251-61. PMID: 19896027. **X-2, X-4**
2179. Laron Z. Psycho-social problems of diabetic children and adolescents. *Acta Diabetol Lat*. 1984 Jan-Mar;21(1):35-46. PMID: 6730846. **X-2, X-3, X-4, X-6**
2180. Larson LS, Wittrock DA, Sandgren AK. When a child is diagnosed with cancer: I. Sex differences in parental adjustment. *Journal of Psychosocial Oncology*. 1994;12(1/2):123-42. **X-2, X-4, X-5**
2181. LaRue EM. Development and evaluation of SPAT: a web page assessment tool. *Library Hi Tech*. 2008;26(2):274-86. PMID: n/a. **X-2, X-3, X-4, X-6**
2182. Lasater LM, Davidson AJ, Steiner JF, et al. Glycemic control in English- vs Spanish-speaking Hispanic patients with type 2 diabetes mellitus. *Arch Intern Med*. 2001 Jan 8;161(1):77-82. PMID: 11146701. **X-2**
2183. Latham CL, Calvillo E. A health protection model for Hispanic adults with Type 2 diabetes. *Journal of Clinical Nursing*. 2007 Jul;16(7B):186-96. PMID: 17584428 **X-1, X-2, X-3, X-4**
2184. Latham CL, Calvillo E. Predictors of Successful Diabetes Management in Low-Income Hispanic People. *Western Journal of Nursing Research*. 2009 Apr;31(3):364-88. PMID: 19261804 **X-2, X-4**
2185. Lau DS, Lee G, Wong CC, et al. Characterization of systemic hypertension in the San Francisco Chinese community. *Am J Cardiol*. 2005 Aug 15;96(4):570-3. PMID: 16098313. **X-2, X-4**
2186. Laughon K. Abused African American women's processes of staying healthy. *West J Nurs Res*. 2007 Apr;29(3):365-84; discussion 85-94. PMID: 17420525. **X-2, X-4, X-5**

2187. Laughon K, Gielen AC, Campbell JC, et al. The relationships among sexually transmitted infection, depression, and lifetime violence in a sample of predominantly African American women. *Res Nurs Health*. 2007 Aug;30(4):413-28. PMID: 17654476. **X-2, X-4, X-5**
2188. Lauver DR, Kane J. A motivational message, external barriers, and mammography utilization. *Cancer Detect Prev*. 1999;23(3):254-64. PMID: 10337005. **X-7, X-9**
2189. Lave JR, Peele PB, Xu Y, et al. An exploratory analysis of behavioral health care use within families. *Psychiatr Serv*. 2002 Jun;53(6):743-8. PMID: 12045313. **X-2, X-4**
2190. Lavin M, Hyde A. Sexuality as an aspect of nursing care for women receiving chemotherapy for breast cancer in an Irish context. *Eur J Oncol Nurs*. 2006 Feb;10(1):10-8. PMID: 15908273. **X-2, X-3, X-4, X-6**
2191. Lavis SJ. Perinatal mortality--ways of reducing the rate. *Midwives Chron*. 1983 Sep;96(1148):302-5. PMID: 6557347. **X-1, X-6, X-7, X-9**
2192. LaVonna Blair L, Lark G-G, Gwendolyn F, et al. Transforming the Urban Food Desert From the Grassroots Up: A Model for Community Change. *Family and Community Health*. 2011;34(1S):S92. **X-1, X-2, X-4, X-5**
2193. Lawlor E, Breslin JG, Renwick L, et al. Mental health literacy among Internet users. *Early Interv Psychiatry*. 2008 Nov;2(4):247-55. PMID: 21352158. **X-2, X-3, X-4, X-5, X-6**
2194. Lawrence SA, Lawrence RM. Helping patients cope with the stress of myocardial infarction. *Nurs Forum*. 1987;23(3):92-100. PMID: 3509710. **X-1, X-2, X-3, X-4, X-6**
2195. Lawson HW, Henson R, Bobo JK, et al. Implementing recommendations for the early detection of breast and cervical cancer among low-income women. *MMWR Recomm Rep*. 2000 Mar 31;49(RR-2):37-55. PMID: 15580731. **X-1, X-2, X-4**
2196. Lazear KJ, Pires SA, Isaacs MR, et al. Depression among Low-Income Women of Color: Qualitative Findings from Cross-Cultural Focus Groups. *Journal of Immigrant and Minority Health*. 2008 Apr;10(2):127-33. PMID: 18236157 **X-2, X-4**
2197. Leahy J. A return to hope. *Minn Med*. 2008 Oct;91(10):32-3. PMID: 18991011. **X-1, X-6, X-7, X-9**
2198. Leaman H, Jackson PR. What benefit do patients expect from adding second and third antihypertensive drugs? *Br J Clin Pharmacol*. 2002 Jan;53(1):93-9. PMID: 11849200. **X-2, X-4, X-6**
2199. Leas BF, Berman B, Kash KM, et al. Quality measurement in diabetes care. *Population Health Management*. 2009 Oct;12(5):265-71. **X-2, X-3, X-4, X-6**
2200. Lebeau M, Mathoulin-Pelissier S, Bellera C, et al. Breast cancer care compared with clinical Guidelines: an observational study in France. *BMC Public Health*. 2011;11:45. PMID: 21251274. **X-2, X-3, X-4, X-6**
2201. Lee ACK, Tang SW, Leung SSK, et al. Depression literacy among Chinese stroke survivors. *Aging & Mental Health*. 2009;13(3):349-56. PMID: 19484598 **X-2, X-4**

2202. Lee CS, Hayes RB, McQuaid EL, et al. Predictors of retention in smoking cessation treatment among Latino smokers in the Northeast United States. *Health Educ Res.* 2010 Aug;25(4):687-97. PMID: 20237106. **X-2, X-4**
2203. Lee CS, Shiu AT. Perceived health care climate, diabetes knowledge and self-care practice of Hong Kong Chinese older patients: a pilot study. *J Clin Nurs.* 2004 May;13(4):534-5. PMID: 15086640. **X-3, X-6**
2204. Lee E, Mitchell-Herzfeld SD, Lowenfels AA, et al. Reducing low birth weight through home visitation: a randomized controlled trial. *Am J Prev Med.* 2009 Feb;36(2):154-60. PMID: 19135906. **X-9**
2205. Lee EJ, Parker V, DuBose L, et al. Demands and resources: parents of school-age children with asthma. *J Pediatr Nurs.* 2006 Dec;21(6):425-33. PMID: 17101400. **X-2, X-4**
2206. Lee GR, DeMaris A. Widowhood, gender, and depression: a longitudinal analysis. *Research on Aging.* 2007;29(1):56-72. **X-2, X-4**
2207. Lee HY, Lytle K, Yang PN, et al. Mental health literacy in Hmong and Cambodian elderly refugees: a barrier to understanding, recognizing, and responding to depression. *Int J Aging Hum Dev.* 2010;71(4):323-44. PMID: 21261138. **X-2, X-4**
2208. Lee JE, Han HR, Song H, et al. Correlates of self-care behaviors for managing hypertension among Korean Americans: a questionnaire survey. *Int J Nurs Stud.* 2010 Apr;47(4):411-7. PMID: 19863959. **X-2, X-4**
2209. Lee KKA, Bose A, McCrimmon R. Treatment of hypertension and hypercholesterolaemia: audit. *Diabetes & Primary Care.* 2002;3(4):105-9. **X-2, X-6**
2210. Lee R, Onopa J, Mau MK, et al. Diabetes care in a predominantly Native Hawaiian and Pacific Islander outpatient population. *Hawaii Med J.* 2010 May;69(5 Suppl 2):28-30. PMID: 20544607. **X-2, X-4**
2211. Lee S, Brunero S, Fairbrother G, et al. Profiling police presentations of mental health consumers to an emergency department. *Int J Ment Health Nurs.* 2008 Oct;17(5):311-6. PMID: 18789040. **X-2, X-3, X-4, X-5, X-6**
2212. Lee S, Wing YK, Wong KC. Knowledge and compliance towards lithium therapy among Chinese psychiatric patients in Hong Kong. *Aust N Z J Psychiatry.* 1992 Sep;26(3):444-9. PMID: 1417630. **X-2, X-3, X-4, X-5, X-6**
2213. Lee SK, Penner PL, Cox M. Impact of very low birth weight infants on the family and its relationship to parental attitudes. *Pediatrics.* 1991 Jul;88(1):105-9. PMID: 2057246. **X-2, X-3, X-4**
2214. Lee SYD, Gazmararian JA, Arozullah AM. Health literacy and social support among elderly Medicare enrollees in a managed care plan. *Journal of Applied Gerontology.* 2006 Aug;25(4):324-37. PMID: n/a. **X-2, X-4, X-5**
2215. Lee Y, Kim H. Relationships between menopausal symptoms, depression, and exercise in middle-aged women: a cross-sectional survey. *Int J Nurs Stud.* 2008 Dec;45(12):1816-22. PMID: 18692187. **X-2, X-3, X-4, X-6**

2216. Lee YS. Awareness of blood pressure among older adults: a cross-sectional descriptive study. *Int J Nurs Stud*. 2007 Jul;44(5):796-804. PMID: 16569407. **X-2, X-4, X-6**
2217. Leenakul R, Boontong T, Phancharoenworakul K, et al. Development of nursing case management model for patients with myocardial infarction. *Thai Journal of Nursing Research*. 2006;10(2):120-32. **X-2, X-4, X-6**
2218. Lefler LL, Nuss RL. Double jeopardy! Heart disease risk factors for older African American and Caucasian women. *Medsurg Nurs*. 2009 Nov-Dec;18(6):347-54. PMID: 20088188. **X-1, X-2, X-4**
2219. Legler J, Meissner HI, Coyne C, et al. The effectiveness of interventions to promote mammography among women with historically lower rates of screening. *Cancer Epidemiol Biomarkers Prev*. 2002 Jan;11(1):59-71. PMID: 11815402. **X-1, X-2, X-4**
2220. Legorreta AP, Leung KM, Berkbigler D, et al. Outcomes of a population-based asthma management program: quality of life, absenteeism, and utilization. *Ann Allergy Asthma Immunol*. 2000 Jul;85(1):28-34. PMID: 10923601. **X-6, X-7, X-9**
2221. Lehmann CA, Mintz N, Giacini JM. Impact of Telehealth on Healthcare Utilization by Congestive Heart Failure Patients. *Disease Management & Health Outcomes*. 2006;14(3):163-9. **X-4, X-6**
2222. Lehti A, Hammarstrom A, Mattsson B. Recognition of depression in people of different cultures: a qualitative study. *BMC Fam Pract*. 2009;10:53. PMID: 19635159. **X-2, X-3, X-4**
2223. Leickly FE, Wade SL, Crain E, et al. Self-reported adherence, management behavior, and barriers to care after an emergency department visit by inner city children with asthma. *Pediatrics*. 1998 May;101(5):E8. PMID: 9565441. **X-2, X-4**
2224. Leiferman J. The effect of maternal depressive symptomatology on maternal behaviors associated with child health. *Health Education & Behavior*. 2002 Oct;29(5):596-607. **X-2, X-4**
2225. Leikauf J, Federman AD. Comparisons of Self-Reported and Chart-Identified Chronic Diseases in Inner-City Seniors. *Journal of the American Geriatrics Society*. 2009 Jul;57(7):1219-25. PMID: 19486197. **X-2, X-4, X-6**
2226. Leino EV, Kisch J. Correlates and predictors of depression in college students: results from the Spring 2000 National College Health Assessment. *American Journal of Health Education*. 2005;36(2):66. **X-2, X-4**
2227. Lemus FC, Tan A, Eschbach K, et al. Correlates of bacterial pneumonia hospitalizations in elders, Texas border. *J Immigr Minor Health*. 2010 Aug;12(4):423-32. PMID: 19294512. **X-2, X-4, X-6**
2228. Lenaway D, Koepsell TD, Vaughan T, et al. Evaluation of a public-private certified nurse-midwife maternity program for indigent women. *Am J Public Health*. 1998 Apr;88(4):675-9. PMID: 9551018. **X-9**
2229. Lennon-Dearing R, Florence J, Garrett L, et al. A rural community-based interdisciplinary curriculum: a social work perspective. *Soc Work Health Care*. 2008;47(2):93-107. PMID: 18956502. **X-1, X-2, X-4, X-5, X-6**

2230. Lentine KL, Schnitzler MA, Brennan DC, et al. Cardiac evaluation before kidney transplantation: a practice patterns analysis in Medicare-insured dialysis patients. *Clin J Am Soc Nephrol*. 2008 Jul;3(4):1115-24. PMID: 18417743. **X-2, X-4**
2231. Lenz ER, Munding MO, Kane RL, et al. Primary care outcomes in patients treated by nurse practitioners or physicians: two-year follow-up. *Med Care Res Rev*. 2004 Sep;61(3):332-51. PMID: 15358970. **X-5, X-6**
2232. Lenz O, Mekala DP, Patel DV, et al. Barriers to successful care for chronic kidney disease. *BMC Nephrol*. 2005;6:11. PMID: 16250919. **X-2, X-4, X-6**
2233. Leonard BJ, Jang YP, Savik K, et al. Psychosocial factors associated with levels of metabolic control in youth with type 1 diabetes. *J Pediatr Nurs*. 2002 Feb;17(1):28-37. PMID: 11891492. **X-2, X-4, X-6**
2234. Leone LA, James AS, Allicock M, et al. Obesity predicts differential response to cancer prevention interventions among African Americans. *Health Education & Behavior*. 2010 Dec;37(6):913-25. **X-9**
2235. Lerman C, Hughes C, Benkendorf JL, et al. Racial differences in testing motivation and psychological distress following pretest education for BRCA1 gene testing. *Cancer Epidemiol Biomarkers Prev*. 1999 Apr;8(4 Pt 2):361-7. PMID: 10207641. **X-6, X-7, X-9**
2236. Lerman C, Hughes C, Trock BJ, et al. Genetic testing in families with hereditary nonpolyposis colon cancer. *JAMA*. 1999 May 5;281(17):1618-22. PMID: 10235155. **X-2, X-4, X-6, X-8**
2237. Lerman C, Rimer BK, Daly M, et al. Recruiting high risk women into a breast cancer health promotion trial. *Cancer Epidemiol Biomarkers Prev*. 1994 Apr-May;3(3):271-6. PMID: 8019378. **X-2, X-4**
2238. Lerman C, Schwartz MD, Miller SM, et al. A randomized trial of breast cancer risk counseling: interacting effects of counseling, educational level, and coping style. *Health Psychol*. 1996 Mar;15(2):75-83. PMID: 8681923. **X-6, X-9**
2239. Lerman CE, Brody DS, Hui T, et al. Identifying hypertensive patients with elevated systolic workplace blood pressures. *Am J Hypertens*. 1990 Jul;3(7):544-8. PMID: 2363893. **X-2, X-4, X-6**
2240. Lerman I, Diaz JP, Ibarquengoitia ME, et al. Nonadherence to insulin therapy in low-income, type 2 diabetic patients. *Endocr Pract*. 2009 Jan-Feb;15(1):41-6. PMID: 19211396. **X-2, X-2, X-4**
2241. Leroyer C, Lebrun T, Proust A, et al. Knowledge, self-management, compliance and quality of life in asthma: a cross-sectional study of the French version of the Asthma Quality of Life Questionnaire. *Qual Life Res*. 1998 Apr;7(3):267-72. PMID: 9584557. **X-2, X-3, X-4, X-6**
2242. Lesley ML. Social problem solving training for African Americans: effects on dietary problem solving skill and DASH diet-related behavior change. *Patient Educ Couns*. 2007 Jan;65(1):137-46. PMID: 16950591. **X-4**

2243. Leslie NS, Deiriggi P, Gross S, et al. Knowledge, attitudes, and practices surrounding breast cancer screening in educated Appalachian women. *Oncol Nurs Forum*. 2003 Jul-Aug;30(4):659-67. PMID: 12861325. **X-2, X-4, X-6**
2244. Less LA, Ragoobirsingh D, Morrison EY, et al. A preliminary report on an assessment of a community-based intervention for diabetes control in adults with type 2 diabetes. *Fam Pract*. 2010 Jun;27 Suppl 1:i46-52. PMID: 19965903. **X-3, X-6**
2245. Lesser I, Rosales A, Zisook S, et al. Depression outcomes of Spanish- and english-speaking Hispanic outpatients in STAR\*D. *Psychiatr Serv*. 2008 Nov;59(11):1273-84. PMID: 18971403. **X-2, X-7**
2246. Letourneau NL, Fedick CB, Willms JD. Mothering and domestic violence: a longitudinal analysis. *Journal of Family Violence*. 2007;22(8):649-59. **X-2, X-3, X-4, X-5, X-6**
2247. Leung WC, Tregoning D, Farrer M. An audit on access to coronary artery surgery within a health district using New Zealand priority criteria as a benchmark. *Public Health*. 1999 Jan;113(1):13-7. PMID: 10823743. **X-2, X-3, X-4, X-6**
2248. Leventhal W, Ascanio R. Recognizing and overcoming barriers to colorectal screening in primary care. *J S C Med Assoc*. 2008 Feb;104(2):25-8. PMID: 18396599. **X-1, X-6, X-7, X-9**
2249. Levetan CS, Dawn KR, Robbins DC, et al. Impact of computer-generated personalized goals on HbA(1c). *Diabetes Care*. 2002 Jan;25(1):2-8. PMID: 11772893. **X-6**
2250. Levine DM, Bone LR, Hill MN, et al. The effectiveness of a community/academic health center partnership in decreasing the level of blood pressure in an urban African-American population. *Ethn Dis*. 2003 Summer;13(3):354-61. PMID: 12894960. **X-3, X-9**
2251. Levin-Scherz J, DeVita N, Timbie J. Impact of pay-for-performance contracts and network registry on diabetes and asthma HEDIS measures in an integrated delivery network. *Med Care Res Rev*. 2006 Feb;63(1 Suppl):14S-28S. PMID: 16688922. **X-2, X-4, X-6, X-7**
2252. Levinsky NG, Rettig RA. The Medicare end-stage renal disease program. A report from the Institute of Medicine. *N Engl J Med*. 1991 Apr 18;324(16):1143-8. PMID: 2008193. **X-1, X-2, X-4**
2253. Levin-Zamir D, Peterburg Y. Health literacy in health systems: perspectives on patient self-management in Israel. *Health Promot Int*. 2001 Mar;16(1):87-94. PMID: 11257858. **X-1, X-2, X-3, X-4, X-5**
2254. Leviton LC, Goldenberg RL, Baker CS, et al. Methods to encourage the use of antenatal corticosteroid therapy for fetal maturation: a randomized controlled trial. *JAMA*. 1999 Jan 6;281(1):46-52. PMID: 9892450. **X-6**
2255. Levitt NS, Zwarenstein MF, Doepfmer S, et al. Public sector primary care of diabetics--a record review of quality of care in Cape Town. *S Afr Med J*. 1996 Aug;86(8 Suppl):1013-7. PMID: 9180772. **X-2, X-3, X-4, X-6**

2256. Levy C, Carter S, Priloutsckaya G, et al. Critical elements in the design of culturally appropriate interventions intended to reduce health disparities: immunization rates among Hispanic seniors in New Mexico. *J Health Hum Serv Adm.* 2003 Fall;26(2):199-238. PMID: 15330490. **X-1, X-2, X-4**
2257. Levy M, Ferrand P, Chirat V. SESAM-DIABETE, an expert system for insulin-requiring diabetic patient education. *Comput Biomed Res.* 1989 Oct;22(5):442-53. PMID: 2776447. **X-1, X-2, X-3, X-4, X-6**
2258. Levy M, Heffner B, Stewart T, et al. The efficacy of asthma case management in an urban school district in reducing school absences and hospitalizations for asthma. *J Sch Health.* 2006 Aug;76(6):320-4. PMID: 16918863. **X-6, X-7, X-9**
2259. Lewin AB, Storch EA, Geffken GR, et al. Further examination of a structured adherence interview of diabetes for children, adolescents, and parents. *Children's Health Care.* 2005;34(2):149-64. **X-2, X-4, X-6**
2260. Lewis BE, O'Mara P, Pezzella S. The development and implementation of a disease management program in a managed care setting. *Annals of Long Term Care.* 1999;7(6):226-31. **X-6, X-9**
2261. Lewis C, Pignone M, Schild LA, et al. Effectiveness of a patient- and practice-level colorectal cancer screening intervention in health plan members: Design and baseline findings of the CHOICE Trial. *Cancer.* 2010 Apr;116(7):1664-73. **X-6, X-9**
2262. Lewis FM, Darby EL. Adolescent adjustment and maternal breast cancer: a test of the "faucet hypothesis". *Journal of Psychosocial Oncology.* 2003;21(4):81-104. **X-2, X-4**
2263. Lewis MA, de la Sota A, Rachelefsky G, et al. ACT-asthma control y tratamiento para ninos: a progress report. *Health Educ Q.* 1987 Fall;14(3):281-90. PMID: 3654235. **X-9**
2264. Lewis MA, Lewis CE, Leake B, et al. Organizing the community to target poor Latino children with asthma. *J Asthma.* 1996;33(5):289-97. PMID: 8827936. **X-4, X-8**
2265. Lewis N, Gray SW, Freres DR, et al. Examining cross-source engagement with cancer-related information and its impact on doctor-patient relations. *Health Commun.* 2009 Dec;24(8):723-34. PMID: 20183381. **X-2, X-4, X-6**
2266. Lewis V, Ferguson TG, James C. Bridging the differences. *Nephrol News Issues.* 2003 Nov;17(12):88-91. PMID: 14640015. **X-1, X-2, X-3, X-4, X-5, X-6**
2267. Lewis WR, Ellrodt AG, Peterson E, et al. Trends in the use of evidence-based treatments for coronary artery disease among women and the elderly: findings from the get with the guidelines quality-improvement program. *Circ Cardiovasc Qual Outcomes.* 2009 Nov;2(6):633-41. PMID: 20031902. **X-11, X-12**
2268. Lewis WR, Peterson ED, Cannon CP, et al. An organized approach to improvement in guideline adherence for acute myocardial infarction: results with the Get With The Guidelines quality improvement program. *Arch Intern Med.* 2008 Sep 8;168(16):1813-9. PMID: 18779470. **X-6**
2269. Li J, Garcia S, Castro HK, et al. Acceptance and expectations of information technology to support hypertension self-care in African Americans: a qualitative inquiry. *AMIA Annu Symp Proc.* 2007:1032. PMID: 18694130. **X-2, X-4**

2270. Li J, Lambert VA. Coping strategies and predictors of general well-being in women with breast cancer in the People's Republic of China. *Nurs Health Sci.* 2007 Sep;9(3):199-204. PMID: 17688478. **X-2, X-3, X-4, X-6**
2271. Li R, Zhang P, Barker L, et al. Impact of state mandatory insurance coverage on the use of diabetes preventive care. *BMC Health Serv Res.* 2010;10:133. PMID: 20492699. **X-2, X-4, X-6**
2272. Li R, Zhang P, Narayan KM. Self-monitoring of blood glucose before and after Medicare expansion among Medicare beneficiaries with diabetes who do not use insulin. *Am J Public Health.* 2008 Feb;98(2):358-64. PMID: 18172142. **X-2, X-4, X-6**
2273. Li S, Williams PL, Douglass CW. Development of a clinical guideline to predict undiagnosed diabetes in dental patients. *J Am Dent Assoc.* 2011 Jan;142(1):28-37. PMID: 21193764. **X-2, X-4, X-6**
2274. Li WW, Froelicher ES. Gender differences in Chinese immigrants: predictors for antihypertensive medication adherence. *J Transcult Nurs.* 2007 Oct;18(4):331-8. PMID: 17911573. **X-2, X-3, X-4**
2275. Li Y, Glance LG, Cai X, et al. Are patients with coexisting mental disorders more likely to receive CABG surgery from low-quality cardiac surgeons? The experience in New York State. *Med Care.* 2007 Jul;45(7):587-93. PMID: 17571006. **X-2, X-4**
2276. Liburd LC. Food, identity, and African-American women with type 2 diabetes: an anthropological perspective. *Diabetes Spectrum.* 2003;16(3):160-5. **X-1, X-2, X-4**
2277. Liburd LC, Anderson LA, Edgar T, et al. Body size and body shape: perceptions of black women with diabetes. *Diabetes Educ.* 1999 May-Jun;25(3):382-8. PMID: 10531858. **X-2, X-4**
2278. Liburd LC, Namageyo-Funa A, Jack L, Jr. Understanding "masculinity" and the challenges of managing type-2 diabetes among African-American men. *J Natl Med Assoc.* 2007 May;99(5):550-2, 4-8. PMID: 17534013. **X-2, X-4**
2279. Licciardone JC, Kotsanos JG, Brinkman-Kaplan V, et al. Resource utilization and work or school loss reported by patients with diabetes: experience in diabetes training programs. *Am J Manag Care.* 1997 May;3(5):777-82. PMID: 10169538. **X-6, X-9**
2280. Lichtenberg PA. Assisting urban caregivers after nursing home placement: results from two preliminary programs. *Clinical Gerontologist.* 2006;30(2):65-77. **X-5**
2281. Liebman J, Heffernan D, Sarvela P. Establishing diabetes self-management in a community health center serving low-income Latinos. *Diabetes Educ.* 2007 Jun;33 Suppl 6:132S-8S. PMID: 17620392. **X-6, X-9**
2282. Lied TR, Sheingold S. HEDIS performance trends in Medicare managed care. *Health Care Financ Rev.* 2001 Fall;23(1):149-60. PMID: 12500369. **X-2, X-4, X-6**
2283. Lieu TA, Lozano P, Finkelstein JA, et al. Racial/ethnic variation in asthma status and management practices among children in managed medicaid. *Pediatrics.* 2002 May;109(5):857-65. PMID: 11986447. **X-2, X-4**

2284. Liljestrand J, Pathmanathan I. Reducing maternal mortality: can we derive policy guidance from developing country experiences? *J Public Health Policy*. 2004;25(3-4):299-314. PMID: 15683067. **X-1, X-2, X-3, X-4, X-6**
2285. Lillie SE, Brewer NT, O'Neill SC, et al. Retention and use of breast cancer recurrence risk information from genomic tests: the role of health literacy. *Cancer Epidemiol Biomarkers Prev*. 2007 Feb;16(2):249-55. PMID: 17267389. **X-2, X-4**
2286. Lim JW, Yi J, Zebrack B. Acculturation, social support, and quality of life for Korean immigrant breast and gynecological cancer survivors. *Ethnicity & Health*. 2008;13(3):243-60. PMID: 18568975 **X-2, X-4**
2287. Lin CC, Anderson RM, Chang CS, et al. Development and testing of the Diabetes Self-management Instrument: a confirmatory analysis. *Res Nurs Health*. 2008 Aug;31(4):370-80. PMID: 18213627. **X-2, X-3, X-4, X-6**
2288. Lin EH, Rutter CM, Katon W, et al. Depression and advanced complications of diabetes: a prospective cohort study. *Diabetes Care*. 2010 Feb;33(2):264-9. PMID: 19933989. **X-2, X-4, X-6**
2289. Lin EHB, Korff MV, Ludman EJ, et al. Enhancing adherence to prevent depression relapse in primary care. *General Hospital Psychiatry*. 2003 Sep-Oct;25(5):303-10. **X-6, X-9**
2290. Lincoln A, Paasche-Orlow MK, Cheng DM, et al. Impact of health literacy on depressive symptoms and mental health-related: Quality of life among adults with addiction. *Journal of General Internal Medicine*. 2006 Aug;21(8):818-22. PMID: 16881940 **X-2, X-4**
2291. Lincoln NB, Radford KA, Game FL, et al. Education for secondary prevention of foot ulcers in people with diabetes: a randomised controlled trial. *Diabetologia*. 2008 Nov;51(11):1954-61. PMID: 18758747. **X-3, X-6**
2292. Lind A, Kaplan L, Berg GD. Evaluation of an asthma disease management program in a Medicaid population. *Disease Management & Health Outcomes*. 2006;14(3):151-61. **X-9**
2293. Lind L, Sundvall E, Ahlfeldt H. Experiences from development of home health care applications based on emerging Java technology. *Stud Health Technol Inform*. 2001;84(Pt 1):830-4. PMID: 11604851. **X-1, X-2, X-4, X-6**
2294. Lindamer LA, Wear E, Sadler GR. Mammography stages of change in middle-aged women with schizophrenia: an exploratory analysis. *BMC Psychiatry*. 2006;6:49. PMID: 17074091. **X-2, X-4, X-6**
2295. Lindsay S, Bellaby P, Smith S, et al. Enabling healthy choices: is ICT the highway to health improvement? *Health (London)*. 2008 Jul;12(3):313-31. PMID: 18579630. **X-3, X-6**
2296. Lindstrom J, Louheranta A, Mannelin M, et al. The Finnish Diabetes Prevention Study (DPS): Lifestyle intervention and 3-year results on diet and physical activity. *Diabetes Care*. 2003 Dec;26(12):3230-6. PMID: 14633807. **X-3, X-6**
2297. Lindstrom J, Neumann A, Sheppard KE, et al. Take action to prevent diabetes--the IMAGE toolkit for the prevention of type 2 diabetes in Europe. *Horm Metab Res*. 2010 Apr;42 Suppl 1:S37-55. PMID: 20391307. **X-1, X-2, X-3, X-4, X-6**

2298. Lingren C. New survey provides insight into CKD, exhaustion, anemia. *Nephrol News Issues*. 2003 Jan;17(2):29-31. PMID: 12629826. **X-1, X-2, X-3, X-4, X-6**
2299. Linsky A, McIntosh N, Cabral H, et al. Patient-Provider Language Concordance and Colorectal Cancer Screening. *Journal of General Internal Medicine*. 2011 Feb;26(2):142-7. PMID: 20857340 **X-2**
2300. Lipkus IM, Peters E. Understanding the Role of Numeracy in Health: Proposed Theoretical Framework and Practical Insights. *Health Education & Behavior*. 2009 Dec;36(6):1065-81. PMID: 19834054 **X-1, X-2, X-3, X-4, X-5**
2301. Lipkus IM, Peters E, Kimmick G, et al. Breast cancer patients' treatment expectations after exposure to the decision aid program Adjuvant Online: The influence of numeracy. *Medical Decision Making*. 2010 Jul-Aug;30(4):464-73. **X-2, X-4**
2302. Lipman TH, Schucker MM, Ratcliffe SJ, et al. Diabetes risk factors in children: a partnership between nurse practitioner and high school students. *MCN Am J Matern Child Nurs*. 2011 Jan-Feb;36(1):56-62. PMID: 21164318. **X-2, X-4**
2303. Lippman H. Healthier communities on the horizon. *State Health Care Am*. 2002:38-42. PMID: 12235762. **X-1, X-6, X-7, X-9**
2304. Lipton R, Drum M, Burnet D, et al. Self-reported social class, self-management behaviors, and the effect of diabetes mellitus in urban, minority young people and their families. *Arch Pediatr Adolesc Med*. 2003 Sep;157(9):919-25. PMID: 12963599. **X-2, X-4**
2305. Lipton R, Losey L, Giachello AL, et al. Factors affecting diabetes treatment and patient education among Latinos: results of a preliminary study in Chicago. *J Med Syst*. 1996 Oct;20(5):267-76. PMID: 9001994. **X-2, X-4**
2306. Littenberg B, MacLean CD. Mandated diabetes registries will benefit persons with diabetes. *Arch Intern Med*. 2008 Apr 28;168(8):797-9; discussion 802-3. PMID: 18443253. **X-1, X-6, X-7, X-9**
2307. Little BC, Hayworth J, Benson P, et al. Treatment of hypertension in pregnancy by relaxation and biofeedback. *Lancet*. 1984 Apr 21;1(8382):865-7. PMID: 6143184. **X-4, X-6**
2308. Litzelman DK, Dittus RS, Miller ME, et al. Requiring physicians to respond to computerized reminders improves their compliance with preventive care protocols. *J Gen Intern Med*. 1993 Jun;8(6):311-7. PMID: 8320575. **X-6**
2309. Liu C. Comprehension of a colon cancer pamphlet among American adults at least 50 years of age. *Health Education Journal*. 2010;69(1):107-15. **X-6, X-7, X-9**
2310. Liu CJ. Comprehension of a colon cancer pamphlet among American adults at least 50 years of age. *Health Education Journal*. 2010 Mar;69(1):107-15. **X-2, X-4, X-6**
2311. Liu C-L, Zaslavsky AM, Ganz ML, et al. The financial implications of availability and quality of a usual source of care for children with special health care needs. *Maternal and Child Health Journal*. 2008 Mar;12(2):243-59. **X-2, X-4, X-6**

2312. Liu CY, Xia HO, Isaman DM, et al. Nursing clinical trial of breast self-examination education in China. *Int Nurs Rev.* 2010 Mar;57(1):128-34. PMID: 20487485. **X-3**
2313. Livaudais JC, Coronado GD, Espinoza N, et al. Educating Hispanic Women About Breast Cancer Prevention: Evaluation of a Home-Based Promotora-Led Intervention. *Journal of Women's Health* (15409996). 2010;19(11):2049-56. **X-4**
2314. Livaudais JC, Thompson B, Islas I, et al. Type 2 diabetes among rural Hispanics in Washington State: perspectives from community stakeholders. *Health Promot Pract.* 2010 Jul;11(4):589-99. PMID: 20488960. **X-2, X-4**
2315. Livingston JN, Smith NP, Mills C, et al. Theater as a tool to educate African Americans about breast cancer. *J Cancer Educ.* 2009;24(4):297-300. PMID: 19838888. **X-7, X-9, X-11**
2316. Llahana SV, Poulton BC, Coates VE. The paediatric diabetes specialist nurse and diabetes education in childhood. *J Adv Nurs.* 2001 Feb;33(3):296-306. PMID: 11251716. **X-2, X-3, X-4, X-6**
2317. Lloyd CE, Wing RR, Orchard TJ, et al. Psychosocial correlates of glycemic control: the Pittsburgh Epidemiology of Diabetes Complications (EDC) Study. *Diabetes Res Clin Pract.* 1993 Aug-Sep;21(2-3):187-95. PMID: 8269821. **X-2, X-4**
2318. Lloyd LL, Ammary NJ, Epstein LG, et al. A transdisciplinary approach to improve health literacy and reduce disparities. *Health Promot Pract.* 2006 Jul;7(3):331-5. PMID: 16760237. **X-2, X-3, X-4, X-5**
2319. Lo B, Parham L. The impact of web 2.0 on the doctor-patient relationship. *J Law Med Ethics.* 2010 Spring;38(1):17-26. PMID: 20446980. **X-1, X-2, X-4**
2320. Lobar S, Brooten D, Youngblut JM, et al. The experience of being an Asthma Amigo in a program to decrease asthma episodes in Hispanic children. *J Pediatr Nurs.* 2008 Oct;23(5):364-71. PMID: 18804017. **X-1, X-2, X-4**
2321. Lobb EA, Butow PN, Meiser B, et al. Tailoring communication in consultations with women from high risk breast cancer families. *Br J Cancer.* 2002 Aug 27;87(5):502-8. PMID: 12189544. **X-2, X-3, X-4**
2322. Loewe R, Schwartzman J, Freeman J, et al. Doctor talk and diabetes: towards an analysis of the clinical construction of chronic illness. *Soc Sci Med.* 1998 Nov;47(9):1267-76. PMID: 9783869. **X-2, X-4, X-6**
2323. Logsdon MC, Hutti MH. Readability: an important issue impacting healthcare for women with postpartum depression. *MCN Am J Matern Child Nurs.* 2006 Nov-Dec;31(6):350-5. PMID: 17149109. **X-2, X-4**
2324. Logsdon RG, McCurry SM, Teri L. Time-limited support groups for individuals with early stage dementia and their care partners: preliminary outcomes from a controlled clinical trial. *Clinical Gerontologist.* 2006;30(2):5-19. **X-1, X-2, X-5, X-6**
2325. Loh S, Packer TL, Yip CH, et al. Targeting health disparity in breast cancer: insights into women's knowledge of their cancer profile in Malaysia. *Asian Pac J Cancer Prev.* 2009 Oct-Dec;10(4):631-6. PMID: 19827884. **X-3, X-6**

2326. Loignon C, Bedos C, Sevigny R, et al. Understanding the self-care strategies of patients with asthma. *Patient Educ Couns*. 2009 May;75(2):256-62. PMID: 19041209. **X-2, X-3, X-4, X-6**
2327. Loiselle CG, Edgar L, Batist G, et al. The impact of a multimedia informational intervention on psychosocial adjustment among individuals with newly diagnosed breast or prostate cancer: a feasibility study. *Patient Educ Couns*. 2010 Jul;80(1):48-55. PMID: 19854604. **X-6, X-7, X-9**
2328. Long JD, Armstrong ML, Amos E, et al. Pilot using World Wide Web to prevent diabetes in adolescents. *Clin Nurs Res*. 2006 Feb;15(1):67-79. PMID: 16410623. **X-4**
2329. Long VA, Martin T, Janson-Sand C. The great beginnings program: impact of a nutrition curriculum on nutrition knowledge, diet quality, and birth outcomes in pregnant and parenting teens. *J Am Diet Assoc*. 2002 Mar;102(3 Suppl):S86-9. PMID: 11902397. **X-6, X-7, X-9**
2330. Longo DR, Schubert SL, Wright BA, et al. Health information seeking, receipt, and use in diabetes self-management. *Ann Fam Med*. 2010 Jul-Aug;8(4):334-40. PMID: 20644188. **X-2, X-4, X-6**
2331. Lonner TD. The group as a basic asset to ethnic minority patients with diabetes. *Diabetes Educ*. 2001 Mar-Apr;27(2):193-6. PMID: 11913003. **X-1, X-6, X-7, X-9**
2332. Lopez Cabezas C, Falces Salvador C, Cubi Quadrada D, et al. Randomized clinical trial of a postdischarge pharmaceutical care program vs regular follow-up in patients with heart failure. *Fam Hosp*. 2006 Nov-Dec;30(6):328-42. PMID: 17298190. **X-3**
2333. Lora CM, Daviglius ML, Kusek JW, et al. CHRONIC KIDNEY DISEASE IN UNITED STATES HISPANICS: A GROWING PUBLIC HEALTH PROBLEM. *Ethnicity & Disease*. 2009 Fal;19(4):466-72. PMID: 20073150. **X-1, X-2, X-4**
2334. Lorch SA, Wade KC, Bakewell-Sachs S, et al. Racial differences in the use of respiratory medications in premature infants after discharge from the neonatal intensive care unit. *J Pediatr*. 2007 Dec;151(6):604-10. PMID: 18035139. **X-2, X-4, X-5**
2335. Lorch SA, Wade KC, Bakewell-Sachs S, et al. Antibiotic use in premature infants after discharge from the neonatal intensive care unit. *Clin Pediatr (Phila)*. 2010 Apr;49(3):249-57. PMID: 19448131. **X-2, X-4, X-5**
2336. Lorig K, Ritter PL, Villa F, et al. Spanish diabetes self-management with and without automated telephone reinforcement: two randomized trials. *Diabetes Care*. 2008 Mar;31(3):408-14. PMID: 18096810. **X-9**
2337. Lorig KR, Ritter PL, González VM. Hispanic Chronic Disease Self-Management: A Randomized Community-Based Outcome Trial. *Nursing Research*. 2003 Nov-Dec;52(6):361-9. **X-8, X-10**
2338. Lorig KR, Ritter PL, Jacquez A. Outcomes of border health Spanish/English chronic disease self-management programs. *Diabetes Educ*. 2005 May-Jun;31(3):401-9. PMID: 15919640. **X-4, X-8**

2339. Lou VWQ, Zhang Y. Evaluating the effectiveness of a participatory empowerment group for Chinese type 2 diabetes patients. *Research on Social Work Practice*. 2006;16(5):491-9. PMID: 21551025. **X-3, X-6**
2340. Love RR, Brown RL, Davis JE, et al. Frequency and determinants of screening for breast cancer in primary care group practice. *Arch Intern Med*. 1993 Sep 27;153(18):2113-7. PMID: 8379802. **X-2, X-4**
2341. Lovell K, Bower P, Richards D, et al. Developing guided self-help for depression using the Medical Research Council complex interventions framework: a description of the modelling phase and results of an exploratory randomised controlled trial. *BMC Psychiatry*. 2008;8:91. PMID: 19025646. **X-4, X-6**
2342. Lozano P, Finkelstein JA, Carey VJ, et al. A multisite randomized trial of the effects of physician education and organizational change in chronic-asthma care: health outcomes of the Pediatric Asthma Care Patient Outcomes Research Team II Study. *Arch Pediatr Adolesc Med*. 2004 Sep;158(9):875-83. PMID: 15351753. **X-6**
2343. Lozano P, Grothaus LC, Finkelstein JA, et al. Variability in asthma care and services for low-income populations among practice sites in managed Medicaid systems. *Health Serv Res*. 2003 Dec;38(6 Pt 1):1563-78. PMID: 14727788. **X-2, X-4**
2344. Ludescher G, Nishiwaki R, Lewis D, et al. Black male college students and hypertension: a qualitative investigation. *Health Educ Res*. 1993 Jun;8(2):271-82. PMID: 10148833. **X-2, X-4**
2345. Ludwick-Rosenthal R, Neufeld RW. Preparation for undergoing an invasive medical procedure: Interacting effects of information and coping style. *Journal of Consulting and Clinical Psychology*. 1993 Feb;61(1):156-64. **X-2, X-4, X-6**
2346. Lujan J. Testing the diabetes knowledge and health beliefs of Mexican Americans on the Texas-Mexico border. *Hispanic Health Care International*. 2008;6(1):9-20. **X-2, X-4**
2347. Lujan J, Ostwald SK, Ortiz M. Promotora diabetes intervention for Mexican Americans. *Diabetes Educ*. 2007 Jul-Aug;33(4):660-70. PMID: 17684167. **X-9**
2348. Lukkarinen H, Kyngas H. Experiences of the onset of coronary artery disease in a spouse. *Eur J Cardiovasc Nurs*. 2003 Sep;2(3):189-94. PMID: 14622626. **X-2, X-4, X-6**
2349. 2350. Lunelli RP, Rabello ER, Stein R, et al. Sexual activity after myocardial infarction: taboo or lack of knowledge? *Arq Bras Cardiol*. 2008 Mar;90(3):156-9. PMID: 18392393. **X-2, X-4, X-6**
2350. Luo N, Johnson JA, Shaw JW, et al. Relative efficiency of the EQ-5D, HUI2, and HUI3 index scores in measuring health burden of chronic medical conditions in a population health survey in the United States. *Med Care*. 2009 Jan;47(1):53-60. PMID: 19106731. **X-2, X-4**
2351. Luque JS, Rivers BM, Gwede CK, et al. Barbershop Communications on Prostate Cancer Screening Using Barber Health Advisers. *American Journal of Mens Health*. 2011 Mar;5(2):129-39. PMID: 20413392. **X-4, X-5**

2352. Luquis RR, Villanueva Cruz IJ. Knowledge, attitudes, and perceptions about breast cancer and breast cancer screening among Hispanic women residing in South Central Pennsylvania. *J Community Health*. 2006 Feb;31(1):25-42. PMID: 16482764. **X-2, X-4**
2353. Luty J, Peters T. Comparison of cigarette smoking and non-smoking in alcohol misusers. *Journal of Substance Use*. 2006;11(1):37-43. **X-2, X-4, X-5, X-6**
2354. Ly DP, Lopez L, Isaac T, et al. How do black-serving hospitals perform on patient safety indicators? Implications for national public reporting and pay-for-performance. *Med Care*. 2010 Dec;48(12):1133-7. PMID: 21063225. **X-2, X-4, X-5**
2355. Lynch BM, Cerin E, Newman B, et al. Physical activity, activity change, and their correlates in a population-based sample of colorectal cancer survivors. *Ann Behav Med*. 2007 Oct;34(2):135-43. PMID: 17927552. **X-2, X-4, X-6**
2356. Lyons MA. Psychosocial impact of cancer in low-income rural/urban women: phase I. *Online Journal of Rural Nursing & Health Care*. 2004;4(1):18p. **X-2, X-4**
2357. Lyons MA, Shelton MM. Psychosocial impact of cancer in low-income rural/urban women: phase II. *Online Journal of Rural Nursing & Health Care*. 2004;4(2):27p. **X-2, X-4**
2358. Lyons T, 2nd, Gourley G, Holt JM. Diabetes management: current diagnostic criteria, drug therapies, and state legislation. *Am J Manag Care*. 1997 Oct;3(10):1599-608; quiz 161-4. PMID: 10178463. **X-1, X-2, X-4, X-6**
2359. Ma C, Warren J, Stanek J. Adaptive filtering and prioritizing of diabetes consumer information for promoting consumer-provider partnership and communication. *AMIA Annu Symp Proc*. 2003:921. PMID: 14728427. **X-1, X-6, X-7, X-9**
2360. Ma GX, Shive S, Tan Y, et al. Community-based colorectal cancer intervention in underserved Korean Americans. *Cancer Epidemiol*. 2009 Nov;33(5):381-6. PMID: 19914880. **X-9**
2361. Ma Y, Li W, Olendzki BC, et al. Dietary quality 1 year after diagnosis of coronary heart disease. *J Am Diet Assoc*. 2008 Feb;108(2):240-6; discussion 6-7. PMID: 18237571. **X-2, X-4**
2362. Maar M, Gzik D, Larose T. Beyond expectations: why do Aboriginal and Euro-Canadian patients with type 2 diabetes on a Northern, rural island demonstrate better outcomes for glycemic, blood pressure and lipid management than comparison populations? *Canadian Journal of Diabetes*. 2010;34(2):127-35. **X-2, X-3, X-4**
2363. Mabiso A, Williams KP, Todem D, et al. Longitudinal analysis of domain-level breast cancer literacy among African-American women. *Health Educ Res*. 2010 Feb;25(1):151-61. PMID: 19861639. **X-7, X-9**
2364. Mabotuwana T, Warren J. An ontology-based approach to enhance querying capabilities of general practice medicine for better management of hypertension. *Artificial Intelligence in Medicine*. 2009 Oct;47(2):87-103. **X-1, X-2, X-3, X-4, X-6**
2365. Mabotuwana T, Warren J. ChronoMedIt--a computational quality audit framework for better management of patients with chronic conditions. *J Biomed Inform*. 2010 Feb;43(1):144-58. PMID: 19703585. **X-2, X-4, X-5, X-6**

2366. Macabasco-O'Connell A, Crawford MH, Stotts N, et al. Self-care behaviors in indigent patients with heart failure. *J Cardiovasc Nurs.* 2008 May-Jun;23(3):223-30. PMID: 18437064. **X-2, X-4**
2367. Macabasco-O'Connell A, DeWalt DA, Broucksou KA, et al. Relationship Between Literacy, Knowledge, Self-Care Behaviors, and Heart Failure-Related Quality of Life Among Patients With Heart Failure. *Journal of General Internal Medicine.* 2011 Sep;26(9):979-86. PMID: 21369770. **X-2, X-4**
2368. Macaulay AC, Paradis G, Potvin L, et al. Primary prevention of Type 2 diabetes in First Nations: experiences of the Kahnawake Schools Diabetes Prevention Project. *Canadian Journal of Diabetes Care.* 1998;22(3):44-9. **X-3**
2369. MacDonald DJ, Sarna L, Uman GC, et al. Health beliefs of women with and without breast cancer seeking genetic cancer risk assessment. *Cancer Nurs.* 2005 Sep-Oct;28(5):372-9; quiz 80-1. PMID: 16192828. **X-2**
2370. Mackert M, Love B, Whitten P. Patient education on mobile devices: an e-health intervention for low health literate audiences. *Journal of Information Science.* 2009 Feb;35(1):82-93. **X-9**
2371. MacMaster SA, Jones JL, Rasch RFR, et al. Evaluation of a faith-based culturally relevant program for African American substance users at risk for HIV in the southern United States. *Research on Social Work Practice.* 2007;17(2):229-38. **X-4, X-5**
2372. Macmullen NJ, Shen JJ, Tymkow C. Adverse maternal outcomes in women with asthma versus women without asthma. *Appl Nurs Res.* 2010 Feb;23(1):e9-e13. PMID: 20122503. **X-2, X-4, X-6**
2373. Macrae FA, St John DJ, Ambikapathy A, et al. Factors affecting compliance in colorectal cancer screening. Results of a study performed in Ballarat. *Med J Aust.* 1986 Jun 9;144(12):621-3. PMID: 3713601. **X-2, X-3, X-4**
2374. Madden MH, Tomsik P, Terchek J, et al. Keys to successful diabetes self-management for uninsured patients: social support, observational learning, and turning points: a safety net providers' strategic alliance study. *J Natl Med Assoc.* 2011 Mar;103(3):257-64. PMID: 21671529. **X-2, X-4**
2375. Maddigan SL, Majumdar SR, Guirguis LM, et al. Improvements in patient-reported outcomes associated with an intervention to enhance quality of care for rural patients with type 2 diabetes: results of a controlled trial. *Diabetes Care.* 2004 Jun;27(6):1306-12. PMID: 15161780. **X-3**
2376. Maddigan SL, Majumdar SR, Toth EL, et al. Health-related quality of life deficits associated with varying degrees of disease severity in type 2 diabetes. *Health Qual Life Outcomes.* 2003;1:78. PMID: 14675484. **X-6, X-7, X-9**
2377. Madigan ME, Smith-Wheelock L, Krein SL. Healthy hair starts with a healthy body: hair stylists as lay health advisors to prevent chronic kidney disease. *Prev Chronic Dis.* 2007 Jul;4(3):A64. PMID: 17572968. **X-7, X-9**

2378. Madison A, Hung R, Jean-Louis E. The Boston Haitian HIV Prevention Coalition formative evaluation: a participatory approach to community self-assessment. *Ethn Dis.* 2004 Summer;14(3 Suppl 1):S20-6. PMID: 15682768. **X-2, X-4, X-5**
2379. Madrid E, Mennie GW, Newton PL. Asthma: challenges in vulnerable populations. *JAAPA.* 2006 Feb;19(2):41-6; quiz 7-8. PMID: 16483075. **X-1, X-6, X-7, X-9**
2380. Magai C, Consedine NS, Adjei BA, et al. Psychosocial influences on suboptimal adjuvant breast cancer treatment adherence among African American women: Implications for education and intervention. *Health Education & Behavior.* 2008 Dec;35(6):835-54. **X-2, X-4**
2381. Magana CG; Hovey JD. Psychosocial stressors associated with Mexican migrant farmworkers in the midwest United States. *Journal of Immigrant Health.* 2003;5(2):75-86. PMID: 14512761. **X-2, X-4, X-5**
2382. Magee M, Bowling A, Copeland J, et al. The ABCs of diabetes: diabetes self-management education program for African Americans affects A1C, lipid-lowering agent prescriptions, and emergency department visits. *Diabetes Educ.* 2011 Jan-Feb;37(1):95-103. PMID: 21292623. **X-4, X-7, X-8, X-9**
2383. Maguire KC, Gardner J, Sopory P, et al. Formative research regarding kidney disease health information in a Latino American sample: Associations among message frame, threat, efficacy, message effectiveness, and behavioral intention. *Communication Education.* 2010 Jul;59(3):344-59. **X-6, X-7, X-9**
2384. Mah CA, Soumerai SB, Adams AS, et al. Racial differences in impact of coverage on diabetes self-monitoring in a health maintenance organization. *Med Care.* 2006 May;44(5):392-7. PMID: 16641656. **X-2**
2385. Mahalingaiah S, Berry KF, Hornstein MD, et al. Does a woman's educational attainment influence in vitro fertilization outcomes? *Fertil Steril.* 2011 Jun 30;95(8):2618-20. PMID: 21601850. **X-2, X-4, X-5**
2386. Mahfouz EM, Awadalla HI. Compliance to diabetes self-management in rural El-Mina, Egypt. *Cent Eur J Public Health.* 2011 Mar;19(1):35-41. PMID: 21526654. **X-2, X-3, X-4, X-6**
2387. Mahmood SS. A modern epidemic in a historic city. Tackling diabetes in Old Delhi. *Pharos Alpha Omega Alpha Honor Med Soc.* 2011 Spring;74(2):30-3. PMID: 21615070. **X-2, X-3**
2388. Mahon SM, Williams MT, Spies MA. Screening for second cancers and osteoporosis in long-term survivors. *Cancer Pract.* 2000 Nov-Dec;8(6):282-90. PMID: 11898145. **X-2, X-4**
2389. Mahoney MC, Michalek AM. Health status of American Indians/Alaska Natives: general patterns of mortality. *Fam Med.* 1998 Mar;30(3):190-5. PMID: 9532441. **X-2, X-4**
2390. Maillet NA, D'Eramo Melkus G, Spollett G. Using focus groups to characterize the health beliefs and practices of black women with non-insulin-dependent diabetes. *Diabetes Educ.* 1996 Jan-Feb;22(1):39-46. PMID: 8697955. **X-2, X-4**

2391. Mainous AG, 3rd, Diaz VA, Koopman RJ, et al. Quality of care for Hispanic adults with diabetes. *Fam Med*. 2007 May;39(5):351-6. PMID: 17476609. **X-2, X-4**
2392. Majumdar SR, Guirguis LM, Toth EL, et al. Controlled trial of a multifaceted intervention for improving quality of care for rural patients with type 2 diabetes. *Diabetes Care*. 2003 Nov;26(11):3061-6. PMID: 14578240. **X-3, X-6**
2393. Makinen S, Suominen T, Lauri S. What asthma patients know about their illness and its treatment. *Clin Nurse Spec*. 1999 Nov;13(6):277-82. PMID: 11188563. **X-2, X-3, X-4**
2394. Makoul G, Cameron KA, Baker DW, et al. A multimedia patient education program on colorectal cancer screening increases knowledge and willingness to consider screening among Hispanic/Latino patients. *Patient Educ Couns*. 2009 Aug;76(2):220-6. PMID: 19250791. **X-7, X-9**
2395. Makrilakis K, Liatis S, Grammatikou S, et al. Implementation and effectiveness of the first community lifestyle intervention programme to prevent Type 2 diabetes in Greece. The DE-PLAN study. *Diabet Med*. 2010 Apr;27(4):459-65. PMID: 20536519. **X-3**
2396. Mal S. The language of care. Interview by Jo Carlowe. *Nurs Stand*. 1998 Oct 28-Nov 3;13(6):25-6. PMID: 9919214. **X-1, X-2, X-4, X-5, X-6**
2397. Malafa MP, Corman MM, Shibata D, et al. The Florida Initiative for Quality Cancer Care: a regional project to measure and improve cancer care. *Cancer Control*. 2009 Oct;16(4):318-27. PMID: 19910918. **X-1, X-6, X-9**
2398. Mallinger JB, Griggs JJ, Shields CG. Patient-centered care and breast cancer survivors' satisfaction with information. *Patient Educ Couns*. 2005 Jun;57(3):342-9. PMID: 15893218. **X-2, X-4, X-6**
2399. Malnory ME, Johnson TS. The reproductive life plan as a strategy to decrease poor birth outcomes. *J Obstet Gynecol Neonatal Nurs*. 2011 Jan-Feb;40(1):109-19; quiz 20-1. PMID: 21309093. **X-1, X-2, X-3, X-4, X-5, X-6**
2400. Maly RC, Leake B, Silliman RA. Health care disparities in older patients with breast carcinoma: informational support from physicians. *Cancer*. 2003 Mar 15;97(6):1517-27. PMID: 12627517. **X-7, X-9**
2401. Maly RC, Liu YH, Kwong E, et al. Breast Reconstructive Surgery in Medically Underserved Women With Breast Cancer The Role of Patient-Physician Communication. *Cancer*. 2009 Oct;115(20):4819-27. PMID: 19626696 **X-2, X-4**
2402. Maly RC, Umezawa Y, Ratliff CT, et al. Racial/ethnic group differences in treatment decision-making and treatment received among older breast carcinoma patients. *Cancer*. 2006 Feb 15;106(4):957-65. PMID: 16402372. **X-2**
2403. Mancini J, Nogues C, Adenis C, et al. Patients' characteristics and rate of Internet use to obtain cancer information. *J Public Health (Oxf)*. 2006 Sep;28(3):235-7. PMID: 16809788. **X-2, X-3, X-4**
2404. Mancuso C, Glendon G, Anson-Cartwright L, et al. Ethnicity, but not cancer family history, is related to response to a population-based mailed questionnaire. *Ann Epidemiol*. 2004 Jan;14(1):36-43. PMID: 14664778. **X-2, X-3, X-4**

2405. Mancuso CA, Rincon M. Impact of health literacy on longitudinal asthma outcomes. *J Gen Intern Med.* 2006 Aug;21(8):813-7. PMID: 16881939. **X-2, X-4**
2406. Mancuso CA, Rincon M. Asthma patients' assessments of health care and medical decision making: The role of health literacy. *Journal of Asthma.* 2006;43(1):41-4. PMID: 16448964 **X-2, X-4**
2407. Mancuso JM. The impact of health literacy and patient trust on glycemic control. *West J Nurs Res.* 2009 Dec;31(8):1086-7. PMID: 20008315. **X-6, X-7, X-9**
2408. Mancuso JM. Impact of health literacy and patient trust on glycemic control in an urban USA population. *Nurs Health Sci.* 2010 Mar;12(1):94-104. PMID: 20487332. **X-7, X-9**
2409. Mandelblatt J, Kaufman E, Sheppard VB, et al. Breast cancer prevention in community clinics: will low-income Latina patients participate in clinical trials? *Prev Med.* 2005 Jun;40(6):611-8. PMID: 15850856. **X-2, X-4**
2410. Mandelblatt JS, Yabroff KR. Breast and cervical cancer screening for older women: recommendations and challenges for the 21st century. *J Am Med Womens Assoc.* 2000 Summer;55(4):210-5. PMID: 10935354. **X-1, X-2, X-4**
2411. Manfredi C, Czaja R, Freels S, et al. Prescribe for health. Improving cancer screening in physician practices serving low-income and minority populations. *Arch Fam Med.* 1998 Jul-Aug;7(4):329-37. PMID: 9682686. **X-9**
2412. Manfredi C, Lacey L, Warnecke R. Results of an intervention to improve compliance with referrals for evaluation of suspected malignancies at neighborhood public health centers. *Am J Public Health.* 1990 Jan;80(1):85-7. PMID: 2293812. **X-5, X-6**
2413. Mangione CM, Gerzoff RB, Williamson DF, et al. The association between quality of care and the intensity of diabetes disease management programs. *Ann Intern Med.* 2006 Jul 18;145(2):107-16. PMID: 16847293. **X-2, X-4, X-6**
2414. Mangione-Smith R, Schonlau M, Chan KS, et al. Measuring the effectiveness of a collaborative for quality improvement in pediatric asthma care: does implementing the chronic care model improve processes and outcomes of care? *Ambul Pediatr.* 2005 Mar-Apr;5(2):75-82. PMID: 15780018. **X-6**
2415. Manly JJ, Echemendia RJ. Race-specific norms: Using the model of hypertension to understand issues of race, culture, and education in neuropsychology. *Archives of Clinical Neuropsychology.* 2007 Mar;22(3):319-25. PMID: 17350797 **X-1, X-2, X-4**
2416. Mann DM, Ponieman D, Leventhal H, et al. Misconceptions about diabetes and its management among low-income minorities with diabetes. *Diabetes Care.* 2009 Apr;32(4):591-3. PMID: 19131457. **X-2, X-4**
2417. Mann JR, Mannan J, Quinones LA, et al. Religion, spirituality, social support, and perceived stress in pregnant and postpartum Hispanic women. *J Obstet Gynecol Neonatal Nurs.* 2010 Nov;39(6):645-57. PMID: 21039849. **X-2, X-4**
2418. Mann WC, McCarthy DP, Wu SS, et al. Relationship of health status, functional status, and psychosocial status to driving among elderly with disabilities. *Physical & Occupational Therapy in Geriatrics.* 2005;23(2/3):1-24. **X-2, X-4, X-5, X-6**

2419. Manna DR, Bruijnzeels MA, Mookink HG, et al. Ethnic specific recommendations in clinical practice guidelines: a first exploratory comparison between guidelines from the USA, Canada, the UK, and the Netherlands. *Qual Saf Health Care*. 2003 Oct;12(5):353-8. PMID: 14532367. **X-2, X-3, X-4, X-5, X-6**
2420. Manwell LB, Fleming MF, Mundt MP, et al. Treatment of problem alcohol use in women of childbearing age: results of a brief intervention trial. *Alcohol Clin Exp Res*. 2000 Oct;24(10):1517-24. PMID: 11045860. **X-6, X-9**
2421. Marcellin F, Bonono CR, Blanche J, et al. Higher risk of unsafe sex and impaired quality of life among patients not receiving antiretroviral therapy in Cameroon: results from the EVAL survey (ANRS 12-116). *AIDS*. 2010 Jan;24 Suppl 1:S17-25. PMID: 20023436. **X-2, X-3, X-4, X-5, X-6**
2422. Marchi KS, Fisher-Owens SA, Weintraub JA, et al. Most Pregnant Women in California Do Not Receive Dental Care: Findings from a Population-Based Study. *Public Health Reports*. 2010 Nov-Dec;125(6):831-42. **X-2, X-4, X-6**
2423. Margellos-Anast H, Estarziou M, Kaufman G. Cardiovascular disease knowledge among culturally Deaf patients in Chicago. *Prev Med*. 2006 Mar;42(3):235-9. PMID: 16460789. **X-2, X-3**
2424. Margolis KL, Lurie N, McGovern PG, et al. Increasing breast and cervical cancer screening in low-income women. *J Gen Intern Med*. 1998 Aug;13(8):515-21. PMID: 9734787. **X-4, X-9**
2425. Margolis PA, Lannon CM, Stuart JM, et al. Practice based education to improve delivery systems for prevention in primary care: randomised trial. *BMJ*. 2004 Feb 14;328(7436):388. PMID: 14766718. **X-5, X-6**
2426. Margolis PA, Stevens R, Bordley WC, et al. From concept to application: the impact of a community-wide intervention to improve the delivery of preventive services to children. *Pediatrics*. 2001 Sep;108(3):E42. PMID: 11533360. **X-4, X-6, X-7, X-9**
2427. Maric B, Kaan A, Araki Y, et al. The use of the Internet to remotely monitor patients with heart failure. *Telemed J E Health*. 2010 Jan-Feb;16(1):26-33. PMID: 20070163. **X-6, X-7, X-9**
2428. Marie D, Forsyth DK, Miles LK. Categorical ethnicity and mental health literacy in New Zealand. *Ethnicity & Health*. 2004;9(3):225-52. PMID: 15369998. **X-2, X-3, X-4, X-5**
2429. Marini I, Miller E. The physical and psychosocial health status of clients with spinal cord injury awarded damages in litigation. *Journal of Life Care Planning*. 2006;5(4):145-58. **X-1, X-2, X-3, X-4, X-5, X-6**
2430. Mark TL, Gibson TB, McGuigan KA. The effects of antihypertensive step-therapy protocols on pharmaceutical and medical utilization and expenditures. *Am J Manag Care*. 2009 Feb;15(2):123-31. PMID: 19284809. **X-6, X-7, X-9**
2431. Marks GB, Jalaludin BB, Williamson M, et al. Use of “preventer” medications and written asthma management plans among adults with asthma in New South Wales. NSW Health Department Asthma Data Working Group. *Med J Aust*. 2000 Oct 16;173(8):407-10. PMID: 11090032. **X-2, X-3, X-4**

2432. Marlow E, Melkus GD, Bosma AM. Professional development. STOP diabetes! An educational model for Native American adolescents in the prevention of diabetes. *Diabetes Educator*. 1998;24(4):441. PMID: 9830948. **X-9**
2433. Marmot MG. Psychosocial factors and blood pressure. *Prev Med*. 1985 Jul;14(4):451-65. PMID: 3906628. **X-1, X-2, X-4, X-5, X-6**
2434. Marquardt DN. Improvement in rural neonatal mortality: a case study of medical community intervention. *Fam Med*. 1990 Jul-Aug;22(4):269-74. PMID: 2384200. **X-6, X-9**
2435. Marsh C, Wang J, Kollias J, et al. Disparities in access to breast care nurses for breast surgeons: a National Breast Cancer Audit survey. *Breast*. 2010 Apr;19(2):142-6. PMID: 20172728. **X-2, X-3, X-4, X-6**
2436. Marsland CP, Logan RL. Coronary care and rehabilitation: patient and spouse responses. *N Z Med J*. 1984 Jun 27;97(758):406-8. PMID: 6589531. **X-2, X-3, X-4**
2437. Martin A, Martin C, Martin PB, et al. 'Inappropriate' attendance at an accident and emergency department by adults registered in local general practices: how is it related to their use of primary care? *J Health Serv Res Policy*. 2002 Jul;7(3):160-5. PMID: 12171746. **X-2, X-3, X-4, X-5, X-6**
2438. Martin CG, Andrade AA, Vila D, et al. The development of a community-based family asthma management intervention for Puerto Rican children. *Prog Community Health Partnersh*. 2010 Winter;4(4):315-24. PMID: 21169709. **X-1, X-3, X-9**
2439. Martin E. Improving influenza vaccination rates for pediatric asthmatics by use of an asthma educational tool and a patient electronic care system. *Clinical Pediatrics*. 2008 Jul;47(6):588-92. PMID: 18441318. **X-6, X-9**
2440. Martin M, Beebe J, Lopez L, et al. A qualitative exploration of asthma self-management beliefs and practices in Puerto Rican families. *J Health Care Poor Underserved*. 2010;21(2):464-74. PMID: 20453350. **X-2, X-4**
2441. Martin M, Hernandez O, Naureckas E, et al. Improving asthma research in an inner-city Latino neighborhood with community health workers. *J Asthma*. 2005 Dec;42(10):891-5. PMID: 16393730. **X-7, X-9**
2442. Martin MA, Catrambone CD, Kee RA, et al. Improving asthma self-efficacy: developing and testing a pilot community-based asthma intervention for African American adults. *J Allergy Clin Immunol*. 2009 Jan;123(1):153-9 e3. PMID: 19130936. **X-4**
2443. Martin MA, Hernandez O, Naureckas E, et al. Reducing home triggers for asthma: the Latino community health worker approach. *J Asthma*. 2006 Jun-Jul;43(5):369-74. PMID: 16801141. **X-9**
2444. Martin MA, Mosnaim GS, Rojas D, et al. Evaluation of an asthma medication training program for immigrant Mexican community health workers. *Prog Community Health Partnersh*. 2011 Spring;5(1):95-103. PMID: 21441673. **X-4, X-7, X-9, X-10**
2445. Martin MA, Swider SM, Olinger T, et al. Recruitment of Mexican American adults for an intensive diabetes intervention trial. *Ethn Dis*. 2011 Winter;21(1):7-12. PMID: 21462723. **X-2, X-4**

2446. Martin MT, Lane AJ, Neuman ME. Breast cancer screening program targeting rural Hispanics in southeastern Indiana: program evaluation. *Hispanic Health Care International*. 2009;7(3):153-9. **X-2, X-4**
2447. Martin MY. Community health advisors effectively promote cancer screening. *Ethn Dis*. 2005 Spring;15(2 Suppl 2):S14-6. PMID: 15822831. **X-1, X-2, X-4, X-5**
2448. Martin MY, Kim YI, Kratt P, et al. Medication adherence among rural, low-income hypertensive adults: a randomized trial of a multimedia community-based intervention. *Am J Health Promot*. 2011 Jul-Aug;25(6):372-8. PMID: 21721962. **X-6, X-9**
2449. Martin MY, Kohler C, Kim YI, et al. Taking less than prescribed: medication nonadherence and provider-patient relationships in lower-income, rural minority adults with hypertension. *J Clin Hypertens (Greenwich)*. 2010 Sep;12(9):706-13. PMID: 20883231. **X-2, X-3, X-4**
2450. Martin MY, Person SD, Shipp M, et al. Variations in physicians' advice for managing hypertension in women: a study using NHANES III. *Prev Med*. 2006 Oct;43(4):337-42. PMID: 16782183. **X-2, X-4**
2451. Martin TL, Selby JV, Zhang D. Physician and patient prevention practices in NIDDM in a large urban managed-care organization. *Diabetes Care*. 1995 Aug;18(8):1124-32. PMID: 7587847. **X-2, X-4**
2452. Martinez D, Aguado Loi CX, Martinez MM, et al. Development of a cancer camp for adult Spanish-speaking survivors: lessons learned from Camp Alegria. *J Cancer Educ*. 2008 Jan-Mar;23(1):4-9. PMID: 18444040. **X-7, X-9**
2453. Martinez JE, Panossian C, Gavioli F, et al. Comparative study of clinical characteristics and type of assistance for patients with fibromyalgia syndrome treated in a public health system versus private medical care: relationships to formal education and income. *Journal of Musculoskeletal Pain*. 2005;13(4):15-9. **X-2, X-4, X-5, X-6**
2454. Martinez KG, Perez EA, Ramirez R, et al. The role of caregivers' depressive symptoms and asthma beliefs on asthma outcomes among low-income Puerto Rican children. *J Asthma*. 2009 Mar;46(2):136-41. PMID: 19253118. **X-2, X-4**
2455. Martinez NC, Bader J. Analysis of behavioral risk factor surveillance system data to assess the health of Hispanic Americans with diabetes in El Paso County, Texas. *Diabetes Educ*. 2007 Jul-Aug;33(4):691-9. PMID: 17684170. **X-2, X-4**
2456. Martinez NC, Tripp-Reimer T. Diabetes nurse educators' prioritized elder foot care behaviors. *Diabetes Educ*. 2005 Nov-Dec;31(6):858-68. PMID: 16288093. **X-2, X-4, X-6**
2457. Martinez-Castelao A, De Alvaro F, Gorriz JL. Epidemiology of diabetic nephropathy in Spain. *Kidney Int Suppl*. 2005 Dec(99):S20-4. PMID: 16336572. **X-2, X-3, X-4**
2458. Marton C. How women with mental health conditions evaluate the quality of information on mental health web sites: a qualitative approach. *Journal of Hospital Librarianship*. 2010;10(3):235-50. **X-2, X-4, X-5, X-6**
2459. Masaquel A, Wells K, Ettner SL. How does the persistence of depression influence the continuity and type of health insurance and coverage limits on mental health therapy? *J Ment Health Policy Econ*. 2007 Sep;10(3):133-44. PMID: 17890830. **X-2, X-4**

2460. Masmoudi A, Frikha M, Daoud J. Feasibility of quality of life assessment in routine clinical oncology practice: a Tunisian study. *East Mediterr Health J.* 2009 Mar-Apr;15(2):362-8. PMID: 19554983. **X-2, X-3, X-4**
2461. Massaro E, Claiborne N. Effective strategies for reaching high-risk minorities with diabetes. *Diabetes Educ.* 2001 Nov-Dec;27(6):820-6, 8. PMID: 12211923. **X-6, X-9**
2462. Massett HA. Appropriateness of Hispanic print materials: a content analysis. *Health Educ Res.* 1996 Jun;11(2):231-42. PMID: 10163408. **X-7, X-9**
2463. 2464. Massing MW, Henley N, Biggs D, et al. Prevalence and care of diabetes mellitus in the Medicare population of North Carolina. Baseline findings from the Medicare Healthcare Quality Improvement Program. *N C Med J.* 2003 Mar-Apr;64(2):51-7. PMID: 12774733. **X-2, X-4**
2464. Matson Koffman D, Granade SA, Anwuri VV. Strategies for establishing policy, environmental, and systems-level interventions for managing high blood pressure and high cholesterol in health care settings: a qualitative case study. *Prev Chronic Dis.* 2008 Jul;5(3):A83. PMID: 18558033. **X-2, X-4, X-6**
2465. Matthews AK, Berrios N, Darnell JS, et al. A qualitative evaluation of a faith-based breast and cervical cancer screening intervention for African American women. *Health Educ Behav.* 2006 Oct;33(5):643-63. PMID: 16861590. **X-2, X-4**
2466. Matthews PH, Darbisi C, Sandmann L, et al. Disseminating health information and diabetes care for Latinos via electronic information kiosks. *J Immigr Minor Health.* 2009 Dec;11(6):520-6. PMID: 18392935. **X-7, X-9**
2467. Matud MP, Hernandez JA, Marrero RJ. Work role and health in a sample of Spanish women. *Feminism & Psychology.* 2002;12(3):363-78. **X-2, X-3, X-4, X-5, X-6**
2468. Matzke GR. Healthcare reform 2009 and its implications for pharmacists. *Ann Pharmacother.* 2009 Dec;43(12):2088-92. PMID: 19920155. **X-3**
2469. Mauldon M, Melkus GD, Cagganello M. Tomando Control: a culturally appropriate diabetes education program for Spanish-speaking individuals with type 2 diabetes mellitus--evaluation of a pilot project. *Diabetes Educ.* 2006 Sep-Oct;32(5):751-60. PMID: 16971708. **X-4**
2470. Mausbach BT, Semple SJ, Strathdee SA, et al. Efficacy of a behavioral intervention for increasing safer sex behaviors in HIV-positive MSM methamphetamine users: results from the EDGE study. *Drug Alcohol Depend.* 2007 Mar 16;87(2-3):249-57. PMID: 17182196. **X-5**
2471. Mavalankar D, Singh A, Patel SR, et al. Saving mothers and newborns through an innovative partnership with private sector obstetricians: Chiranjeevi scheme of Gujarat, India. *Int J Gynaecol Obstet.* 2009 Dec;107(3):271-6. PMID: 19846090. **X-2, X-3, X-4**
2472. Maxwell AE, Bastani R, Crespi CM, et al. Behavioral mediators of colorectal cancer screening in a randomized controlled intervention trial. *Prev Med.* 2011 Feb 1;52(2):167-73. PMID: 21111754. **X-4, X-6, X-7, X-9, X-10**

2473. Maxwell AE, Bastani R, Danao LL, et al. Results of a community-based randomized trial to increase colorectal cancer screening among Filipino Americans. *Am J Public Health*. 2010 Nov;100(11):2228-34. PMID: 20864724. **X-8, X-9**
2474. Maxwell AE, Jo AM, Chin SY, et al. Impact of a print intervention to increase annual mammography screening among Korean American women enrolled in the National Breast and Cervical Cancer Early Detection Program. *Cancer Detect Prev*. 2008;32(3):229-35. PMID: 18799271. **X-9**
2475. Maxwell M, Pratt R. Prevention and management of depression in primary care in Europe: a holistic model of care and interventions--position paper of the European Forum for Primary Care. *Qual Prim Care*. 2008;16(3):187-96. PMID: 18700100. **X-1, X-2, X-3, X-4**
2476. May KM, Rew L. Mexican American youths' and mothers' explanatory models of diabetes prevention. *J Spec Pediatr Nurs*. 2010 Jan;15(1):6-15. PMID: 20074109. **X-2, X-4**
2477. Mayberry RM, Davis T, Alema-Mensah E, et al. Determinants of glycemic status monitoring in Black and White Medicaid beneficiaries with diabetes mellitus. *J Health Care Poor Underserved*. 2005 Nov;16(4 Suppl A):31-49. PMID: 16327095. **X-2**
2478. Mayer JA, Lewis EC, Slymen DJ, et al. Patient reminder letters to promote annual mammograms: a randomized controlled trial. *Prev Med*. 2000 Oct;31(4):315-22. PMID: 11006056. **X-6**
2479. Mayer-Davis EJ, D'Antonio A, Martin M, et al. Pilot study of strategies for effective weight management in type 2 diabetes: Pounds Off with Empowerment (POWER). *Fam Community Health*. 2001 Jul;24(2):27-35. PMID: 11373164. **X-4**
2480. Mayer-Davis EJ, D'Antonio AM, Smith SM, et al. Pounds off with empowerment (POWER): a clinical trial of weight management strategies for black and white adults with diabetes who live in medically underserved rural communities. *Am J Public Health*. 2004 Oct;94(10):1736-42. PMID: 15451743. **X-6, X-9**
2481. Maynard C, Sun H, Lowy E, et al. The use of percutaneous coronary intervention in black and white veterans with acute myocardial infarction. *BMC Health Serv Res*. 2006;6:107. PMID: 16923183. **X-2**
2482. Mayo R, Scott DB, Williams DG. The Upstate Witness Project: addressing breast and cervical cancer disparities in African American churches. *J S C Med Assoc*. 2009 Dec;105(7):290-6. PMID: 20108721. **X-6, X-7, X-8, X-9**
2483. Mayr FB, Yende S, D'Angelo G, et al. Do hospitals provide lower quality of care to black patients for pneumonia? *Crit Care Med*. 2010 Mar;38(3):759-65. PMID: 20009756. **X-2, X-4**
2484. Mbaezue N, Mayberry R, Gazmararian J, et al. The impact of health literacy on self-monitoring of blood glucose in patients with diabetes receiving care in an inner-city hospital. *J Natl Med Assoc*. 2010 Jan;102(1):5-9. PMID: 20158130. **X-2, X-4**

2485. McAndrew LM, Horowitz CR, Lancaster KJ, et al. Association between self-monitoring of blood glucose and diet among minority patients with diabetes. *J Diabetes*. 2011 Jun;3(2):147-52. PMID: 21599868. **X-2, X-4**
2486. McBean AM, Huang Z, Virnig BA, et al. Racial variation in the control of diabetes among elderly medicare managed care beneficiaries. *Diabetes Care*. 2003 Dec;26(12):3250-6. PMID: 14633810. **X-2, X-4**
2487. McBean AM, Yu XH. The underuse of screening services among elderly women with diabetes. *Diabetes Care*. 2007 Jun;30(6):1466-72. PMID: 17351285. **X-2, X-4, X-6**
2488. McCabe M, Gohdes D, Morgan F, et al. Training effective interpreters for diabetes care and education: a new challenge. *Diabetes Educ*. 2006 Sep-Oct;32(5):714-20. PMID: 16971705. **X-7, X-9**
2489. McCabe M, Morgan F, Curley H, et al. The informed consent process in a cross-cultural setting: is the process achieving the intended result? *Ethn Dis*. 2005 Spring;15(2):300-4. PMID: 15825977. **X-7, X-9**
2490. McCabe M, Morgan F, Smith M, et al. Lessons learned: Challenges in interpreting diabetes concepts in the Navajo language. *Diabetes Care*. 2003 Jun;26(6):1913-4. PMID: 12766132. **X-1, X-6, X-7, X-9**
2491. McCann TV, Clark E. Australian Bachelor of Midwifery students' mental health literacy: an exploratory study. *Nurs Health Sci*. 2010 Mar;12(1):14-20. PMID: 20487320. **X-2, X-3, X-4**
2492. McCarthy BD, Yood MU, Bolton MB, et al. Redesigning primary care processes to improve the offering of mammography. The use of clinic protocols by nonphysicians. *J Gen Intern Med*. 1997 Jun;12(6):357-63. PMID: 9192253. **X-6**
2493. McCleary-Jones V. Health literacy and its association with diabetes knowledge, self-efficacy and disease self-management among African Americans with diabetes mellitus. *ABNF J*. 2011 Spring;22(2):25-32. PMID: 21675666. **X-2, X-4**
2494. McClellan L, Schlundt D. Overview of Nashville REACH 2010's approach to eliminating disparities in diabetes and cardiovascular disease. *J Ambul Care Manage*. 2006 Apr-Jun;29(2):106-11. PMID: 16552319. **X-1, X-2, X-4**
2495. McClellan WM, Wasse H, McClellan AC, et al. Treatment center and geographic variability in pre-ESRD care associate with increased mortality. *J Am Soc Nephrol*. 2009 May;20(5):1078-85. PMID: 19321704. **X-2, X-4, X-6**
2496. McCloskey J. Promotores as partners in a community-based diabetes intervention program targeting Hispanics. *Fam Community Health*. 2009 Jan-Mar;32(1):48-57. PMID: 19092434. **X-2, X-4**
2497. McCloskey J, Flenniken D. Overcoming cultural barriers to diabetes control: a qualitative study of southwestern New Mexico Hispanics. *J Cult Divers*. 2010 Fall;17(3):110-5. PMID: 20860336. **X-4, X-7, X-9**
2498. McClure DL. Training challenge: when the patient speaks a different language. *Adv Perit Dial*. 2010;26:88-90. PMID: 21348387. **X-1, X-2, X-3, X-4, X-5, X-6**

2499. McClure LA, Glaser SL, Shema SJ, et al. Availability and Accuracy of Medical Record Information on Language Usage of Cancer Patients from a Multi-Ethnic Population. *Journal of Immigrant and Minority Health*. 2010 Aug;12(4):480-8. PMID: 19685187 **X-2, X-4, X-5**
2500. McComb MN, Tickle-Degnen L. Developing the construct of social support in Parkinson's disease. *Physical & Occupational Therapy in Geriatrics*. 2005;24(1):45-60. **X-2, X-4, X-5, X-6**
2501. McConnell R, Milam J, Richardson J, et al. Educational intervention to control cockroach allergen exposure in the homes of hispanic children in Los Angeles: results of the La Casa study. *Clin Exp Allergy*. 2005 Apr;35(4):426-33. PMID: 15836749. **X-7, X-9**
2502. McConnell YJ, Inglis K, Porter GA. Timely access and quality of care in colorectal cancer: are they related? *Int J Qual Health Care*. 2010 Jun;22(3):219-28. PMID: 20207714. **X-2, X-4, X-6**
2503. McCorkle R, Siefert ML, Dowd MF, et al. Effects of advanced practice nursing on patient and spouse depressive symptoms, sexual function, and marital interaction after radical prostatectomy. *Urol Nurs*. 2007 Feb;27(1):65-77; discussion 8-80. PMID: 17390930. **X-5, X-6**
2504. McCowen C, Hackett AF, Court S, et al. Are families of diabetic children adequately taught? *Br Med J (Clin Res Ed)*. 1986 May 24;292(6532):1361. PMID: 3085846. **X-6, X-7, X-9**
2505. McDermott J, Drews C, Green D, et al. Evaluation of prenatal care information on birth certificates. *Paediatr Perinat Epidemiol*. 1997 Jan;11(1):105-21. PMID: 9018732. **X-2, X-4, X-5, X-6**
2506. McDermott M, Silva J, Rydman R, et al. Practice variations in treating urban minority asthmatics in Chicago. *J Med Syst*. 1996 Oct;20(5):255-66. PMID: 9001993. **X-2, X-4**
2507. McDonald M, Grimm RH, Jr. Compliance with hypertension treatment. Strategies for improving patient cooperation. *Postgrad Med*. 1985 Jun;77(8):233-6, 41-2. PMID: 4001041. **X-1, X-2, X-4**
2508. McDonald MV, Pezzin LE, Peng TR, et al. Understanding the complexity of hypertensive African American home care patients: challenges to intervention. *Ethn Dis*. 2009 Spring;19(2):148-53. PMID: 19537225. **X-2, X-4**
2509. McDowell H, Kim E, Shaw BR, et al. Predictors and effects of training on an online health education and support system for women with breast cancer. *Journal of Computer-Mediated Communication*. 2010 Apr;15(3):412-26. PMID: 21949474. **X-2, X-6**
2510. McDowell J, Courtney M, Edwards H, et al. Validation of the Australian/English version of the Diabetes Management Self-Efficacy Scale. *Int J Nurs Pract*. 2005 Aug;11(4):177-84. PMID: 15985096. **X-2, X-3, X-4, X-6**
2511. McElmurry BJ, McCreary LL, Park CG, et al. Implementation, outcomes, and lessons learned from a collaborative primary health care program to improve diabetes care among urban Latino populations. *Health Promotion Practice*. 2009 Apr;10(2):293-302. PMID: 18344318. **X-9**

2512. McEntee ML, Cuomo LR, Dennison CR. Patient-, Provider-, and System-Level Barriers to Heart Failure Care. *Journal of Cardiovascular Nursing*. 2009 Jul-Aug;24(4):290-8. PMID: 19465864. **X-1, X-2, X-4**
2513. McEwan SR, Hau C, Daly F, et al. Heart and arterial disease risk factors measured in an office workforce: changes from 1993 to 1996. The Scottish Heart and Arterial Risk Prevention Group (SHARP). *Scott Med J*. 1998 Jun;43(3):74-7. PMID: 9682291. **X-2, X-3**
2514. McEwen MM, Baird M, Pasvogel A, et al. Health-illness transition experiences among Mexican immigrant women with diabetes. *Fam Community Health*. 2007 Jul-Sep;30(3):201-12. PMID: 17563482. **X-4, X-7, X-9**
2515. McEwen MM, Pasvogel A, Gallegos G, et al. Type 2 diabetes self-management social support intervention at the U.S.-Mexico border. *Public Health Nurs*. 2010 Jul;27(4):310-9. PMID: 20626831. **X-2, X-4**
2516. McEwen MM, Rentfro A, Vincent D. Diabetes care in the U.S.-Mexico border region. *Nurse Pract*. 2009 Mar;34(3):14-21. PMID: 19240632. **X-1, X-6, X-7, X-9**
2517. McFarlane SI, Chaiken RL, Hirsch S, et al. Near-normoglycaemic remission in African-Americans with Type 2 diabetes mellitus is associated with recovery of beta cell function. *Diabet Med*. 2001 Jan;18(1):10-6. PMID: 11168335. **X-2, X-4**
2518. McGillion MH, Watt-Watson J, Stevens B, et al. Randomized controlled trial of a psychoeducation program for the self-management of chronic cardiac pain. *Journal of Pain and Symptom Management*. 2008 Aug;36(2):126-40. PMID: 18395397. **X-6, X-9**
2519. McGinn J, Davis C. Geographic variation, physician characteristics, and diabetes care disparities in a metropolitan area, 2003-2004. *Diabetes Res Clin Pract*. 2006 May;72(2):162-9. PMID: 16426696. **X-6, X-7, X-9**
2520. McGivney WT, Barker ML, Bost JE, et al. Panel discussion. Data needs in cancer. *Oncology (Williston Park)*. 1998 Nov;12(11A):147-56. PMID: 10028508. **X-1, X-2, X-4**
2521. McGough PM. Medical concerns about physician-assisted suicide. *Seattle Univ Law Rev*. 1995 Spring;18(3):521-30. PMID: 11656835. **X-1, X-2, X-3, X-4, X-5, X-6**
2522. McGovern MP, Boroujerdi MA, Taylor MW, et al. The effect of the UK incentive-based contract on the management of patients with coronary heart disease in primary care. *Fam Pract*. 2008 Feb;25(1):33-9. PMID: 18222938. **X-2, X-3, X-4**
2523. McGovern MP, Williams DJ, Hannaford PC, et al. Introduction of a new incentive and target-based contract for family physicians in the UK: good for older patients with diabetes but less good for women? *Diabet Med*. 2008 Sep;25(9):1083-9. PMID: 18937676. **X-2, X-3, X-4**
2524. McGrady ME, Laffel L, Drotar D, et al. Depressive symptoms and glycemic control in adolescents with type 1 diabetes: mediational role of blood glucose monitoring. *Diabetes Care*. 2009 May;32(5):804-6. PMID: 19228870. **X-2, X-4, X-6**
2525. McGregor MJ, Reid RJ, Schulzer M, et al. Socioeconomic status and hospital utilization among younger adult pneumonia admissions at a Canadian hospital. *BMC Health Serv Res*. 2006;6:152. PMID: 17125520. **X-2, X-3, X-4**

2526. McGuffin M, Wright J. Information-seeking behavior of radiation therapy patients. *Radiation Therapist*. 2004;13(2):93-8. **X-2, X-4, X-5, X-6**
2527. McGuire TG, Ayanian JZ, Ford DE, et al. Testing for statistical discrimination by race/ethnicity in panel data for depression treatment in primary care. *Health Serv Res*. 2008 Apr;43(2):531-51. PMID: 18370966. **X-2, X-4**
2528. McIntyre-Miller A. Baby Bumps--addressing social inequalities. *Pract Midwife*. 2010 Jan;13(1):29-31. PMID: 20162887. **X-1, X-6, X-7, X-9**
2529. McKeever C, Faddis C, Koroloff N, et al. Wellness Within REACH: mind, body, and soul: a no-cost physical activity program for African Americans in Portland, Oregon, to combat cardiovascular disease. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S93-101. PMID: 15682777. **X-7, X-9, X-10**
2530. McKeever C, Koroloff N, Faddis C. The African American Wellness Village in Portland, Ore. *Prev Chronic Dis*. 2006 Jul;3(3):A104. PMID: 16776865. **X-1, X-2, X-4**
2531. McKellar JD, Humphreys K, Piette JD. Depression increases diabetes symptoms by complicating patients' self-care adherence. *Diabetes Educ*. 2004 May-Jun;30(3):485-92. PMID: 15208846. **X-6, X-7, X-9**
2532. McKinney PA, Feltbower RG, Stephenson CR, et al. Children and young people with diabetes in Yorkshire: a population-based clinical audit of patient data 2005/2006. *Diabet Med*. 2008 Nov;25(11):1276-82. PMID: 19046216. **X-2, X-3, X-4**
2533. McKnight A, Merrett JD. Smoking in pregnancy--a health education problem. *J R Coll Gen Pract*. 1986 Apr;36(285):161-4. PMID: 3735200. **X-2, X-3, X-4, X-6**
2534. McLean G, Guthrie B, Sutton M. Differences in the quality of primary medical care for CVD and diabetes across the NHS: evidence from the quality and outcomes framework. *BMC Health Serv Res*. 2007;7:74. PMID: 17535429. **X-2, X-3, X-4**
2535. McLean J, Pietroni P. Self care--who does best? *Soc Sci Med*. 1990;30(5):591-6. PMID: 2309137. **X-6, X-9**
2536. McMullen A, Yoos HL, Anson E, et al. Asthma care of children in clinical practice: do parents report receiving appropriate education? *Pediatr Nurs*. 2007 Jan-Feb;33(1):37-44. PMID: 17410999. **X-6, X-7, X-9**
2537. McNabb W, Quinn M, Kerver J, et al. The PATHWAYS church-based weight loss program for urban African-American women at risk for diabetes. *Diabetes Care*. 1997 Oct;20(10):1518-23. PMID: 9314627. **X-4, X-5**
2538. McNamara RL, Powe NR, Shaffer T, et al. Capitation for cardiologists: accepting risk for coronary artery disease under managed care. *Am J Cardiol*. 1998 Nov 15;82(10):1178-82. PMID: 9832090. **X-2, X-4**
2539. McNeal B, Salisbury Z, Baumgardner P, et al. Comprehension assessment of diabetes education program participants. *Diabetes Care*. 1984 May-Jun;7(3):232-5. PMID: 6734392. **X-2, X-4, X-6**

2540. McNeill D, Kelley E. How the national healthcare quality and disparities reports can catalyze quality improvement. *Med Care*. 2005 Mar;43(3 Suppl):I82-8. PMID: 15746595. **X-1, X-2, X-3, X-4, X-5, X-6**
2541. McPhee SJ, Bird JA, Davis T, et al. Barriers to breast and cervical cancer screening among Vietnamese-American women. *American Journal of Preventive Medicine*. 1997 May-Jun;13(3):205-13. PMID: 9181209 **X-2, X-4**
2542. McPhee SJ, Bird JA, Jenkins CN, et al. Promoting cancer screening. A randomized, controlled trial of three interventions. *Arch Intern Med*. 1989 Aug;149(8):1866-72. PMID: 2764657. **X-4, X-6**
2543. McSweeney JC, Pettey CM, Fischer EP, et al. Going the distance: overcoming challenges in recruitment and retention of Black and White women in multisite, longitudinal study of predictors of coronary heart disease. *Res Gerontol Nurs*. 2009 Oct;2(4):256-64. PMID: 20077981. **X-1, X-7, X-9**
2544. McTavish FM, Gustafson DH, Owens BH, et al. CHES (Comprehensive Health Enhancement Support System): an interactive computer system for women with breast cancer piloted with an underserved population. *J Ambul Care Manage*. 1995 Jul;18(3):35-41. PMID: 10143478. **X-2, X-4**
2545. Mead H, Andres E, Katch H, et al. Gender differences in psychosocial issues affecting low-income, underserved patients' ability to manage cardiovascular disease. *Womens Health Issues*. 2010 Sep;20(5):308-15. PMID: 20800766. **X-2, X-4**
2546. Mead H, Andres E, Ramos C, et al. Barriers to effective self-management in cardiac patients: The patient's experience. *Patient Education and Counseling*. 2010 Apr;79(1):69-76. PMID: 19748205. **X-2, X-4**
2547. Meade CD, Calvo A. Developing community-academic partnerships to enhance breast health among rural and Hispanic migrant and seasonal farmworker women. *Oncol Nurs Forum*. 2001 Nov-Dec;28(10):1577-84. PMID: 11759305. **X-1, X-2, X-4**
2548. Meade CD, Calvo A, Cuthbertson D. Impact of culturally, linguistically, and literacy relevant cancer information among Hispanic farmworker women. *J Cancer Educ*. 2002 Spring;17(1):50-4. PMID: 12000108. **X-9**
2549. Meade CD, Menard J, Thervil C, et al. Addressing cancer disparities through community engagement: Improving breast health among Haitian women. *Oncology Nursing Forum*. 2009 Nov;36(6):716-22. PMID: 19887360. **X-2, X-4**
2550. Meadows KA, Wise PH. Questionnaire design in diabetes care and research. 1: Getting the question right. *Diabet Med*. 1988 Oct;5(7):699-704. PMID: 2975559. **X-1, X-6, X-7, X-9**
2551. Mechakra-Tahiri SD, Zunzunegui MV, Dube M, et al. Associations of social relationships with consultation for symptoms of depression: a community study of depression in older men and women in Quebec. *Psychol Rep*. 2011 Apr;108(2):537-52. PMID: 21675568. **X-2, X-3, X-4, X-6**

2552. Mednick L, Cogen FR, Streisand R. Satisfaction and quality of life in children with type 1 diabetes and their parents following transition to insulin pump therapy. *Children's Health Care*. 2004;33(3):169-83. **X-2, X-4, X-6**
2553. Meetoo D. Dietary pattern of self-care among Asian and Caucasian diabetic patients. *Br J Nurs*. 2004 Oct 14-27;13(18):1074-8. PMID: 15564992. **X-2, X-4**
2554. Mehler PS, Sabel A, Trantanella A, et al. Variation in prehospital and discharge quality of care among acute myocardial infarction patients at a safety net hospital. *Crit Pathw Cardiol*. 2009 Sep;8(3):127-30. PMID: 19726934. **X-2, X-4**
2555. Mehrotra R, Bajaj S, Kumar D, et al. Influence of education and occupation on knowledge about diabetes control. *Natl Med J India*. 2000 Nov-Dec;13(6):293-6. PMID: 11209483. **X-2, X-3**
2556. Mehta RH, Bufalino VJ, Pan W, et al. Achieving rapid reperfusion with primary percutaneous coronary intervention remains a challenge: insights from American Heart Association's Get With the Guidelines program. *Am Heart J*. 2008 Jun;155(6):1059-67. PMID: 18513520. **X-2, X-4**
2557. Mehta RH, Das S, Tsai TT, et al. Quality improvement initiative and its impact on the management of patients with acute myocardial infarction. *Arch Intern Med*. 2000 Nov 13;160(20):3057-62. PMID: 11074734. **X-6**
2558. Mehta RH, Montoye CK, Faul J, et al. Enhancing quality of care for acute myocardial infarction: shifting the focus of improvement from key indicators to process of care and tool use: the American College of Cardiology Acute Myocardial Infarction Guidelines Applied in Practice Project in Michigan: Flint and Saginaw Expansion. *J Am Coll Cardiol*. 2004 Jun 16;43(12):2166-73. PMID: 15193675. **X-6**
2559. Mehta RH, Montoye CK, Gallogly M, et al. Improving quality of care for acute myocardial infarction: The Guidelines Applied in Practice (GAP) Initiative. *JAMA*. 2002 Mar 13;287(10):1269-76. PMID: 11886318. **X-6**
2560. Mehta SN, Volkening LK, Anderson BJ, et al. Dietary behaviors predict glycemic control in youth with type 1 diabetes. *Diabetes Care*. 2008 Jul;31(7):1318-20. PMID: 18390798. **X-2, X-4**
2561. Meischke H, Bowen D, Kuniyuki A. Awareness of genetic testing for breast cancer risk among women with a family history of breast cancer: effect of women's information sources on their awareness. *Cancer Detect Prev*. 2001;25(4):319-27. PMID: 11531008. **X-2, X-4**
2562. Melkus GD, Whittemore R, Mitchell J. Type 2 diabetes in urban black and rural white women. *Diabetes Educ*. 2009 Mar-Apr;35(2):293-301. PMID: 19204103. **X-2, X-4**
2563. Mello M. Plugging the gap--diabetes. *Nurs Times*. 1992 Oct 21-27;88(43):34-6. PMID: 1437602. **X-1, X-6, X-7, X-9**
2564. Mellor D, Davison T, McCabe M, et al. The management of depressed elderly care recipients: family perspectives on the skills of professional carers. *J Community Health Nurs*. 2008 Jan-Mar;25(1):44-61. PMID: 18444065. **X-2, X-4**

2565. Mellor L, Hoskins P. Problems of diabetes education in different cultures. *Diabetes Educ.* 1986 Fall;12(4):384-6. PMID: 3640702. **X-1, X-6, X-7, X-9**
2566. Melnikow J, Paterniti D, Azari R, et al. Preferences of Women Evaluating Risks of Tamoxifen (POWER) study of preferences for tamoxifen for breast cancer risk reduction. *Cancer.* 2005 May 15;103(10):1996-2005. PMID: 15825209. **X-2, X-4, X-6**
2567. Memis S, Evcı ED, Ergin F, et al. A population- based study on awareness of heart attack in Aydin city-Turkey. *Anadolu Kardiyol Derg.* 2009 Aug;9(4):304-10. PMID: 19666433. **X-2, X-3, X-4**
2568. Mendelsohn AL, Dreyer BP, Fierman AH, et al. Law-level lead exposure and behavior in early childhood. *Pediatrics.* 1998 Mar;101(3)PMID: 9481029 **X-2, X-4, X-5, X-6**
2569. Mendelson SG, McNeese-Smith D, Koniak-Griffin D, et al. A community-based parish nurse intervention program for Mexican American women with gestational diabetes. *J Obstet Gynecol Neonatal Nurs.* 2008 Jul-Aug;37(4):415-25. PMID: 18754979. **X-4**
2570. Mendes AB, Fittipaldi JA, Neves RC, et al. Prevalence and correlates of inadequate glycaemic control: results from a nationwide survey in 6,671 adults with diabetes in Brazil. *Acta Diabetol.* 2010 Jun;47(2):137-45. PMID: 19655083. **X-2, X-3, X-4**
2571. Mendes AP, Bastos F, Paiva A. A pessoa com InsuficiÃªncia CardÃaca. Factores que facilitam/dificultam a transiÃ§Ã£o saÃde/doenÃsa. ReferÃncia: Revista CientÃfica da Unidade de InvestigaÃo em CiÃncias da SaÃde: DomÃnio de Enfermagem. 2010;3(2):7-16. **X-2, X-3, X-4, X-6**
2572. Meneses K, McNees P, Azuero A, et al. Preliminary evaluation of psychoeducational support interventions on quality of life in rural breast cancer survivors after primary treatment. *Cancer Nurs.* 2009 Sep-Oct;32(5):385-97. PMID: 19661796. **X-4, X-6**
2573. Meneses KD, Yarbrow CH. Cultural perspectives of international breast health and breast cancer education. *Journal of Nursing Scholarship.* 2007 Jun;39(2):105-12. PMID: 17535309. **X-6, X-7, X-9**
2574. Meng YY, Babey SH, Hastert TA, et al. Uncontrolled asthma means missed work and school, emergency department visits for many Californians. *Policy Brief UCLA Cent Health Policy Res.* 2008 Jul(PB2008-2):1-8. PMID: 18810806. **X-1, X-2, X-4**
2575. Meng YY, Leung KM, Berkgler D, et al. Compliance with US asthma management guidelines and specialty care: a regional variation or national concern? *J Eval Clin Pract.* 1999 May;5(2):213-21. PMID: 10471231. **X-2, X-4**
2576. Meng Y-Y, Pourat N, Cosway R, et al. Estimated cost impacts of law to expand coverage for self-management education to children with asthma in California. *Journal of Asthma.* 2010 Jun;47(5):581-6. PMID: 20560832. **X-2, X-4, X-6**
2577. Menon U, Szalacha LA, Belue R, et al. Interactive, culturally sensitive education on colorectal cancer screening. *Med Care.* 2008 Sep;46(9 Suppl 1):S44-50. PMID: 18725832. **X-6, X-7, X-9**
2578. Merighi JR, Ehlebracht K. Workplace resources, patient caseloads, and job satisfaction of renal social workers in the United States. A Survey/Part 1. *Nephrol News Issues.* 2004 Apr;18(5):58-60, 2, 4 passim. PMID: 15125167. **X-6, X-7, X-9**

2579. Merikangas KR, Jin R, He JP, et al. Prevalence and correlates of bipolar spectrum disorder in the world mental health survey initiative. *Arch Gen Psychiatry*. 2011 Mar;68(3):241-51. PMID: 21383262. **X-2, X-3, X-4, X-5, X-6**
2580. Merkin SS, Karlamangla A, Crimmins E, et al. Education differentials by race and ethnicity in the diagnosis and management of hypercholesterolemia: a national sample of U.S. adults (NHANES 1999-2002). *Int J Public Health*. 2009;54(3):166-74. PMID: 19219403. **X-2, X-5**
2581. Merriam PA, Tellez TL, Rosal MC, et al. Methodology of a diabetes prevention translational research project utilizing a community-academic partnership for implementation in an underserved Latino community. *Bmc Medical Research Methodology*. 2009 Mar;9PMID: 19284663 **X-7, X-9**
2582. Merrick EL. Treatment of major depression before and after implementation of a behavioral health carve-out plan. *Psychiatr Serv*. 1998 Dec;49(12):1563-7. PMID: 9856617. **X-6, X-7, X-9**
2583. Merrick EL. Effects of a behavioral health carve-out on inpatient-related quality indicators for major depression treatment. *Med Care*. 1999 Oct;37(10):1023-33. PMID: 10524369. **X-6, X-7, X-9**
2584. Merrick NJ, Houchens R, Tillisch S, et al. Quality of hospital care of children with asthma: Medicaid versus privately insured patients. *J Health Care Poor Underserved*. 2001 May;12(2):192-207. PMID: 11370187. **X-2, X-4**
2585. Merrick RD, Olive KE, Hamdy RC, et al. Factors influencing the accuracy of home blood pressure measurement. *South Med J*. 1997 Nov;90(11):1110-4. PMID: 9386053. **X-2, X-4, X-5, X-6**
2586. Merrill RM, Chatterley A, Shields EC. Perceived effectiveness among college students of selected statistical measures in motivating exercise behavior. *American Journal of Health Education*. 2005;36(2):94-101. **X-2, X-4, X-5, X-6**
2587. Merritt SL. Learning style preferences of coronary artery disease patients. *Cardiovasc Nurs*. 1991 Mar-Apr;27(2):7-11; discussion 2. PMID: 2070376. **X-2, X-4**
2588. Messier L, Schmitz N, Elisha B, et al. Lifestyle and care indicators in individuals with major, minor and no depression: a community-based diabetes study in Quebec. *Canadian Journal of Diabetes*. 2011;35(1):22-30. **X-2, X-3, X-4, X-6**
2589. Messina CR, Lane DS, Glanz K, et al. Relationship of social support and social burden to repeated breast cancer screening in the women's health initiative. *Health Psychol*. 2004 Nov;23(6):582-94. PMID: 15546226. **X-6, X-7, X-9**
2590. Metayer N, Jean-Louis E, Madison A. Overcoming historical and institutional distrust: key elements in developing and sustaining the community mobilization against HIV in the Boston Haitian community. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S46-52. PMID: 15682771. **X-1, X-2, X-4, X-5**
2591. Metghalchi S, Rivera M, Beeson L, et al. Improved clinical outcomes using a culturally sensitive diabetes education program in a Hispanic population. *Diabetes Educ*. 2008 Jul-Aug;34(4):698-706. PMID: 18669812. **X-4**

2592. Meyer IH, Sternfels P, Fagan JK, et al. Characteristics and correlates of asthma knowledge among emergency department users in Harlem. *J Asthma*. 2001 Oct;38(7):531-9. PMID: 11714075. **X-2, X-4, X-6**
2593. Meyer LC. Why centers of excellence are gaining momentum. *J Health Care Benefits*. 1994 May-Jun;3(5):52-6. PMID: 10133665. **X-1, X-2, X-3, X-4, X-5, X-6**
2594. Mezza E, Consiglio V, Soragna G, et al. CKD patients and erythropoietin: do we need evidence-based informed consent? *Int J Artif Organs*. 2005 Jun;28(6):591-9. PMID: 16015569. **X-2, X-3, X-4, X-6**
2595. Mian SI, Brauer PM. Dietary education tools for South Asians with diabetes. *Can J Diet Pract Res*. 2009 Spring;70(1):28-35. PMID: 19261204. **X-2, X-3, X-4**
2596. Miazga EJ, Biesboer AN, Hayney MS. Updated recommendations for the use of pneumococcal polysaccharide vaccine. *J Am Pharm Assoc (2003)*. 2010 Mar-Apr 1;50(2):321-3. PMID: 20199968. **X-1, X-6, X-7, X-9**
2597. Michalowski KM, Gold JA, Morse DL, et al. Reducing disparities in lipid testing for African-Americans with diabetes: interim report. *J Health Hum Serv Adm*. 2003 Winter;26(3):363-81. PMID: 15704639. **X-7, X-9**
2598. Michielutte R, Sharp PC, Foley KL, et al. Intervention to increase screening mammography among women 65 and older. *Health Educ Res*. 2005 Apr;20(2):149-62. PMID: 15254001. **X-6, X-9**
2599. Middelkoop BJ, van der Wal G. Culture-specific diabetes care for Surinam South Asians with a low socio-economic position: who benefits? *Patient Educ Couns*. 2004 Jun;53(3):353-8. PMID: 15186874. **X-3, X-4**
2600. Midmer D, Wilson L, Cummings S. A randomized, controlled trial of the influence of prenatal parenting education on postpartum anxiety and marital adjustment. *Fam Med*. 1995 Mar;27(3):200-5. PMID: 7774781. **X-6, X-9**
2601. Miech RA, Kim J, McConnell C, et al. A growing disparity in diabetes-related mortality U.S. trends, 1989-2005. *Am J Prev Med*. 2009 Feb;36(2):126-32. PMID: 19062239. **X-2, X-4**
2602. Mieczkowski TA, Wilson SA. Adult pneumococcal vaccination: a review of physician and patient barriers. *Vaccine*. 2002 Jan 31;20(9-10):1383-92. PMID: 11818157. **X-1, X-2, X-4**
2603. Mielck A, Reitmeir P, Rathmann W. Knowledge about diabetes and participation in diabetes training courses: the need for improving health care for diabetes patients with low SES. *Exp Clin Endocrinol Diabetes*. 2006 May;114(5):240-8. PMID: 16804798. **X-2, X-4**
2604. Mier N, Bocanegra-Alonso A, Zhan D, et al. Health-related quality of life in a binational population with diabetes at the Texas-Mexico border. *Rev Panam Salud Publica*. 2008 Mar;23(3):154-63. PMID: 18397581. **X-2, X-4**

2605. Migliaresi P, Celentano A, Palmieri V, et al. Knowledge of cardiovascular risk factors and awareness of non-pharmacological approach for risk prevention in young survivors of acute myocardial infarction. The cardiovascular risk prevention project “Help Your Heart Stay Young”. *Nutr Metab Cardiovasc Dis*. 2007 Jul;17(6):468-72. PMID: 17379491. **X-2, X-4**
2606. Miller DP, Jr., Brownlee CD, McCoy TP, et al. The effect of health literacy on knowledge and receipt of colorectal cancer screening: a survey study. *BMC Fam Pract*. 2007;8:16. PMID: 17394668. **X-2, X-4**
2607. Miller DP, Spangler JG, Case LD, et al. Effectiveness of a Web-Based Colorectal Cancer Screening Patient Decision Aid A Randomized Controlled Trial in a Mixed-Literacy Population. *American Journal of Preventive Medicine*. 2011 Jun;40(6):608-15. PMID: 21565651. **X-7, X-9**
2608. Miller L, Shade M, Vasireddy V. Beyond screening: assessment of perinatal depression in a perinatal care setting. *Arch Womens Ment Health*. 2009 Oct;12(5):329-34. PMID: 19499284. **X-6, X-7, X-9**
2609. Miller SA, Mancuso CA, Boutin-Foster C, et al. Associations between posttraumatic stress disorder and hemoglobin A1(C) in low-income minority patients with diabetes. *Gen Hosp Psychiatry*. 2011 Mar-Apr;33(2):116-22. PMID: 21596204. **X-2, X-4**
2610. Miller ST, Marolen KN, Beech BM. Perceptions of physical activity and motivational interviewing among rural African-American women with type 2 diabetes. *Womens Health Issues*. 2010 Jan-Feb;20(1):43-9. PMID: 19944621. **X-2, X-4**
2611. Miller ST, Mushi C, Ahmed NU, et al. Using focus groups to understand health-related practices and perceptions of African Americans: Nashville REACH 2010 preliminary findings. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S70-6. PMID: 15682774. **X-2, X-4**
2612. Miller ST, Schlundt DG, Larson C, et al. Exploring ethnic disparities in diabetes, diabetes care, and lifestyle behaviors: the Nashville REACH 2010 community baseline survey. *Ethn Dis*. 2004 Summer;14(3 Suppl 1):S38-45. PMID: 15682770. **X-2, X-4**
2613. Miller ST, Seib HM, Dennie SP. African American perspectives on health care: the voice of the community. *J Ambul Care Manage*. 2001 Jul;24(3):37-44. PMID: 11433554. **X-6, X-7, X-9**
2614. Millett C, Dodhia H. Diabetes retinopathy screening: audit of equity in participation and selected outcomes in South East London. *J Med Screen*. 2006;13(3):152-5. PMID: 17007657. **X-2, X-3, X-4**
2615. Millett C, Gray J, Bottle A, et al. Ethnic disparities in blood pressure management in patients with hypertension after the introduction of pay for performance. *Ann Fam Med*. 2008 Nov-Dec;6(6):490-6. PMID: 19001300. **X-2, X-3, X-4**
2616. Millett C, Gray J, Saxena S, et al. Ethnic disparities in diabetes management and pay-for-performance in the UK: the Wandsworth Prospective Diabetes Study. *PLoS Med*. 2007 Jun;4(6):e191. PMID: 17564486. **X-2, X-3, X-4**

2617. Millett C, Gray J, Wall M, et al. Ethnic disparities in coronary heart disease management and pay for performance in the UK. *J Gen Intern Med*. 2009 Jan;24(1):8-13. PMID: 18953616. **X-2, X-3, X-4**
2618. Mills G, Barnes R, Rodell DE, et al. An evaluation of an inpatient cardiac patient/family education program. *Heart Lung*. 1985 Jul;14(4):400-6. PMID: 3847417. **X-1, X-6, X-7, X-9**
2619. Minai BA, Martin JE, Cohn RC. Results of a physician and respiratory therapist collaborative effort to improve long-term metered-dose inhaler technique in a pediatric asthma clinic. *Respir Care*. 2004 Jun;49(6):600-5. PMID: 15165293. **X-4, X-6, X-9**
2620. Miranda J, Azocar F, Organista KC, et al. Treatment of depression among impoverished primary care patients from ethnic minority groups. *Psychiatr Serv*. 2003 Feb;54(2):219-25. PMID: 12556604. **X-9**
2621. Miranda J, Chung JY, Green BL, et al. Treating depression in predominantly low-income young minority women: a randomized controlled trial. *JAMA*. 2003 Jul 2;290(1):57-65. PMID: 12837712. **X-7, X-9**
2622. Miranda J, Cooper LA. Disparities in care for depression among primary care patients. *J Gen Intern Med*. 2004 Feb;19(2):120-6. PMID: 15009791. **X-6, X-7, X-9**
2623. Miranda J, Green BL, Krupnick JL, et al. One-year outcomes of a randomized clinical trial treating depression in low-income minority women. *J Consult Clin Psychol*. 2006 Feb;74(1):99-111. PMID: 16551147. **X-7**
2624. Miranda J, Hepner KA, Azocar F, et al. Development of a patient-report measure of psychotherapy for depression. *Adm Policy Ment Health*. 2010 May;37(3):245-53. PMID: 19757020. **X-6, X-7, X-9**
2625. Mirvis DM, Burns R, Gaschen L, et al. Variation in utilization of cardiac procedures in the Department of Veterans Affairs health care system: effect of race. *J Am Coll Cardiol*. 1994 Nov 1;24(5):1297-304. PMID: 7930253. **X-2, X-4**
2626. Mirvis DM, Graney MJ. Impact of race and age on the effects of regionalization of cardiac procedures in the Department of Veterans Affairs Health Care System. *Am J Cardiol*. 1998 Apr 15;81(8):982-7. PMID: 9576157. **X-2, X-4**
2627. Mischoulon D, McColl-Vuolo R, Howarth S, et al. Management of major depression in the primary care setting. *Psychother Psychosom*. 2001 Mar-Apr;70(2):103-7. PMID: 11244391. **X-4**
2628. Mishel MH, Germino BB, Gil KM, et al. Benefits from an uncertainty management intervention for African-American and Caucasian older long-term breast cancer survivors. *Psychooncology*. 2005 Nov;14(11):962-78. PMID: 15712339. **X-6, X-7, X-9, X-10**
2629. Mishra SI, Chavez LR, Magana JR, et al. Improving breast cancer control among Latinas: evaluation of a theory-based educational program. *Health Educ Behav*. 1998 Oct;25(5):653-70. PMID: 9768384. **X-4**

2630. Mitchell C, Notterman D, Brooks-Gunn J, et al. Role of mother's genes and environment in postpartum depression. *Proc Natl Acad Sci U S A*. 2011 May 17;108(20):8189-93. PMID: 21576482. **X-2, X-4**
2631. Mitchell EA, Ferguson V, Norwood M. Asthma education by community child health nurses. *Arch Dis Child*. 1986 Dec;61(12):1184-9. PMID: 3545094. **X-3**
2632. Mitikulena A, Smith RB. Views of Pacific Islands people with noninsulin dependent diabetes: a Wellington survey. *N Z Med J*. 1996 Dec 13;109(1035):467-9. PMID: 9006628. **X-2, X-3, X-4**
2633. Mitra A, Bhattacharya D. Ethical problems faced in villages of rural Bengal while conducting researches on chronic diseases like diabetes. *Indian J Med Sci*. 2006 Nov;60(11):475-84. PMID: 17090871. **X-1, X-3**
2634. Mittelmark MB, Luepker RV, Jacobs DR, et al. Community-wide prevention of cardiovascular disease: education strategies of the Minnesota Heart Health Program. *Prev Med*. 1986 Jan;15(1):1-17. PMID: 3714655. **X-6, X-9**
2635. Mock J, Nguyen T, Nguyen KH, et al. Processes and capacity-building benefits of lay health worker outreach focused on preventing cervical cancer among Vietnamese. *Health Promot Pract*. 2006 Jul;7(3 Suppl):223S-32S. PMID: 16760246. **X-2, X-4, X-5**
2636. Mock KS, Phillips KD, Sowell RL. Depression and sleep dysfunction as predictors of fatigue in HIV-infected African-American women. *Clinical Excellence for Nurse Practitioners*. 2002;6(2):9-16. **X-2, X-4, X-5**
2637. Moffet HH, Parker MM, Sarkar U, et al. Adherence to Laboratory Test Requests by Patients With Diabetes: The Diabetes Study of Northern California (DISTANCE). *American Journal of Managed Care*. 2011 May;17(5):339-44. PMID: 21718081. **X-2, X-4, X-6**
2638. Mohrmann CC, Coleman EA, Coon SK, et al. An analysis of printed breast cancer information for African American women. *J Cancer Educ*. 2000 Spring;15(1):23-7. PMID: 10730799. **X-2, X-4**
2639. Monay V, Mangione CM, Sorrell-Thompson A, et al. Services delivered by faith-community nurses to individuals with elevated blood pressure. *Public Health Nurs*. 2010 Nov-Dec;27(6):537-43. PMID: 21087307. **X-2, X-4, X-6**
2640. Monga U, Kerrigan AJ, Garber S, et al. Pre- and post-radiotherapy sexual functioning in prostate cancer patients. *Sexuality & Disability*. 2001;19(4):239-52. **X-2, X-4, X-5, X-6**
2641. Montague MC, Nichols SA, Dutta AP. Self-management in African American women with diabetes. *Diabetes Educ*. 2005 Sep-Oct;31(5):700-11. PMID: 16203854. **X-2, X-4**
2642. Montealegre F, Chardon D, Vargas W, et al. Measuring asthma disparities in Hispanics: adherence to the national guidelines for asthma treatment in emergency departments in Puerto Rico. *Ann Allergy Asthma Immunol*. 2004 Nov;93(5):472-7. PMID: 15562887. **X-2, X-4**
2643. Montgomery BD, McMeniman E, Cameron SK, et al. Sex, pain and cranberries - ideas from the 2006 Registrar Research Workshop. *Aust Fam Physician*. 2007 Jan-Feb;36(1-2):93-4. PMID: 17310543. **X-1, X-2, X-3, X-4, X-5, X-6**

2644. Montgomery DA, Amos RJ. Nutrition information needs during cardiac rehabilitation: perceptions of the cardiac patient and spouse. *J Am Diet Assoc.* 1991 Sep;91(9):1078-83. PMID: 1918759. **X-1, X-2, X-4**
2645. Montgomery M. Breast self-exam: relevance for young female childhood cancer survivors. *Southern Online Journal of Nursing Research.* 2008;8(2):2p. **X-6, X-7, X-9**
2646. Montoye CK, Mehta RH, Baker PL, et al. A rapid-cycle collaborative model to promote guidelines for acute myocardial infarction. *Jt Comm J Qual Saf.* 2003 Sep;29(9):468-78. PMID: 14513670. **X-6**
2647. Moody-Ayers SY, Stewart AL, Covinsky KE, et al. Prevalence and correlates of perceived societal racism in older African-American adults with type 2 diabetes mellitus. *J Am Geriatr Soc.* 2005 Dec;53(12):2202-8. PMID: 16398910. **X-2, X-4**
2648. Moore C, Yee J, Malluche H, et al. Relationship between bone histology and markers of bone and mineral metabolism in African-American hemodialysis patients. *Clin J Am Soc Nephrol.* 2009 Sep;4(9):1484-93. PMID: 19713297. **X-2, X-4**
2649. Moore DE, Jr., Cervero RM, Fox R. A conceptual model of CME to address disparities in depression care. *J Contin Educ Health Prof.* 2007 Fall;27 Suppl 1:S40-54. PMID: 18085583. **X-1, X-2, X-3, X-4**
2650. Moore DE, Jr., Niebler SE, Schlundt DG, et al. A conceptual model for using action inquiry technologies to address disparities in depression. *J Contin Educ Health Prof.* 2007 Fall;27 Suppl 1:S55-64. PMID: 18085578. **X-1, X-2, X-4, X-6**
2651. Moore DE, Jr., Overstreet KM, Like RC, et al. Improving depression care for ethnic and racial minorities: a concept for an intervention that integrates CME planning with improvement strategies. *J Contin Educ Health Prof.* 2007 Fall;27 Suppl 1:S65-74. PMID: 18085584. **X-1, X-6, X-7, X-9**
2652. Moore G. Screening is key to preventing colorectal cancer. *Bus Health.* 2001 Jun;19(6):40. PMID: 11434097. **X-1, X-6, X-7, X-9**
2653. Moore ML, Ketner M, Walsh K, et al. Listening to women at risk for preterm birth. *MCN Am J Matern Child Nurs.* 2004 Nov-Dec;29(6):391-7. PMID: 15618866. **X-2, X-4**
2654. Moorin RE, Holman CD. The effects of socioeconomic status, accessibility to services and patient type on hospital use in Western Australia: a retrospective cohort study of patients with homogenous health status. *BMC Health Serv Res.* 2006;6:74. PMID: 16774689. **X-2, X-3, X-4, X-5, X-6**
2655. Moreno L, Dale SB, Chen AY, et al. Costs to Medicare of the Informatics for Diabetes Education and Telemedicine (IDEATel) home telemedicine demonstration: findings from an independent evaluation. *Diabetes Care.* 2009 Jul;32(7):1202-4. PMID: 19366971. **X-6, X-9**
2656. Morgan A, Jorm A. Awareness of beyondblue: the national depression initiative in Australian young people. *Australas Psychiatry.* 2007 Aug;15(4):329-33. PMID: 17612888. **X-2, X-3, X-4**
2657. Morgan C, Levin G. A cancer-prevention intervention for disadvantaged women: design and implementation. *J Cancer Educ.* 1995 Fall;10(3):168-75. PMID: 8534604. **X-9**

2658. Morgan CJ, Muetzelfeldt L, Curran HV. Consequences of chronic ketamine self-administration upon neurocognitive function and psychological wellbeing: a 1-year longitudinal study. *Addiction*. 2010 Jan;105(1):121-33. PMID: 19919593. **X-2, X-4, X-5, X-6**
2659. Morgan JB, Williams P, Foote KD, et al. Do mothers understand healthy eating principles for low-birth-weight infants? *Public Health Nutr*. 2006 Sep;9(6):700-6. PMID: 16925874. **X-2, X-3, X-4, X-5**
2660. Morgan PD, Barnett K, Perdue B, et al. African American women with breast cancer and their spouses' perception of care received from physicians. *ABNF J*. 2006 Jan-Feb;17(1):32-7. PMID: 16596898. **X-2**
2661. Morgan PD, Fogel J, Tyler ID, et al. Culturally targeted educational intervention to increase colorectal health awareness among African Americans. *J Health Care Poor Underserved*. 2010 Aug;21(3 Suppl):132-47. PMID: 20675951. **X-4, X-9**
2662. Morgan PD, Gaston-Johansson F, Mock V. Spiritual well-being, religious coping, and the quality of life of African American breast cancer treatment: a pilot study. *ABNF J*. 2006 Spring;17(2):73-7. PMID: 18402347. **X-2, X-4**
2663. Morgan RC, Jr. Report of the NMA panel on mammography. *J Natl Med Assoc*. 1997 Jul;89(7):440-3. PMID: 9220692. **X-1, X-2, X-3, X-4, X-5, X-6**
2664. Morin D, Cobigo V, Rivard M, et al. Intellectual disabilities and depression: How to adapt psychological assessment and intervention. *Canadian Psychology/Psychologie canadienne*. 2010 Aug;51(3):185-93. **X-1, X-6, X-7, X-9**
2665. Morisky DE, Lees NB, Sharif BA, et al. Reducing disparities in hypertension control: a community-based hypertension control project (CHIP) for an ethnically diverse population. *Health Promotion Practice*. 2002;3(2):264-75. **X-9**
2666. Morrato EH, Druss BG, Hartung DM, et al. Small area variation and geographic and patient-specific determinants of metabolic testing in antipsychotic users. *Pharmacoepidemiol Drug Saf*. 2011 Jan;20(1):66-75. PMID: 21182154. **X-2, X-4, X-5, X-6**
2667. Morrato EH, Hill JO, Wyatt HR, et al. Are health care professionals advising patients with diabetes or at risk for developing diabetes to exercise more? *Diabetes Care*. 2006 Mar;29(3):543-8. PMID: 16505503. **X-2**
2668. Morris AM, Baldwin LM, Matthews B, et al. Reoperation as a quality indicator in colorectal surgery: a population-based analysis. *Ann Surg*. 2007 Jan;245(1):73-9. PMID: 17197968. **X-2, X-4**
2669. Morris E, Haward RA, Gilthorpe MS, et al. The impact of the Calman-Hine report on the processes and outcomes of care for Yorkshire's colorectal cancer patients. *Br J Cancer*. 2006 Oct 23;95(8):979-85. PMID: 17047646. **X-2, X-3**
2670. Morris E, Haward RA, Gilthorpe MS, et al. The impact of the Calman-Hine report on the processes and outcomes of care for Yorkshire's breast cancer patients. *Ann Oncol*. 2008 Feb;19(2):284-91. PMID: 17785759. **X-2, X-3, X-4**

2671. Morris GS, Graney MJ, Bevilacqua SA, et al. A nonpharmacologic intervention for syndrome X in a low-income urban population. *J Tenn Med Assoc.* 1995 Jul;88(7):265-7. PMID: 7658689. **X-7, X-9**
2672. Morris NS, MacLean CD, Chew LD, et al. The Single Item Literacy Screener: evaluation of a brief instrument to identify limited reading ability. *BMC Fam Pract.* 2006;7:21. PMID: 16563164. **X-2, X-4**
2673. Morris NS, MacLean CD, Littenberg B. Literacy and health outcomes: a cross-sectional study in 1002 adults with diabetes. *BMC Fam Pract.* 2006;7:49. PMID: 16907968. **X-2, X-4**
2674. Morrison C. Determining crucial correlates of breast self-examination in older women with low incomes. *Oncol Nurs Forum.* 1996 Jan-Feb;23(1):83-93. PMID: 8628714. **X-2, X-4**
2675. Morrow D, Clark D, Tu W, et al. Correlates of health literacy in patients with chronic heart failure. *Gerontologist.* 2006 Oct;46(5):669-76. PMID: 17050758. **X-6, X-7, X-9**
2676. Morrow D, Clark D, Tu WZ, et al. Correlates of health literacy in patients with chronic heart failure. *Gerontologist.* 2006 Oct;46(5):669-76. PMID: 17050758. **X-2, X-4**
2677. Morrow DG, Weiner M, Deer MM, et al. Patient-centered instructions for medications prescribed for the treatment of heart failure. *Am J Geriatr Pharmacother.* 2004 Mar;2(1):44-52. PMID: 15555478. **X-6, X-7, X-9**
2678. Morrow DG, Weiner M, Steinley D, et al. Patients' health literacy and experience with instructions: influence preferences for heart failure medication instructions. *J Aging Health.* 2007 Aug;19(4):575-93. PMID: 17682075. **X-6, X-7, X-9**
2679. Morrow DG, Weiner M, Young J, et al. Improving medication knowledge among older adults with heart failure: a patient-centered approach to instruction design. *Gerontologist.* 2005 Aug;45(4):545-52. PMID: 16051918. **X-4, X-6**
2680. Morrow M, Mujahid M, Lantz PM, et al. Correlates of breast reconstruction: results from a population-based study. *Cancer.* 2005 Dec 1;104(11):2340-6. PMID: 16216000. **X-2, X-4**
2681. Mortensen EM, Cornell J, Whittle J. Racial variations in processes of care for patients with community-acquired pneumonia. *BMC Health Serv Res.* 2004 Aug 10;4(1):20. PMID: 15304197. **X-2, X-4**
2682. Morton E, Tambor E, Rimer BK, et al. Impact of National Cancer Institute revised mammography screening guidelines on women 40-49. *Womens Health Issues.* 1996 Sep-Oct;6(5):246-54. PMID: 8870503. **X-6, X-7, X-9**
2683. Mosca L, Linfante AH, Benjamin EJ, et al. National study of physician awareness and adherence to cardiovascular disease prevention guidelines. *Circulation.* 2005 Feb 1;111(4):499-510. PMID: 15687140. **X-6, X-7, X-9**
2684. Moser M, Franklin SS. Hypertension management: results of a new national survey for the hypertension education foundation: Harris interactive. *J Clin Hypertens (Greenwich).* 2007 May;9(5):316-23. PMID: 17485966. **X-2, X-4**

2685. Moses RG. Diabetic clinics: a review of ethnic, suburban and medical referral patterns. *Aust Clin Rev.* 1983 Dec(11):21-4. PMID: 6675638. **X-1, X-2, X-3, X-4**
2686. Mosher CE, DuHamel KN, Egert J, et al. Self-efficacy for Coping With Cancer in a Multiethnic Sample of Breast Cancer Patients: Associations With Barriers to Pain Management and Distress. *Clinical Journal of Pain.* 2010 Mar-Apr;26(3):227-34. PMID: 20173437 **X-2, X-4**
2687. Mosnaim G, Kohrman C, Sharp LK, et al. Coping with asthma in immigrant Hispanic families: a focus group study. *Ann Allergy Asthma Immunol.* 2006 Oct;97(4):477-83. PMID: 17069102. **X-2, X-4**
2688. Mosnaim GS, Cohen MS, Rhoads CH, et al. Use of MP3 players to increase asthma knowledge in inner-city African-American adolescents. *Int J Behav Med.* 2008;15(4):341-6. PMID: 19005935. **X-4**
2689. Mosnaim GS, Sadowski LS, Durazo-Arvizu RA, et al. Parental language and asthma among urban Hispanic children. *Journal of Allergy and Clinical Immunology.* 2007 Nov;120(5):1160-5. PMID: 17983874 **X-2, X-4**
2690. Moss L, Crane PB. Exploring polypharmacy in elderly women after myocardial infarction. *J Women Aging.* 2010 Jan;22(1):22-33. PMID: 20391146. **X-2, X-4, X-6**
2691. Moth G, Schiotz PO, Parner E, et al. Use of lung function tests in asthmatic children is associated with lower risk of hospitalization. A Danish population-based follow-up study. *J Asthma.* 2010 Nov;47(9):1022-30. PMID: 20936993. **X-2, X-3, X-4, X-6**
2692. Moth G, Schiotz PO, Vedsted P. A Danish population-based cohort study of newly diagnosed asthmatic children's care pathway - adherence to guidelines. *BMC Health Serv Res.* 2008;8:130. PMID: 18549494. **X-2, X-3, X-4**
2693. Moudgil H, Honeybourne D. Differences in asthma management between white European and Indian subcontinent ethnic groups living in socioeconomically deprived areas in the Birmingham (UK) conurbation. *Thorax.* 1998 Jun;53(6):490-4. PMID: 9713449. **X-2, X-3, X-4**
2694. Moudgil H, Marshall T, Honeybourne D. Asthma education and quality of life in the community: a randomised controlled study to evaluate the impact on white European and Indian subcontinent ethnic groups from socioeconomically deprived areas in Birmingham, UK. *Thorax.* 2000 Mar;55(3):177-83. PMID: 10679534. **X-3**
2695. Mousa SM, Brooks E, Dietrich M, et al. Community health workers speak out about the Kin KeeperSM model. *J Cancer Educ.* 2010 Jun;25(2):236-41. PMID: 20204574. **X-6, X-9**
2696. Movahedi M, Hajarizadeh B, Rahimi A, et al. Trends and geographical inequalities of the main health indicators for rural Iran. *Health Policy Plan.* 2009 May;24(3):229-37. PMID: 19304787. **X-2, X-3, X-4, X-6**
2697. Moy F, Sallam AA, Wong M. The results of a worksite health promotion programme in Kuala Lumpur, Malaysia. *Health Promot Int.* 2006 Dec;21(4):301-10. PMID: 16963785. **X-3, X-5**

2698. Muchiri JW, Gericke G, Rheeder P. Elements of effective nutrition education for adults with diabetes mellitus in resource-poor settings: a review. *Health SA Gesondheid*. 2009;14(1):1-9. **X-1, X-6, X-7, X-9**
2699. Muhlhauser I, Overmann H, Bender R, et al. Risk factors of severe hypoglycaemia in adult patients with Type I diabetes--a prospective population based study. *Diabetologia*. 1998 Nov;41(11):1274-82. PMID: 9833933. **X-2, X-3, X-4, X-6**
2700. Muhlhauser I, Overmann H, Bender R, et al. Social status and the quality of care for adult people with type I (insulin-dependent) diabetes mellitus--a population-based study. *Diabetologia*. 1998 Oct;41(10):1139-50. PMID: 9794099. **X-2, X-3, X-4, X-6**
2701. Muhlhauser I, Overmann H, Bender R, et al. Predictors of mortality and end-stage diabetic complications in patients with Type 1 diabetes mellitus on intensified insulin therapy. *Diabet Med*. 2000 Oct;17(10):727-34. PMID: 11110506. **X-6, X-7**
2702. Mui AC. Living alone and depression among older Chinese immigrants. *Journal of Gerontological Social Work*. 1998;30(3/4):147-66. **X-2, X-4**
2703. Mui AC. Stress, coping, and depression among elderly Korean immigrants. *Journal of Human Behavior in the Social Environment*. 2001;3(3/4):281-99. **X-2, X-4**
2704. Mui AC, Kang SY, Kang D, et al. English language proficiency and health-related quality of life among Chinese and Korean immigrant elders. *Health & Social Work*. 2007 May;32(2):119-27. PMID: 17571645. **X-2, X-4, X-5**
2705. Mularski RA, Asch SM, Shrank WH, et al. The quality of obstructive lung disease care for adults in the United States as measured by adherence to recommended processes. *Chest*. 2006 Dec;130(6):1844-50. PMID: 17167007. **X-2, X-4, X-5**
2706. Mulgirigama A, Illangasekera U. Study of the quality of care at a diabetic clinic in Sri Lanka. *J R Soc Promot Health*. 2000 Sep;120(3):164-9. PMID: 11077804. **X-2, X-3, X-4**
2707. Mull DS, Mull JD, Kundi MZ, et al. Mothers' perceptions of severe pneumonia in their own children: a controlled study in Pakistan. *Soc Sci Med*. 1994 Apr;38(7):973-87. PMID: 8202745. **X-2, X-3, X-4**
2708. Mullin V, Cella D, Chang CH, et al. Development of three African language translations of the FACT-G. *Quality of Life Research*. 2000 Mar;9(2):139-49. PMID: 10983478. **X-2, X-4, X-5, X-6**
2709. Mullins CD, Blatt L, Gbarayor CM, et al. Health disparities: a barrier to high-quality care. *Am J Health Syst Pharm*. 2005 Sep 15;62(18):1873-82. PMID: 16141106. **X-1, X-6, X-7, X-9**
2710. Mulrow C, Bailey S, Sonksen PH, et al. Evaluation of an Audiovisual Diabetes Education Program: negative results of a randomized trial of patients with non-insulin-dependent diabetes mellitus. *J Gen Intern Med*. 1987 Jul-Aug;2(4):215-9. PMID: 2441013. **X-6, X-9**
2711. Mulvaney C, Kendrick D. Do maternal depressive symptoms, stress and a lack of social support influence whether mothers living in deprived circumstances adopt safety practices for the prevention of childhood injury? *Child: Care, Health and Development*. 2006 May;32(3):311-9. **X-2, X-3, X-4, X-5, X-6**

2712. Mulvaney SA, Mudasiru E, Schlundt DG, et al. Self-management in type 2 diabetes: the adolescent perspective. *Diabetes Educ.* 2008 Jul-Aug;34(4):674-82. PMID: 18669809. **X-2, X-4**
2713. Mulvaney SA, Schlundt DG, Mudasiru E, et al. Parent perceptions of caring for adolescents with type 2 diabetes. *Diabetes Care.* 2006 May;29(5):993-7. PMID: 16644626. **X-2, X-4**
2714. Munding MO, Kane RL, Lenz ER, et al. Primary care outcomes in patients treated by nurse practitioners or physicians: a randomized trial... Copyright CO 2000 American Medical Association. All rights reserved. *JAMA*, January 5, 2000-Vol 283, No. 1 pages 59-68. *Academic Nurse.* 2000;17(1):8-17. **X-6, X-7, X-9**
2715. Munn EM. Nonparticipation in mammography screening: apathy, anxiety or cost? *N Z Med J.* 1993 Jul 14;106(959):284-6. PMID: 8321446. **X-2, X-3, X-4**
2716. Munoz RF, Mendelson T. Toward evidence-based interventions for diverse populations: The San Francisco General Hospital prevention and treatment manuals. *J Consult Clin Psychol.* 2005 Oct;73(5):790-9. PMID: 16287379. **X-1, X-6, X-7, X-9**
2717. Munro JF, Haire-Joshu D, Fisher EB, et al. Articulation of asthma and its care among low-income emergency care recipients. *J Asthma.* 1996;33(5):313-25. PMID: 8827938. **X-2, X-4**
2718. Munzenberger P, Secord E, Thomas R. Relationship between patient, caregiver, and asthma characteristics, responsibility for management, and indicators of asthma control within an urban clinic. *J Asthma.* 2010 Feb;47(1):41-5. PMID: 20100019. **X-2, X-4, X-6**
2719. Murimi MW, Harpel T. Practicing Preventive Health: The Underlying Culture Among Low-Income Rural Populations. *Journal of Rural Health.* 2010 Sum;26(3):273-82. PMID: 20633096. **X-2, X-4**
2720. Murphey C, Rew L. Three intervention models for exploring oral health in pregnant minority adolescents. *J Spec Pediatr Nurs.* 2009 Apr;14(2):132-41. PMID: 19356207. **X-1, X-6, X-7, X-9**
2721. Murphy FG, Satterfield D, Anderson RM, et al. Diabetes educators as cultural translators. *Diabetes Educ.* 1993 Mar-Apr;19(2):113-6, 8. PMID: 8458306. **X-1, X-6, X-7, X-9**
2722. Murphy NJ, Boyko EJ, Schraer CD, et al. Use of a reflectance photometer as a diabetes mellitus screening tool under field conditions. *Arctic Med Res.* 1993 Oct;52(4):170-4. PMID: 8305095. **X-2, X-4**
2723. Murphy TE, Jr. Underwriting chronic renal failure. *J Insur Med.* 2001;33(4):358-9. PMID: 11877918. **X-1**
2724. Murray J, Saxena S, Millett C, et al. Reductions in risk factors for secondary prevention of coronary heart disease by ethnic group in south-west London: 10-year longitudinal study (1998-2007). *Fam Pract.* 2010 Aug;27(4):430-8. PMID: 20538744. **X-2, X-3, X-4**
2725. Murray MD, Tu W, Wu J, et al. Factors associated with exacerbation of heart failure treatment adherence and health literacy skills. *Clin Pharmacol Ther.* 2009 Jun;85(6):651-8. PMID: 19262464. **X-2, X-4**

2726. Murray MD, Young J, Hoke S, et al. Pharmacist intervention to improve medication adherence in heart failure: a randomized trial. *Ann Intern Med.* 2007 May 15;146(10):714-25. PMID: 17502632. **X-7, X-9**
2727. Murray MD, Young JM, Morrow DG, et al. Methodology of an ongoing, randomized, controlled trial to improve drug use for elderly patients with chronic heart failure. *Am J Geriatr Pharmacother.* 2004 Mar;2(1):53-65. PMID: 15555479. **X-6, X-7, X-9**
2728. Murray T, Kelsberg G, Safranek S, et al. Clinical inquiries. Do any folk remedies or herbals help induce labor? *J Fam Pract.* 2008 Aug;57(8):542-4. PMID: 18687232. **X-1, X-2, X-3, X-4, X-5, X-6, X-7**
2729. Murrock CJ, Gary FA. A culturally-specific dance intervention to increase functional capacity in African American women. *J Cult Divers.* 2008 Winter;15(4):168-73. PMID: 19202718. **X-6, X-7, X-9**
2730. Musil CM, Morris DL, Haug MR, et al. Recurrent symptoms: well-being and management. *Soc Sci Med.* 2001 Jun;52(11):1729-40. PMID: 11327144. **X-2, X-4, X-5**
2731. Mutea NK, Baker CM. Kenyan nurses' involvement in managing hospitalized diabetic patients. *International Journal of Nursing Practice.* 2008 Feb;14(1):40-6. PMID: 18190483 **X-2, X-3, X-4**
2732. Mvula MM, Miller JM, Jr. Is knowledge of health behavior associated with low birth weight? *J Matern Fetal Med.* 1999 May-Jun;8(3):134-7. PMID: 10338069. **X-2, X-4**
2733. Mynatt S, Wicks M, Bolden L. Pilot study of INSIGHT therapy in African American women. *Arch Psychiatr Nurs.* 2008 Dec;22(6):364-74. PMID: 19026925. **X-7, X-9**
2734. Naeem AG. The role of culture and religion in the management of diabetes: a study of Kashmiri men in Leeds. *J R Soc Promot Health.* 2003 Jun;123(2):110-6. PMID: 12852196. **X-2, X-3, X-4**
2735. Nagelkerk J, Reick K, Meengs L. Perceived barriers and effective strategies to diabetes self-management. *J Adv Nurs.* 2006 Apr;54(2):151-8. PMID: 16553701. **X-2, X-4, X-6**
2736. Nagler RH, Gray SW, Romantan A, et al. Differences in information seeking among breast, prostate, and colorectal cancer patients: results from a population-based survey. *Patient Educ Couns.* 2010 Dec;81 Suppl:S54-62. PMID: 20934297. **X-2, X-4, X-6**
2737. Nagy MC, Leeper JD, Hullett S, et al. The rural Alabama pregnancy and infant health program. *Fam Community Health.* 1988 Aug;11(2):49-56. PMID: 10288524. **X-1, X-6, X-7, X-9**
2738. Nahm ES, Blum K, Scharf B, et al. Exploration of patients' readiness for an eHealth management program for chronic heart failure: a preliminary study. *J Cardiovasc Nurs.* 2008 Nov-Dec;23(6):463-71. PMID: 18953206. **X-2, X-4, X-6**
2739. Nakagasien P, Nuntaboot K, Sangchart B. Cultural care for persons with diabetes in the community: an ethnographic study in Thailand. *Thai Journal of Nursing Research.* 2008;12(2):121-9. **X-2, X-3, X-4, X-6**

2740. Nakawatase Y, Taru C, Tsutou A, et al. Development of an evaluation scale for self-management behavior related to physical activity of type 2 diabetic patients. *Diabetes Care*. 2007 Nov;30(11):2843-8. PMID: 17644618. **X-2, X-4, X-6**
2741. Nakayasu K, Nakaya Y, Oki Y, et al. Long-term follow-up in Japanese public office workers of the influence of blood pressure on ECG changes. *Circ J*. 2004 Jun;68(6):563-7. PMID: 15170093. **X-2, X-3, X-4**
2742. Nakhla M, Daneman D, To T, et al. Transition to adult care for youths with diabetes mellitus: findings from a Universal Health Care System. *Pediatrics*. 2009 Dec;124(6):e1134-41. PMID: 19933731. **X-2, X-4**
2743. Nakhleh RE, Jones B, Zarbo RJ. Mammographically directed breast biopsies: a College of American Pathologists Q-Probes study of clinical physician expectations and of specimen handling and reporting characteristics in 434 institutions. *Arch Pathol Lab Med*. 1997 Jan;121(1):11-8. PMID: 9111087. **X-2, X-4, X-6**
2744. Nannenga MR, Montori VM, Weymiller AJ, et al. A treatment decision aid may increase patient trust in the diabetes specialist. The *Statin Choice* randomized trial. *Health Expectations: An International Journal of Public Participation in Health Care & Health Policy*. 2009 Mar;12(1):38-44. **X-4, X-6**
2745. Nante N, Messina G, Cecchini M, et al. Sex differences in use of interventional cardiology persist after risk adjustment. *J Epidemiol Community Health*. 2009 Mar;63(3):203-8. PMID: 19052034. **X-2, X-3, X-4**
2746. Napoles-Springer AM, Ortiz C, O'Brien H, et al. Developing a Culturally Competent Peer Support Intervention for Spanish-speaking Latinas with Breast Cancer. *Journal of Immigrant and Minority Health*. 2009 Aug;11(4):268-80. PMID: 18340533 **X-2, X-4**
2747. Narula P, Cataletto M, Kier C, et al. Reports from the field: quality improvement. Collaboration of pediatric practices and managed care organizations in educational intervention for childhood asthma. *Journal of Clinical Outcomes Management*. 2006;13(12):701-5. **X-6, X-9**
2748. Nash D, Azeez S, Vlahov D, et al. Evaluation of an intervention to increase screening colonoscopy in an urban public hospital setting. *J Urban Health*. 2006 Mar;83(2):231-43. PMID: 16736372. **X-9, X-11**
2749. Nasir LS, Nasir AK. Introducing Arabic language patient education materials in Jordan. *Patient Educ Couns*. 2006 Feb;60(2):142-5. PMID: 16442456. **X-2, X-3, X-4, X-6**
2750. Natale-Pereira A, Enard KR, Nevarez L, et al. The Role of Patient Navigators in Eliminating Health Disparities. *Cancer*. 2011 Aug;117(15):3543-52. PMID: 21780089. **X-1, X-2, X-4, X-5, X-6**
2751. Nath C. Literacy and diabetes self-management - Low literacy affects outcomes; communication is key. *American Journal of Nursing*. 2007 Jun;107(6):43-9. PMID: 17563437. **X-1, X-7, X-9**
2752. Nath CL, Gross KM, Jacques CH. A survey of physician awareness of West Virginia's coverage for treatment of diabetes. *Diabetes Educ*. 2000 Nov-Dec;26(6):943-8. PMID: 11912806. **X-2, X-4**

2753. Nattinger AB, Panzer RJ, Janus J. Improving the utilization of screening mammography in primary care practices. *Arch Intern Med.* 1989 Sep;149(9):2087-92. PMID: 2774785. **X-6, X-9**
2754. Naughton J, Dorn J, Imamura D. Outcomes measurement in cardiac rehabilitation: the National Exercise and Heart Disease Project. *Journal of Rehabilitation Outcomes Measurement.* 2000;4(4):64-75. **X-6, X-7, X-9**
2755. Navarro AM, Senn KL, McNicholas LJ, et al. Por La Vida model intervention enhances use of cancer screening tests among Latinas. *Am J Prev Med.* 1998 Jul;15(1):32-41. PMID: 9651636. **X-9**
2756. Naylor MD, Brooten DA, Campbell RL, et al. Transitional care of older adults hospitalized with heart failure: a randomized, controlled trial. *J Am Geriatr Soc.* 2004 May;52(5):675-84. PMID: 15086645. **X-6**
2757. Neafsey PJ, Anderson E, Peabody S, et al. Beta testing of a network-based health literacy program tailored for older adults with hypertension. *Comput Inform Nurs.* 2008 Nov-Dec;26(6):311-9. PMID: 19047879. **X-6, X-7, X-9**
2758. Neafsey PJ, Shellman J. Adverse self-medication practices of older adults with hypertension attending blood pressure clinics: adverse self-medication practices. *Internet Journal of Advanced Nursing Practice.* 2001;5(1):15p. **X-2, X-4, X-6**
2759. Neal D, Magwood G, Jenkins C, et al. Racial disparity in the diagnosis of obesity among people with diabetes. *J Health Care Poor Underserved.* 2006 May;17(2 Suppl):106-15. PMID: 16809878. **X-2, X-4**
2760. Neiman GS, Savage HE. Development of infants and toddlers with clefts from birth to three years of age. *Cleft Palate-Craniofacial Journal.* 1997 May;34(3):218-25. PMID: 9167072. **X-2, X-4, X-5**
2761. Nekhlyudov L, Li R, Fletcher SW. Information and involvement preferences of women in their 40s before their first screening mammogram. *Arch Intern Med.* 2005 Jun 27;165(12):1370-4. PMID: 15983285. **X-2, X-4**
2762. Nelson J, Gould J. Hidden in the mirror: A reflective conversation about research with marginalized communities. *Reflective Practice.* 2005 Aug;6(3):327-39. **X-1, X-2, X-4**
2763. Nelson KA, Highstein GR, Garbutt J, et al. A randomized controlled trial of parental asthma coaching to improve outcomes among urban minority children. *Arch Pediatr Adolesc Med.* 2011 Jun;165(6):520-6. PMID: 21646584. **X-6, X-9**
2764. Nelson KM, Chapko MK, Reiber G, et al. The association between health insurance coverage and diabetes care; data from the 2000 Behavioral Risk Factor Surveillance System. *Health Serv Res.* 2005 Apr;40(2):361-72. PMID: 15762896. **X-2, X-4**
2765. Nelson M, Lean ME, Connor H, et al. Survey of dietetic provision for patients with diabetes. *Diabet Med.* 2000 Aug;17(8):565-71. PMID: 11073177. **X-2, X-3, X-4, X-6**
2766. Nerenz DR, Liu YW, Williams KL, et al. A simulation model approach to analysis of the business case for eliminating health care disparities. *BMC Med Res Methodol.* 2011;11:31. PMID: 21418594. **X-2, X-4**

2767. Netterstrom B, Blond M, Nielsen M, et al. Development of depressive symptoms and depression during organizational change--a two-year follow-up study of civil servants. *Scand J Work Environ Health*. 2010 Nov;36(6):445-8. PMID: 20686739. **X-2, X-3, X-4, X-6**
2768. Nettles A, Belton A. An overview of training curricula for diabetes peer educators. *Family Practice*. 2010 Jun;27:I33-I9. PMID: 19131580. **X-1, X-2, X-4**
2769. Newbould J, Smith F, Francis SA. 'I'm fine doing it on my own': partnerships between young people and their parents in the management of medication for asthma and diabetes. *J Child Health Care*. 2008 Jun;12(2):116-28. PMID: 18469296. **X-2, X-3, X-4, X-6**
2770. Newcomb PA, Klein R, Massoth KM. Education to increase ophthalmologic care in older onset diabetes patients: indications from the Wisconsin Epidemiologic Study of Diabetic Retinopathy. *J Diabetes Complications*. 1992 Oct-Dec;6(4):211-7. PMID: 1482778. **X-6, X-9**
2771. Newcomb PA, McGrath KW, Covington JK, et al. Barriers to patient-clinician collaboration in asthma management: the patient experience. *J Asthma*. 2010 Mar;47(2):192-7. PMID: 20170328. **X-2, X-4, X-6**
2772. Newcomer JW, Hennekens CH. Severe mental illness and risk of cardiovascular disease. *JAMA: Journal of the American Medical Association*. 2007 Oct;298(15):1794-6. **X-1, X-2, X-3, X-4, X-6**
2773. Newell A. When a diagnosis is elusive: new research program addresses rare diseases. *Nurs Womens Health*. 2008 Oct;12(5):436-7. PMID: 18837724. **X-1, X-2, X-4, X-5, X-6**
2774. Newlin K, Melkus GD, Jefferson V, et al. Recruitment of black women with type 2 diabetes into a self-management intervention trial. *Ethn Dis*. 2006 Autumn;16(4):956-62. PMID: 17061753. **X-2, X-4, X-7**
2775. Newlin K, Melkus GD, Tappen R, et al. Relationships of religion and spirituality to glycemic control in Black women with type 2 diabetes. *Nurs Res*. 2008 Sep-Oct;57(5):331-9. PMID: 18794717. **X-2, X-4**
2776. Newman JE, Sorenson JR, DeVellis BM, et al. Gender differences in psychosocial reactions to cystic fibrosis carrier testing. *Am J Med Genet*. 2002 Nov 22;113(2):151-7. PMID: 12407705. **X-2, X-4**
2777. Newman KD, Weaver MT. Insulin measurement and preparation among diabetic patients at a county hospital. *Nurse Pract*. 1994 Mar;19(3):44-5, 8. PMID: 8008262. **X-2, X-4, X-6**
2778. Newton AN, Ewer SR. Inpatient cancer treatment: an analysis of financial and nonfinancial performance measures by hospital-ownership type. *Journal of Health Care Finance*. 2010;37(2):56-80. **X-2, X-4, X-6**
2779. Ng SM, Li AM, Lou VW, et al. Incorporating family therapy into asthma group intervention: a randomized waitlist-controlled trial. *Fam Process*. 2008 Mar;47(1):115-30. PMID: 18411833. **X-3, X-6, X-7, X-9, X-10**

2780. Ngo VK, Asarnow JR, Lange J, et al. Outcomes for youths from racial-ethnic minority groups in a quality improvement intervention for depression treatment. *Psychiatr Serv.* 2009 Oct;60(10):1357-64. PMID: 19797376. **X-4**
2781. Nguyen BH, McPhee SJ, Stewart SL, et al. Colorectal cancer screening in Vietnamese Americans. *Journal of Cancer Education.* 2008 Jan;23(1):37-45. **X-2, X-4**
2782. Nguyen BH, Pham JT, Chew RA, et al. Effectiveness of continuing medical education in increasing colorectal cancer screening knowledge among Vietnamese American physicians. *J Health Care Poor Underserved.* 2010;21(2):568-81. PMID: 20453357. **X-7, X-9**
2783. Nguyen JD, Carson ML, Parris KM, et al. A comparison pilot study of public health field nursing home visitation program interventions for pregnant Hispanic adolescents. *Public Health Nurs.* 2003 Sep-Oct;20(5):412-8. PMID: 12930465. **X-7, X-9**
2784. Nguyen K, Zahran H, Iqbal S, et al. Factors associated with asthma control among adults in five New England states, 2006-2007. *J Asthma.* 2011 Aug;48(6):581-8. PMID: 21668319. **X-2, X-4**
2785. Nguyen T, Vo PH, McPhee SJ, et al. Promoting early detection of breast cancer among Vietnamese-American women. Results of a controlled trial. *Cancer.* 2001 Jan 1;91(1 Suppl):267-73. PMID: 11148592. **X-9**
2786. Nguyen TT, Le G, Nguyen T, et al. Breast cancer screening among Vietnamese Americans: a randomized controlled trial of lay health worker outreach. *Am J Prev Med.* 2009 Oct;37(4):306-13. PMID: 19765502. **X-9**
2787. Nguyen TT, Love MB, Liang C, et al. A pilot study of lay health worker outreach and colorectal cancer screening among Chinese Americans. *J Cancer Educ.* 2010 Sep;25(3):405-12. PMID: 20204570. **X-9**
2788. Nguyen TT, McPhee SJ, Bui-Tong N, et al. Community-based participatory research increases cervical cancer screening among Vietnamese-Americans. *J Health Care Poor Underserved.* 2006 May;17(2 Suppl):31-54. PMID: 16809874. **X-5**
2789. Nguyen TU, Tran JH, Kagawa-Singer M, et al. A qualitative assessment of community-based breast health navigation services for Southeast Asian women in Southern California: recommendations for developing a navigator training curriculum. *Am J Public Health.* 2011 Jan;101(1):87-93. PMID: 21088273. **X-2, X-4**
2790. Nguyen TUN, Tran JH, Kagawa-Singer M, et al. A Qualitative Assessment of Community-Based Breast Health Navigation Services for Southeast Asian Women in Southern California: Recommendations for Developing a Navigator Training Curriculum. *American Journal of Public Health.* 2011 Jan;101(1):87-93. PMID: 21088273. **X-2, X-4**
2791. Nichols C, Holt CL, Shipp M, et al. Physician knowledge, perceptions of barriers, and patient colorectal cancer screening practices. *Am J Med Qual.* 2009 Mar-Apr;24(2):116-22. PMID: 19233946. **X-2, X-4, X-6**
2792. Nichols LO, Martindale-Adams J, Greene WA, et al. Dementia caregivers' most pressing concerns. *Clinical Gerontologist.* 2009;32(1):1-14. **X-2, X-4, X-6**

2793. Nicholson TR, Taylor JP, Gosden C, et al. National guidelines for psychological care in diabetes: how mindful have we been? *Diabet Med.* 2009 Apr;26(4):447-50. PMID: 19388977. **X-2, X-3, X-4, X-6**
2794. Nicol ED, Fittall B, Roughton M, et al. NHS heart failure survey: a survey of acute heart failure admissions in England, Wales and Northern Ireland. *Heart.* 2008 Feb;94(2):172-7. PMID: 18003672. **X-2, X-3, X-4**
2795. Nicolucci A, Cavaliere D, Scorpiglione N, et al. A comprehensive assessment of the avoidability of long-term complications of diabetes. A case-control study. SID-AMD Italian Study Group for the Implementation of the St. Vincent Declaration. *Diabetes Care.* 1996 Sep;19(9):927-33. PMID: 8875084. **X-2, X-3, X-4**
2796. Nicolucci A, Cucinotta D, Squatrito S, et al. Clinical and socio-economic correlates of quality of life and treatment satisfaction in patients with type 2 diabetes. *Nutr Metab Cardiovasc Dis.* 2009 Jan;19(1):45-53. PMID: 18450436. **X-2, X-4**
2797. Nielsen BB. The nurse's role in mammography screening. *Cancer Nurs.* 1989 Oct;12(5):271-5. PMID: 2804962. **X-1, X-6, X-7, X-9**
2798. Nikkhou K. Prediabetes: an effective target for decreasing racial and ethnic health disparity. *Conn Med.* 2011 Jun-Jul;75(6):361-3. PMID: 21755854. **X-13**
2799. Ninan PT. Dissolving the burden of generalized anxiety disorder. *Journal of Clinical Psychiatry.* 2001;62:5-10. PMID: 11577790. **X-1, X-2, X-3, X-4, X-5, X-6**
2800. Noakes H. Perceptions of black African and African-Caribbean people regarding insulin. *Journal of Diabetes Nursing.* 2010;14(4):148. **X-2, X-4**
2801. Nobel J. Bridging the knowledge-action gap in diabetes: information technologies, physician incentives and consumer incentives converge. *Chronic Illn.* 2006 Mar;2(1):59-69. PMID: 17175683. **X-1, X-2, X-3, X-4**
2802. Nokes KM, Coleman CL, Cashen M, et al. Health literacy and health outcomes in HIV seropositive persons. *Research in Nursing & Health.* 2007 Dec;30(6):620-7. **X-2, X-4, X-5**
2803. Nolan T, Desmond K, Herlich R, et al. Knowledge of cystic fibrosis in patients and their parents. *Pediatrics.* 1986 Feb;77(2):229-35. PMID: 3945536. **X-2, X-4**
2804. Nordmann A, Frach B, Walker T, et al. Reliability of patients measuring blood pressure at home: prospective observational study. *BMJ.* 1999 Oct 30;319(7218):1172. PMID: 10541509. **X-1, X-6, X-7, X-9**
2805. Norekval TM, Fridlund B, Moons P, et al. Sense of coherence -- a determinant of quality of life over time in older female acute myocardial infarction survivors. *Journal of Clinical Nursing.* 2010;19(5-6):820-31. **X-2, X-4, X-6**
2806. Normand S-LT, Wolf RE, McNeil BJ. Discriminating quality of hospital care in the United States. *Medical Decision Making.* 2008 May-Jun;28(3):308-22. **X-2, X-4, X-6**
2807. Norr KF, Crittenden KS, Lehrer EL, et al. Maternal and infant outcomes at one year for a nurse-health advocate home visiting program serving African Americans and Mexican Americans. *Public Health Nurs.* 2003 May-Jun;20(3):190-203. PMID: 12716399. **X-9**

2808. Nothlings U, Boeing H, Maskarinec G, et al. Food intake of individuals with and without diabetes across different countries and ethnic groups. *Eur J Clin Nutr.* 2011 May;65(5):635-41. PMID: 21346715. **X-2, X-3, X-4**
2809. Nothwehr FK, Guare J, Marrero DG, et al. Sequencing diet and exercise programs for African American women with diabetes. *Diabetes Educ.* 2001 Mar-Apr;27(2):245-51. PMID: 11913007. **X-9**
2810. Nourjah P, Wagener DK, Eberhardt M, et al. Knowledge of risk factors and risk behaviors related to coronary heart disease among blue and white collar males. *J Public Health Policy.* 1994 Winter;15(4):443-59. PMID: 7883945. **X-2, X-4**
2811. Novato TS, Grossi SAA, Kimura M. Quality of life and self-esteem of adolescents with diabetes mellitus. *Acta Paulista de Enfermagem.* 2008;21(4):562-7. **X-2, X-3, X-4, X-6**
2812. Nte AR, Oruamabo RS. A seven-year audit of a diarrhoea training unit (DTU) in Port Harcourt, Nigeria. *Afr J Med Med Sci.* 2002 Mar;31(1):63-6. PMID: 12518933. **X-2, X-3, X-4, X-5, X-6**
2813. Nthangeni G, Steyn NP, Alberts M, et al. Dietary intake and barriers to dietary compliance in black type 2 diabetic patients attending primary health-care services. *Public Health Nutr.* 2002 Apr;5(2):329-38. PMID: 12020385. **X-2, X-3, X-4, X-6**
2814. Ntiri DW, Stewart M. Transformative learning intervention: effect on functional health literacy and diabetes knowledge in older African Americans. *Gerontol Geriatr Educ.* 2009;30(2):100-13. PMID: 19440898. **X-4**
2815. Ntiri DW, Stewart M. Recruitment challenges: Lessons from senior centers and older African-American participants in a literacy study. *Educational Gerontology.* 2010 Feb;36(2):148-54. **X-1, X-2, X-4**
2816. Nuno T, Martinez ME, Harris R, et al. A Promotora-administered group education intervention to promote breast and cervical cancer screening in a rural community along the U.S.-Mexico border: a randomized controlled trial. *Cancer Causes Control.* 2011 Mar;22(3):367-74. PMID: 21184267. **X-9**
2817. Nuraini E, Parker E. Improving knowledge of antenatal care (ANC) among pregnant women: a field trial in central Java, Indonesia. *Asia Pac J Public Health.* 2005;17(1):3-8. PMID: 16044824. **X-3, X-4**
2818. Nurss JR, el-Kebbi IM, Gallina DL, et al. Diabetes in urban African Americans: functional health literacy of municipal hospital outpatients with diabetes. *Diabetes Educ.* 1997 Sep-Oct;23(5):563-8. PMID: 9355373. **X-2, X-4**
2819. Nutting PA, Gallagher KM, Riley K, et al. Implementing a Depression Improvement Intervention in Five Health Care Organizations: Experience from the RESPECT-Depression Trial. *Administration and Policy in Mental Health and Mental Health Services Research.* 2007 Mar;34(2):127-37. **X-2, X-4, X-6**
2820. Nwasuruba C, Khan M, Egede LE. Racial/ethnic differences in multiple self-care behaviors in adults with diabetes. *Journal of General Internal Medicine.* 2007 Jan;22(1):115-20. **X-2, X-4**

2821. Nwasuruba C, Osuagwu C, Bae S, et al. Racial differences in diabetes self-management and quality of care in Texas. *J Diabetes Complications*. 2009 Mar-Apr;23(2):112-8. PMID: 18413179. **X-2, X-4**
2822. Obrador GT. Anemia of chronic kidney disease and end-stage renal disease: are there unique issues in disadvantaged populations? *Ethn Dis*. 2009 Spring;19(1 Suppl 1):S1-S2-5. PMID: 19484876. **X-1, X-2, X-4, X-5**
2823. O'Brien T, Denham SA. Diabetes care and education in rural regions. *Diabetes Educ*. 2008 Mar-Apr;34(2):334-47. PMID: 18375783. **X-1, X-2, X-3, X-4**
2824. Ocampo-Balabagno AV. Functional health performance outcomes of compliance to home instruction program after myocardial infarction. *Philippine Journal of Nursing*. 1999;69(3-4):20-9. **X-3, X-4, X-6**
2825. O'Connell AM, Crawford MH, Abrams J. Heart failure disease management in an indigent population. *Am Heart J*. 2001 Feb;141(2):254-8. PMID: 11174340. **X-4**
2826. O'Connor GT, Quinton HB, Kahn R, et al. Case-mix adjustment for evaluation of mortality in cystic fibrosis. *Pediatr Pulmonol*. 2002 Feb;33(2):99-105. PMID: 11802245. **X-2, X-4**
2827. O'Connor MJ, Whaley SE. Health care provider advice and risk factors associated with alcohol consumption following pregnancy recognition. *J Stud Alcohol*. 2006 Jan;67(1):22-31. PMID: 16536126. **X-2, X-4**
2828. O'Connor PJ, Desai J, Solberg LI, et al. Randomized trial of quality improvement intervention to improve diabetes care in primary care settings. *Diabetes Care*. 2005 Aug;28(8):1890-7. PMID: 16043728. **X-6, X-9**
2829. Odegard PS, Gray SL. Barriers to medication adherence in poorly controlled diabetes mellitus. *Diabetes Educ*. 2008 Jul-Aug;34(4):692-7. PMID: 18669811. **X-2, X-4**
2830. O'Dell K, O'Dell M. Socio-ecological resources for diabetes self-management. *J Miss State Med Assoc*. 2006 Apr;47(4):99-103. PMID: 17941211. **X-2, X-4**
2831. O'Dell K, O'Dell M, Taylor J. Access to medications and intermediate markers of health outcomes of a clinic population of patients with diabetes. *J Miss State Med Assoc*. 2008 Jun;49(6):170-3. PMID: 19295040. **X-6, X-7, X-9**
2832. O'Driscoll JM, Shave R, Cushion CJ. A National Health Service Hospital's cardiac rehabilitation programme: a qualitative analysis of provision. *J Clin Nurs*. 2007 Oct;16(10):1908-18. PMID: 17880480. **X-2, X-3, X-4, X-6**
2833. Oetzel J, De Vargas F, Ginossar T, et al. Hispanic women's preferences for breast health information: subjective cultural influences on source, message, and channel. *Health Commun*. 2007;21(3):223-33. PMID: 17567254. **X-2, X-4**
2834. Ofili E, Pemu PI, Gulaya V, et al. Targeting healthcare disparities: an integrated model to improve treatment rates of dyslipidemia in African American patients. *Curr Atheroscler Rep*. 2005 Jul;7(4):249-50. PMID: 15975316. **X-6, X-9**

2835. Ogce F, Ozkan S. Changes in functional status and physical and psychological symptoms in women receiving chemotherapy for breast cancer. *Asian Pac J Cancer Prev*. 2008 Jul-Sep;9(3):449-52. PMID: 18990020. **X-2, X-3, X-4, X-6**
2836. Ogedegbe G, Mancuso CA, Allegrante JP. Expectations of blood pressure management in hypertensive African-American patients: a qualitative study. *J Natl Med Assoc*. 2004 Apr;96(4):442-9. PMID: 15101664. **X-2, X-4**
2837. Oh EG, Bang SY, Hyun SS, et al. Effects of a 6-month lifestyle modification intervention on the cardiometabolic risk factors and health-related qualities of life in women with metabolic syndrome. *Metabolism*. 2010 Jul;59(7):1035-43. PMID: 20045151. **X-3, X-4, X-5, X-6**
2838. Ohldin A, Young B, Derleth A, et al. Ethnic differences in satisfaction and quality of life in veterans with ischemic heart disease. *J Natl Med Assoc*. 2004 Jun;96(6):799-808. PMID: 15233490. **X-2, X-4**
2839. Okelo SO, Patino CM, Hansel NN, et al. Use of asthma specialist care in high-risk inner-city Black children. *Pediatric Asthma, Allergy & Immunology*. 2007;20(4):255-62. **X-2, X-4**
2840. Okuyama T, Akechi T, Yamashita H, et al. Reliability and validity of the Japanese version of the Short-form Supportive Care Needs Survey questionnaire (SCNS-SF34-J). *Psychooncology*. 2009 Sep;18(9):1003-10. PMID: 19177464. **X-2, X-3, X-4, X-6**
2841. Okuyama T, Nakane Y, Endo C, et al. Mental health literacy in Japanese cancer patients: Ability to recognize depression and preferences of treatment--Comparison with Japanese lay public. *Psycho-Oncology*. 2007 Sep;16(9):834-42. PMID: 17120276. **X-2, X-3, X-4, X-6**
2842. Oladele CR, Barnett E. Racial/Ethnic and social class differences in preventive care practices among persons with diabetes. *BMC Public Health*. 2006;6:259. PMID: 17052356. **X-2, X-4**
2843. Olaya W, Wong J, Morgan JW, et al. Factors associated with variance in compliance with a sentinel lymph node dissection quality measure in early-stage breast cancer. *Ann Surg Oncol*. 2010 Oct;17 Suppl 3:297-302. PMID: 20853050. **X-2, X-4**
2844. Oldfield SR, Dreher HM. The Concept of Health Literacy Within the Older Adult Population. *Holistic Nursing Practice*. 2010 Jul-Aug;24(4):204-12. PMID: 20588129. **X-1, X-2, X-3, X-4, X-5**
2845. Oleske DM, Galvez A, Cobleigh MA, et al. Are tri-ethnic low-income women with breast cancer effective teachers of the importance of breast cancer screening to their first-degree relatives? Results from a randomized clinical trial. *Breast J*. 2007 Jan-Feb;13(1):19-27. PMID: 17214789. **X-6, X-7, X-9**
2846. Olfson M, Gameroff MJ, Marcus SC, et al. Outpatient treatment of child and adolescent depression in the United States. *Arch Gen Psychiatry*. 2003 Dec;60(12):1236-42. PMID: 14662556. **X-2, X-4, X-6**

2847. Olivares R. Important considerations in iron management and nutritional status in select hemodialysis populations. *Nephrol Nurs J*. 2007 Jul-Aug;34(4):425-32; quiz 33-4. PMID: 17891911. **X-1, X-6, X-7, X-9**
2848. Oliver RC, Brown LJ, Loe H. Periodontal diseases in the United States population. *J Periodontol*. 1998 Feb;69(2):269-78. PMID: 9526927. **X-1, X-2, X-4, X-5**
2849. Olley BO. Improving well-being through psycho-education among voluntary counseling and testing seekers in Nigeria: a controlled outcome study. *AIDS Care*. 2006 Nov;18(8):1025-31. PMID: 17012095. **X-3, X-4, X-5, X-6**
2850. Olowu JA, Sowunmi A, Abohweyere AE. Congenital malaria in a hyperendemic area: a revisit. *Afr J Med Med Sci*. 2000 Sep-Dec;29(3-4):211-3. PMID: 11713991. **X-2, X-3, X-4**
2851. Olsen B, Berg CA, Wiebe D. Dissimilarity in mother and adolescent illness representations of type 1 diabetes and negative emotional adjustment. *Psychology & Health*. 2008;23(1):113-29. **X-2, X-4, X-6**
2852. Olshansky E, Sacco D, Fitzgerald K, et al. Living with diabetes: normalizing the process of managing diabetes. *Diabetes Educ*. 2008 Nov-Dec;34(6):1004-12. PMID: 19075082. **X-2, X-4, X-6**
2853. Olson R, Sabogal F, Perez A. Viva la Vida: helping Latino Medicare beneficiaries with diabetes live their lives to the fullest. *Am J Public Health*. 2008 Feb;98(2):205-8. PMID: 18172150. **X-11, X-12**
2854. Olsson I, Dahl AA. Personality problems are considerably associated with somatic morbidity and health care utilisation. *Eur Psychiatry*. 2009 Oct;24(7):442-9. PMID: 19540726. **X-2, X-3, X-4, X-5, X-6**
2855. Omar MA, Schiffman RF. Satisfaction and adequacy of prenatal care utilization among rural low-income women. *Outcomes Management for Nursing Practice*. 2000;4(2):91-6. **X-2, X-4**
2856. Omoigberale AI, Sadoh WE, Nwaneri DU. A 4 year review of neonatal outcome at the University of Benin Teaching Hospital, Benin City. *Niger J Clin Pract*. 2010 Sep;13(3):321-5. PMID: 20857794. **X-2, X-3, X-4, X-6**
2857. O'Neill MS. Helping schoolchildren with asthma breathe easier: partnerships in community-based environmental health education. *Environ Health Perspect*. 1996 May;104(5):464-6. PMID: 8743428. **X-1, X-2, X-4**
2858. Onwudiwe NC, Mullins CD, Winston RA, et al. Barriers to self-management of diabetes: a qualitative study among low-income minority diabetics. *Ethn Dis*. 2011 Winter;21(1):27-32. PMID: 21462726. **X-2, X-4**
2859. Onyirimba F, Apter A, Reisine S, et al. Direct clinician-to-patient feedback discussion of inhaled steroid use: its effect on adherence. *Ann Allergy Asthma Immunol*. 2003 Apr;90(4):411-5. PMID: 12722963. **X-4**
2860. Opuni KA, Smith PB, Arvey H, et al. The Northeast Adolescent Project: a collaborative effort to address teen-age pregnancy in Houston, Texas. *J Sch Health*. 1994 May;64(5):212-4. PMID: 8078317. **X-6, X-9**

2861. O'Reilly CL, Bell JS, Chen TF. Pharmacists' beliefs about treatments and outcomes of mental disorders: a mental health literacy survey. *Aust N Z J Psychiatry*. 2010 Dec;44(12):1089-96. PMID: 21070104. **X-2, X-3, X-4**
2862. Oreskovic S, Bozicevic I, Mastilica M, et al. Health-care resource use by asthmatics in Croatia. *J Asthma*. 2002 Jun;39(4):351-8. PMID: 12095186. **X-2, X-3, X-4**
2863. Ornstein S, Jenkins RG, Nietert PJ, et al. A multimethod quality improvement intervention to improve preventive cardiovascular care: a cluster randomized trial. *Ann Intern Med*. 2004 Oct 5;141(7):523-32. PMID: 15466769. **X-6**
2864. Ornstein SM, Garr DR, Jenkins RG, et al. Computer-generated physician and patient reminders. Tools to improve population adherence to selected preventive services. *J Fam Pract*. 1991 Jan;32(1):82-90. PMID: 1985140. **X-9**
2865. Orona CJ, Koenig BA, Davis AJ. Cultural aspects of nondisclosure. *Camb Q Healthc Ethics*. 1994 Summer;3(3):338-46. PMID: 7994457. **X-6, X-7, X-9**
2866. Orvik E, Johansen OE, Gullestad L, et al. Health-related quality of life in patients with type 2 diabetes compared to their spouses: substudy of the Asker Baerum Cardiovascular Diabetes Study. *European Diabetes Nursing*. 2006;3(1):21-6. **X-3, X-6, X-7, X-9**
2867. Osborn CY, Amico KR, Cruz N, et al. A brief culturally tailored intervention for Puerto Ricans with type 2 diabetes. *Health Educ Behav*. 2010 Dec;37(6):849-62. PMID: 21076128. **X-3, X-9, X-10**
2868. Osborn CY, Bains SS, Egede LE. Health literacy, diabetes self-care, and glycemic control in adults with type 2 diabetes. *Diabetes Technol Ther*. 2010 Nov;12(11):913-9. PMID: 20879964. **X-2, X-4**
2869. Osborn CY, Cavanaugh K, Wallston KA, et al. Self-efficacy links health literacy and numeracy to glycemic control. *J Health Commun*. 2010;15 Suppl 2:146-58. PMID: 20845200. **X-2, X-4**
2870. Osborn CY, Egede LE. Validation of an information-motivation-behavioral skills model of diabetes self-care (IMB-DSC). *Patient Education and Counseling*. 2010 Apr;79(1):49-54. PMID: 19699601. **X-2, X-4, X-6**
2871. Osborn CY, Paasche-Orlow MK, Bailey SC, et al. The mechanisms linking health literacy to behavior and health status. *Am J Health Behav*. 2011 Jan-Feb;35(1):118-28. PMID: 20950164. **X-2, X-4**
2872. Osborn CY, Rivet Amico K, Fisher WA, et al. An information-motivation-behavioral skills analysis of diet and exercise behavior in Puerto Ricans with diabetes. *J Health Psychol*. 2010 Nov;15(8):1201-13. PMID: 20453056. **X-2, X-3, X-4**
2873. Osganian SK, Zapka JG, Feldman HA, et al. Use of emergency medical services for suspected acute cardiac ischemia among demographic and clinical patient subgroups: the REACT trial. *Rapid Early Action for Coronary Treatment*. *Prehosp Emerg Care*. 2002 Apr-Jun;6(2):175-85. PMID: 11962564. **X-7**
2874. Osime OC, Okojie O, Aigbekaen ET, et al. Knowledge attitude and practice about breast cancer among civil servants in Benin City, Nigeria. *Ann Afr Med*. 2008 Dec;7(4):192-7. PMID: 19623922. **X-2, X-3, X-4, X-6**

2875. Osinski M. Part 1: workforce. More nephrologists eyeing evolving subspecialty. *Nephrol News Issues*. 2009 Jan;23(1):42, 4, 54-5. PMID: 19235358. **X-1, X-2, X-3, X-4, X-5, X-6**
2876. Oster NV, Welch V, Schild L, et al. Differences in self-management behaviors and use of preventive services among diabetes management enrollees by race and ethnicity. *Dis Manag*. 2006 Jun;9(3):167-75. PMID: 16764534. **X-2, X-4**
2877. Otero-Sabogal R, Arretz D, Siebold S, et al. Physician-community health worker partnering to support diabetes self-management in primary care. *Qual Prim Care*. 2010;18(6):363-72. PMID: 21294977. **X-4**
2878. Otsuki M, Eakin MN, Rand CS, et al. Adherence feedback to improve asthma outcomes among inner-city children: A randomized trial. *Pediatrics*. 2009 Dec;124(6):1513-21. PMID: 19948623. **X-9**
2879. Ovbiagele B, Hutchison P, Handschumacher L, et al. Educating and mobilizing youth to detect undiagnosed elevated blood pressure: searching for the silent killer. *Ethn Dis*. 2008 Winter;18(1):84-8. PMID: 18447105. **X-4, X-8**
2880. Ovbiagele B, Hutchison P, Handschumacher L, et al. Impact of an urban community hypertension screening program on participating high school students. *Ethn Dis*. 2011 Winter;21(1):68-73. PMID: 21462733. **X-4, X-7, X-10**
2881. Overberg R, Otten W, de Man A, et al. How breast cancer patients want to search for and retrieve information from stories of other patients on the internet: an online randomized controlled experiment. *J Med Internet Res*. 2010;12(1):e7. PMID: 20215101. **X-3, X-4, X-6**
2882. Overby KJ, Lo B, Litt IF. Knowledge and concerns about acquired immunodeficiency syndrome and their relationship to behavior among adolescents with hemophilia. *Pediatrics*. 1989 Feb;83(2):204-10. PMID: 2783626. **X-2, X-4, X-5, X-6**
2883. Overland JE, Hoskins PL, McGill MJ, et al. Low literacy: a problem in diabetes education. *Diabet Med*. 1993 Nov;10(9):847-50. PMID: 8281731. **X-2, X-4**
2884. Overstreet KM, Moore DE, Jr., Kristofco RE, et al. Addressing disparities in diagnosing and treating depression: a promising role for continuing medical education. *J Contin Educ Health Prof*. 2007 Fall;27 Suppl 1:S5-8. PMID: 18085580. **X-1, X-2, X-4**
2885. Owen WF, Jr., Szczech LA, Frankenfield DL. Healthcare system interventions for inequality in quality: corrective action through evidence-based medicine. *J Natl Med Assoc*. 2002 Aug;94(8 Suppl):83S-91S. PMID: 12152918. **X-1, X-6, X-7, X-9**
2886. Owens B. A test of the self-help model and use of complementary and alternative medicine among Hispanic women during treatment for breast cancer. *Oncol Nurs Forum*. 2007 Jul;34(4):E42-50. PMID: 17723972. **X-2, X-4**
2887. Owens B, Jackson M, Berndt A. Complementary therapy used by Hispanic women during treatment for breast cancer. *J Holist Nurs*. 2009 Sep;27(3):167-76. PMID: 19372389. **X-2, X-4**
2888. Owens CS. Diabetes and obesity risks in African American young adult freshmen attending a historically Black college/university. *Journal of Health Care for the Poor and Underserved*. 2008 Nov;19(4):1096-118. PMID: 19029739. **X-2, X-4**

2889. Ozkan S, Ogce F. Psychometric analysis of the Inventory of Functional Status--Cancer (IFS-CA) in Turkish women. *J Transcult Nurs*. 2009 Apr;20(2):187-93. PMID: 19164650. **X-2, X-3, X-4, X-6**
2890. Ozminkowski RJ, White AJ, Hassol A, et al. Minimizing racial disparity regarding receipt of a cadaver kidney transplant. *Am J Kidney Dis*. 1997 Dec;30(6):749-59. PMID: 9398117. **X-2, X-4**
2891. Paasche-Orlow M. Caring for patients with limited health literacy: a 76-year-old man with multiple medical problems. *JAMA*. 2011 Sep 14;306(10):1122-9. PMID: 21828309. **X-1, X-2, X-4, X-5, X-6**
2892. Paasche-Orlow MK, Riekert KA, Bilderback A, et al. Tailored education may reduce health literacy disparities in asthma self-management. *Am J Respir Crit Care Med*. 2005 Oct 15;172(8):980-6. PMID: 16081544. **X-2, X-4**
2893. Paasche-Orlow MK, Wolf MS. The causal pathways linking health literacy to health outcomes. *American Journal of Health Behavior*. 2007 Sep-Oct;31:S19-S26. PMID: 17931132 **X-1, X-2, X-3, X-4, X-5, X-6**
2894. Pacquiao D. The relationship between cultural competence education and increasing diversity in nursing schools and practice settings. *Journal of Transcultural Nursing*. 2007 Jan;18(1):28S-37S. PMID: 17204813 **X-1, X-2, X-3, X-4, X-5, X-6**
2895. Pakseresht M, Mead E, Gittelsohn J, et al. Awareness of chronic disease diagnosis amongst family members is associated with healthy dietary knowledge but not behaviour amongst Inuit in Arctic Canada. *J Hum Nutr Diet*. 2010 Oct;23 Suppl 1:100-9. PMID: 21158968. **X-2, X-3, X-4, X-5, X-6**
2896. Palhares LC, Gallani MBJ, Gemignani T, et al. Quality of life, dyspnea and ventricular function in patients with hypertension. *Journal of Advanced Nursing*. 2010;66(10):2287-96. **X-2, X-4, X-6**
2897. Palinkas LA, Ell K, Hansen M, et al. Sustainability of collaborative care interventions in primary care settings. *Journal of Social Work*. 2011 2011 Jan 01;11(1):99-117. **X-2, X-4**
2898. Palta M, Sadek-Badawi M, Evans M, et al. Functional assessment of a multicenter very low-birth-weight cohort at age 5 years. Newborn Lung Project. *Arch Pediatr Adolesc Med*. 2000 Jan;154(1):23-30. PMID: 10632246. **X-2, X-4, X-5, X-6**
2899. Pamies RJ, Nsiah-Kumi PA. Multicultural medicine and ensuring good health for all. *Ethn Dis*. 2006 Spring;16(2 Suppl 3):S3-14-20. PMID: 16774019. **X-1, X-2, X-3, X-4, X-5, X-6**
2900. Pan A-W, Chung L, Chen T-J, et al. Occupational Competence, Environmental Support and Quality of Life for People with Depression: A Path Analysis. *American Journal of Psychiatric Rehabilitation*. 2011 2011 Jan-Mar;14(1):40-54. **X-2, X-4, X-6**
2901. Pandhi N, Smith MA, Kind AJ, et al. The quality of diabetes care following hospitalization for ischemic stroke. *Cerebrovasc Dis*. 2009;27(3):235-40. PMID: 19176956. **X-2, X-4**

2902. Pandit AU, Tang JW, Bailey SC, et al. Education, literacy, and health: Mediating effects on hypertension knowledge and control. *Patient Educ Couns*. 2009 Jun;75(3):381-5. PMID: 19442477. **X-2, X-4**
2903. Panieri E, Lazarus D, Dent DM, et al. A study of the patient factors affecting reconstruction after mastectomy for breast carcinoma. *Am Surg*. 2003 Feb;69(2):95-7. PMID: 12641345. **X-2, X-4**
2904. Panpakdee O, Hanucharurnkul S, Sritanyarat W, et al. Self-care process in Thai people with hypertension: an emerging model. *Thai Journal of Nursing Research*. 2003;7(2):121-36. **X-2, X-3, X-4, X-6**
2905. Paquette IM, Kemp JA, Finlayson SR. Patient and hospital factors associated with use of sphincter-sparing surgery for rectal cancer. *Dis Colon Rectum*. 2010 Feb;53(2):115-20. PMID: 20087084. **X-2, X-4**
2906. Parboosingh J, Inhaber S. A catalyst for change in communication skills: the Canadian Breast Cancer Initiative. *Cancer Prev Control*. 1999 Feb;3(1):19-24. PMID: 10474748. **X-1, X-2, X-3, X-4, X-6**
2907. Parchman ML, Flannagan D, Ferrer RL, et al. Communication competence, self-care behaviors and glucose control in patients with type 2 diabetes. *Patient Educ Couns*. 2009 Oct;77(1):55-9. PMID: 19359125. **X-2, X-4**
2908. Pardhan S, Mahomed I. Knowledge, self-help and socioeconomic factors in South Asian and Caucasian diabetic patients. *Eye (Lond)*. 2004 May;18(5):509-13. PMID: 15131683. **X-2, X-4**
2909. Paris CA, Imperatore G, Klingensmith G, et al. Predictors of insulin regimens and impact on outcomes in youth with type 1 diabetes: the SEARCH for Diabetes in Youth study. *J Pediatr*. 2009 Aug;155(2):183-9 e1. PMID: 19394043. **X-2, X-4**
2910. Pariser D, O'Hanlon A. Effects of telephone intervention on arthritis self-efficacy, depression, pain, and fatigue in older adults with arthritis. *J Geriatr Phys Ther*. 2005;28(3):67-73. PMID: 16386168. **X-4, X-5, X-6**
2911. Park S, Sappenfield WM, Bish C, et al. Assessment of the Institute of Medicine recommendations for weight gain during pregnancy: Florida, 2004-2007. *Matern Child Health J*. 2011 Apr;15(3):289-301. PMID: 20306221. **X-2, X-4, X-6**
2912. Parker EA, Israel BA, Robins TG, et al. Evaluation of Community Action Against Asthma: a community health worker intervention to improve children's asthma-related health by reducing household environmental triggers for asthma. *Health Educ Behav*. 2008 Jun;35(3):376-95. PMID: 17761540. **X-6, X-7, X-9**
2913. Parker RM, Williams MV, Weiss BD, et al. Health literacy - Report of the Council on Scientific Affairs. *Jama-Journal of the American Medical Association*. 1999 Feb;281(6):552-7. PMID: 10022112. **X-1, X-2, X-3, X-4, X-5, X-6**
2914. Parker W. Black-white infant mortality disparity in the United States: a societal litmus test. *Public Health Reports*. 2003;118(4):336-7. **X-1, X-2, X-4**

2915. Parkerton PH, Smith DG, Belin TR, et al. Physician performance assessment: nonequivalence of primary care measures. *Med Care*. 2003 Sep;41(9):1034-47. PMID: 12972843. **X-2, X-4, X-6**
2916. Parks CP. Development of a hypertension educational pamphlet for the black community: a model approach. *Health Educ*. 1988 Oct-Nov;19(5):8-12. PMID: 3152254. **X-13**
2917. Parks JK, Diaz-Arrastia R, Gentilello LM, et al. Postinjury employment as a surrogate for functional outcomes: a quality indicator for trauma systems. *Baylor University Medical Center Proceedings*. 2010;23(4):355-8. **X-2, X-4, X-5, X-6**
2918. Parry KK, Mobley T, Allen O. Use of folk treatments for diabetic plantar ulcers among African Americans with Type II diabetes. *International Journal of Rehabilitation & Health*. 1996;2(4):265-75. **X-2, X-4**
2919. Parvin IA, Ahmad SA, Islam MN. Knowledge about inhaler use among the chronic asthma patients in selected hospitals. *Bangladesh Med Res Counc Bull*. 2011 Aug;37(2):47-50. PMID: 21877604. **X-1, X-2, X-3, X-4**
2920. Paschal AM, Lewis RK, Martin A, et al. Evaluating the impact of a hypertension program for African Americans. *J Natl Med Assoc*. 2006 Apr;98(4):607-15. PMID: 16623074. **X-9**
2921. Paskett E, Tatum C, Rushing J, et al. Randomized trial of an intervention to improve mammography utilization among a triracial rural population of women. *J Natl Cancer Inst*. 2006 Sep 6;98(17):1226-37. PMID: 16954475. **X-7, X-9**
2922. Paskett ED, Case LD, Masten KB, et al. Breast cancer screening education in the workplace. *J Cancer Educ*. 1994 Summer;9(2):101-4. PMID: 7917893. **X-2, X-4, X-10**
2923. Paskett ED, DeGraffinreid C, Tatum CM, et al. The recruitment of African-Americans to cancer prevention and control studies. *Prev Med*. 1996 Sep-Oct;25(5):547-53. PMID: 8888322. **X-5, X-7, X-10**
2924. Paskett ED, Tatum C, Rushing J, et al. Racial differences in knowledge, attitudes, and cancer screening practices among a triracial rural population. *Cancer*. 2004 Dec 1;101(11):2650-9. PMID: 15505784. **X-2, X-4**
2925. Paskett ED, Tatum C, Wilson A, et al. Use of a photoessay to teach low-income African American women about mammography. *J Cancer Educ*. 1996 Winter;11(4):216-20. PMID: 8989635. **X-4**
2926. Paskett ED, Tatum CM, D'Agostino R, Jr., et al. Community-based interventions to improve breast and cervical cancer screening: results of the Forsyth County Cancer Screening (FoCaS) Project. *Cancer Epidemiol Biomarkers Prev*. 1999 May;8(5):453-9. PMID: 10350442. **X-8, X-9**
2927. Patel K, Larson C, Hargreaves M, et al. Community screening outcomes for diabetes, hypertension, and cholesterol: Nashville REACH 2010 project. *J Ambul Care Manage*. 2010 Apr-Jun;33(2):155-62. PMID: 20228639. **X-2, X-4**

2928. Patel UD, Ou FS, Ohman EM, et al. Hospital performance and differences by kidney function in the use of recommended therapies after non-ST-elevation acute coronary syndromes. *Am J Kidney Dis.* 2009 Mar;53(3):426-37. PMID: 19100672. **X-2, X-4, X-5, X-6**
2929. Paul VK, Sachdev HS, Mavalankar D, et al. Reproductive health, and child health and nutrition in India: meeting the challenge. *Lancet.* 2011 Jan 22;377(9762):332-49. PMID: 21227494. **X-1, X-2, X-3, X-4, X-5, X-6**
2930. Paulson JF, Dauber SE, Leiferman JA. Parental Depression, Relationship Quality, and Nonresident Father Involvement With Their Infants. *Journal of Family Issues.* 2011;32(4):528-49. **X-2, X-4, X-5, X-6**
2931. Paulus SM. Warthen v. Toms River Community Memorial Hospital. *Issues Law Med.* 1986 May;1(6):479-82. PMID: 11644049. **X-1, X-2, X-3, X-4, X-5, X-6**
2932. Pavlish CL, Noor S, Brandt J. Somali immigrant women and the American health care system: Discordant beliefs, divergent expectations, and silent worries. *Social Science & Medicine.* 2010 Jul;71(2):353-61. PMID: 20494500 **X-2, X-4, X-5**
2933. Paz SH, Liu HH, Fongwa MN, et al. Readability estimates for commonly used health-related quality of life surveys. *Quality of Life Research.* 2009 Sep;18(7):889-900. PMID: 19590979 **X-2, X-3, X-4, X-5, X-6**
2934. Paz SH, Varma R, Klein R, et al. Noncompliance with vision care guidelines in Latinos with type 2 diabetes mellitus: the Los Angeles Latino Eye Study. *Ophthalmology.* 2006 Aug;113(8):1372-7. PMID: 16769120. **X-2, X-4**
2935. Pearce CW, Hawkins JW, Carver-Chase D, et al. Comprehensive interdisciplinary care: making a difference in pregnancy outcomes for Hispanic women. *Public Health Nurs.* 1996 Dec;13(6):416-24. PMID: 9111806. **X-9**
2936. Peddle CJ, Plotnikoff RC, Wild TC, et al. Medical, demographic, and psychosocial correlates of exercise in colorectal cancer survivors: an application of self-determination theory. *Support Care Cancer.* 2008 Jan;16(1):9-17. PMID: 17569994. **X-2, X-4, X-6**
2937. Peek ME, Wagner J, Tang H, et al. Self-reported racial discrimination in health care and diabetes outcomes. *Med Care.* 2011 Jul;49(7):618-25. PMID: 21478770. **X-2, X-4**
2938. Peek ME, Wilson SC, Gorawara-Bhat R, et al. Barriers and facilitators to shared decision-making among African-Americans with diabetes. *J Gen Intern Med.* 2009 Oct;24(10):1135-9. PMID: 19578818. **X-2, X-4**
2939. Peele PB, Siminoff LA, Xu Y, et al. Decreased use of adjuvant breast cancer therapy in a randomized controlled trial of a decision aid with individualized risk information. *Med Decis Making.* 2005 May-Jun;25(3):301-7. PMID: 15951457. **X-1, X-6, X-7, X-9**
2940. Peiris D, Murray J, Scully D, et al. Cardiovascular risk management at a Maori-led Primary Health Organisation--findings from a cross-sectional audit. *N Z Med J.* 2008 Nov 14;121(1285):35-46. PMID: 19079435. **X-2, X-3, X-4**
2941. Peleg R, Gehtman P, Blancovich I, et al. Outcomes of an intervention programme for treatment of asthma in a primary care clinic for Bedouins in southern Israel. *Fam Pract.* 2002 Oct;19(5):448-51. PMID: 12356692. **X-3**

2942. Pemminati S, Prabha Adhikari MR, Pathak R, et al. Prevalence of metabolic syndrome (METS) using IDF 2005 guidelines in a semi urban south Indian (Bolor Diabetes Study) population of Mangalore. *J Assoc Physicians India*. 2010 Nov;58:674-7. PMID: 21510460. **X-2, X-3, X-4, X-6**
2943. Pendleton L, House WC. Preferences for treatment approaches in medical care. College students versus diabetic outpatients. *Med Care*. 1984 Jul;22(7):644-6. PMID: 6748782. **X-2, X-4, X-5, X-6**
2944. Peniston EG, Kulkosky PJ. Alpha-theta brainwave training and beta-endorphin levels in alcoholics. *Alcohol Clin Exp Res*. 1989 Apr;13(2):271-9. PMID: 2524976. **X-4, X-5, X-6**
2945. Pennell P, Leclercq B, Delahunty MI, et al. The utility of non-HDL in managing dyslipidemia of stage 5 chronic kidney disease. *Clin Nephrol*. 2006 Nov;66(5):336-47. PMID: 17140163. **X-6, X-7, X-9**
2946. Pereira A, Niggebrugge A, Powles J, et al. Potential generation of geographical inequities by the introduction of primary percutaneous coronary intervention for the management of ST segment elevation myocardial infarction. *Int J Health Geogr*. 2007;6:43. PMID: 17888181. **X-2, X-3, X-4, X-6**
2947. Pereira JL, Koski S, Hanson J, et al. Internet usage among women with breast cancer: an exploratory study. *Clin Breast Cancer*. 2000 Jul;1(2):148-53; discussion 54-5. PMID: 11899653. **X-2, X-4, X-6**
2948. Perez M, Findley SE, Mejia M, et al. The impact of community health worker training and programs in NYC. *J Health Care Poor Underserved*. 2006 Feb;17(1 Suppl):26-43. PMID: 16520505. **X-9**
2949. Perraud S, Fogg L, Kopytko E, et al. Predictive validity of the Depression Coping Self-Efficacy Scale (DCSES). *Res Nurs Health*. 2006 Apr;29(2):147-60. PMID: 16532479. **X-2, X-4, X-6**
2950. Perrin EC, Sack S. Health and development of gay and lesbian youths: Implications for HIV/AIDS. *Aids Patient Care and Stds*. 1998 Apr;12(4):303-13. PMID: 11361957. **X-1, X-2, X-4, X-5**
2951. Perrin KM, Burke SG, O'Connor D, et al. Factors contributing to intervention fidelity in a multi-site chronic disease self-management program. *Implementation Science*. 2006;1PMID: 17067388 **X-1, X-2, X-3, X-4, X-6**
2952. Perrin PB, Johnston A, Vogel B, et al. A culturally sensitive Transition Assistance Program for stroke caregivers: examining caregiver mental health and stroke rehabilitation. *J Rehabil Res Dev*. 2010;47(7):605-17. PMID: 21110257. **X-4, X-5, X-6**
2953. Perry E, Swartz J, Brown S, et al. Peer mentoring: a culturally sensitive approach to end-of-life planning for long-term dialysis patients. *Am J Kidney Dis*. 2005 Jul;46(1):111-9. PMID: 15983964. **X-6, X-7, X-9**
2954. Perry H, Berggren W, Berggren G, et al. Long-term reductions in mortality among children under age 5 in rural Haiti: effects of a comprehensive health system in an impoverished setting. *Am J Public Health*. 2007 Feb;97(2):240-6. PMID: 17194853. **X-2, X-3, X-4, X-5**

2955. Persell SD, Keating NL, Landrum MB, et al. Relationship of diabetes-specific knowledge to self-management activities, ambulatory preventive care, and metabolic outcomes. *Prev Med*. 2004 Oct;39(4):746-52. PMID: 15351541. **X-2, X-4, X-6**
2956. Persell SD, Osborn CY, Richard R, et al. Limited health literacy is a barrier to medication reconciliation in ambulatory care. *J Gen Intern Med*. 2007 Nov;22(11):1523-6. PMID: 17786521. **X-2, X-4**
2957. Persky V, Turyk M, Piorkowski J, et al. Inner-city asthma: the role of the community. *Chest*. 2007 Nov;132(5 Suppl):831S-9S. PMID: 17998347. **X-1, X-2, X-3, X-4, X-6**
2958. Peters AL, Legorreta AP, Ossorio RC, et al. Quality of outpatient care provided to diabetic patients. A health maintenance organization experience. *Diabetes Care*. 1996 Jun;19(6):601-6. PMID: 8725859. **X-2, X-4, X-6**
2959. Peters DP. Colon cancer screening: recommendations and barriers to patient participation. *Nurse Pract*. 2008 Dec;33(12):14-20; quiz 1. PMID: 19057341. **X-1, X-2, X-3, X-4, X-6**
2960. Peters KF, Kong F, Horne R, et al. Living with Marfan syndrome I. Perceptions of the condition. *Clin Genet*. 2001 Oct;60(4):273-82. PMID: 11683773. **X-2, X-4, X-5, X-6**
2961. Peters RM, Jr. XML: defining the transition from paper to digital records. *J AHIMA*. 2000 Jan;71(1):34-8; quiz 9-40. PMID: 11009647. **X-1, X-2, X-3, X-4, X-5, X-6**
2962. Peters RM, Benkert R, Butler K, et al. Provider adherence to JNC 7 guidelines and blood pressure outcomes in African Americans. *Journal of Clinical Outcomes Management*. 2007;14(1):32-40. **X-2, X-4**
2963. Peters RM, Olsen KL. Kidney disease awareness among high-risk African Americans. *American Journal for Nurse Practitioners*. 2010;14(3):40-7. **X-2, X-4**
2964. Peters RM, Templin TN. Measuring blood pressure knowledge and self-care behaviors of African Americans. *Res Nurs Health*. 2008 Dec;31(6):543-52. PMID: 18491375. **X-2, X-4**
2965. Peters RM, Templin TN. Theory of planned behavior, self-care motivation, and blood pressure self-care. *Res Theory Nurs Pract*. 2010;24(3):172-86. PMID: 20949834. **X-2, X-4**
2966. Peterson ED, Bynum DZ, Roe MT. Association of evidence-based care processes and outcomes among patients with acute coronary syndromes: performance matters. *J Cardiovasc Nurs*. 2008 Jan-Feb;23(1):50-5. PMID: 18158508. **X-6, X-9**
2967. Peterson ED, Shah BR, Parsons L, et al. Trends in quality of care for patients with acute myocardial infarction in the National Registry of Myocardial Infarction from 1990 to 2006. *Am Heart J*. 2008 Dec;156(6):1045-55. PMID: 19032998. **X-2, X-4**
2968. Peterson NB, Dwyer KA, Mulvaney SA, et al. The influence of health literacy on colorectal cancer screening knowledge, beliefs and behavior. *J Natl Med Assoc*. 2007 Oct;99(10):1105-12. PMID: 17987913. **X-2, X-4**

2969. Peterson PN, Shetterly SM, Clarke CL, et al. Health literacy and outcomes among patients with heart failure. *JAMA*. 2011 Apr 27;305(16):1695-701. PMID: 21521851. **X-2, X-4**
2970. Peterson-Sweeney K, McMullen A, Yoos HL, et al. Impact of asthma education received from health care providers on parental illness representation in childhood asthma. *Res Nurs Health*. 2007 Apr;30(2):203-12. PMID: 17380521. **X-6, X-7, X-9**
2971. Petrazzuoli F, Soler JK, Buono N, et al. Quality of care for hypertensive patients with type 2 diabetes in a rural area of Southern Italy: is the recording of patient data and the achievement of quality indicators targets satisfactory? *Rural Remote Health*. 2010 Jul-Sep;10(3):1258. PMID: 20843159. **X-2, X-3, X-4, X-6**
2972. Petri M, Spence D, Bone LR, et al. Coronary artery disease risk factors in the Johns Hopkins Lupus Cohort: prevalence, recognition by patients, and preventive practices. *Medicine (Baltimore)*. 1992 Sep;71(5):291-302. PMID: 1522805. **X-2, X-4, X-6**
2973. Petrides P, Petermann F, Henrichs HR, et al. Coping with employment discrimination against diabetics: trends in social medicine and social psychology. *Patient Educ Couns*. 1995 Sep;26(1-3):203-8. PMID: 7494723. **X-2, X-3, X-4, X-6**
2974. Petterson T, Dornan TL, Albert T, et al. Are information leaflets given to elderly people with diabetes easy to read? *Diabet Med*. 1994 Jan-Feb;11(1):111-3. PMID: 8181240. **X-2, X-3, X-4, X-6**
2975. Peveler RC, Davies BA, Mayou RA, et al. Self-care behaviour and blood glucose control in young adults with type 1 diabetes mellitus. *Diabet Med*. 1993 Jan-Feb;10(1):74-80. PMID: 8435992. **X-2, X-4**
2976. Peyrot M, Rubin RR. Levels and risks of depression and anxiety symptomatology among diabetic adults. *Diabetes Care*. 1997 Apr;20(4):585-90. PMID: 9096984. **X-6, X-7, X-9**
2977. Peyrot M, Rubin RR, Kruger DF, et al. Correlates of insulin injection omission. *Diabetes Care*. 2010 Feb;33(2):240-5. PMID: 20103556. **X-2, X-4**
2978. Pham HH, Schrag D, Hargraves JL, et al. Delivery of Preventive Services to Older Adults by Primary Care Physicians. *JAMA: Journal of the American Medical Association*. 2005 Jul;294(4):473-81. PMID: 16046654. **X-2, X-4**
2979. Pham JC, Kelen GD, Pronovost PJ. National study on the quality of emergency department care in the treatment of acute myocardial infarction and pneumonia. *Acad Emerg Med*. 2007 Oct;14(10):856-63. PMID: 17898249. **X-2, X-4, X-6**
2980. Philip EJ, DuHamel K, Jandorf L. Evaluating the impact of an educational intervention to increase CRC screening rates in the African American community: a preliminary study. *Cancer Causes Control*. 2010 Oct;21(10):1685-91. PMID: 20535541. **X-9**
2981. Philis-Tsimikas A, Walker C. Improved care for diabetes in underserved populations. *J Ambul Care Manage*. 2001 Jan;24(1):39-43. PMID: 11189795. **X-9**
2982. Philis-Tsimikas A, Walker C, Rivard L, et al. Improvement in diabetes care of underinsured patients enrolled in project dulce: a community-based, culturally appropriate, nurse case management and peer education diabetes care model. *Diabetes Care*. 2004 Jan;27(1):110-5. PMID: 14693975. **X-9**

2983. Phillippi JC. Women's Perceptions of Access to Prenatal Care in the United States: A Literature Review. *Journal of Midwifery & Womens Health*. 2009 May-Jun;54(3):219-25. PMID: 19410214 **X-1, X-2, X-3, X-4, X-6**
2984. Phillips CE, Rothstein JD, Beaver K, et al. Patient navigation to increase mammography screening among inner city women. *Journal of General Internal Medicine*. 2011 Feb;26(2):123-9. PMID: 20931294. **X-9**
2985. Phillips JM. Breast cancer and African American women: moving beyond fear, fatalism, and silence. *Oncol Nurs Forum*. 1999 Jul;26(6):1001-7. PMID: 10420418. **X-1, X-6, X-7, X-9**
2986. Phillips KA, Kerlikowske K, Baker LC, et al. Factors associated with women's adherence to mammography screening guidelines. *Health Serv Res*. 1998 Apr;33(1):29-53. PMID: 9566176. **X-2, X-4**
2987. Phillips LS. Diabetes: update on management and treatment. *Ethn Dis*. 2003 Summer;13(3 Suppl 3):S3-32-3. PMID: 14552446. **X-1, X-2, X-3, X-4, X-6**
2988. Phillips LS, Ziemer DC, Doyle JP, et al. An endocrinologist-supported intervention aimed at providers improves diabetes management in a primary care site: improving primary care of African Americans with diabetes (IPCAAD) 7. *Diabetes Care*. 2005 Oct;28(10):2352-60. PMID: 16186262. **X-9**
2989. Phillips P, Wilson D, Beilby J, et al. Diabetes complications and risk factors in an Australian population. How well are they managed? *Int J Epidemiol*. 1998 Oct;27(5):853-9. PMID: 9839743. **X-2, X-3, X-4, X-6**
2990. Phillips RSC. Preventing depression: a program for African American elders with chronic pain. *Family & Community Health*. 2000;22(4):57-65. **X-5**
2991. Philp F, Lucock MP, Wilson AR. Primary care-based guided self-help for depression provided by a nurse practitioner: a pilot evaluation. *Primary Care Mental Health*. 2006;4(3):159-64. **X-4, X-6**
2992. Phinney A, Wallhagen M. Recognizing and understanding the symptoms of type 2 diabetes. *Can J Nurs Res*. 2003 Dec;35(4):108-24. PMID: 14746124. **X-2, X-4**
2993. Piane G. A comparison of the effect of a hypertension education program among black and white participants. *J Health Care Poor Underserved*. 1990 Fall;1(2):243-53. PMID: 2130904. **X-11, X-12**
2994. Pichert JW, McClellan LH, Larson C, et al. Development and evaluation of a bible college-based course on faith and health. *J Ambul Care Manage*. 2006 Apr-Jun;29(2):141-50. PMID: 16552323. **X-1, X-2, X-4, X-5**
2995. Pierce DK, Connor SL, Sexton G, et al. Knowledge of and attitudes toward coronary heart disease and nutrition in Oregon families. *Prev Med*. 1984 Jul;13(4):390-5. PMID: 6504867. **X-2, X-4, X-6**
2996. Pierce-Bulger M, Nighswander T. Nutaqsiivik--an approach to reducing infant mortality using quality improvement principles. *Qual Manag Health Care*. 2001 Spring;9(3):40-6. PMID: 11372502. **X-5**

2997. Piette JD. Patient education via automated calls: a study of English and Spanish speakers with diabetes. *Am J Prev Med.* 1999 Aug;17(2):138-41. PMID: 10490057. **X-4, X-7**
2998. Piette JD. Satisfaction with automated telephone disease management calls and its relationship to their use. *Diabetes Educ.* 2000 Nov-Dec;26(6):1003-10. PMID: 11912804. **X-10**
2999. Piette JD, Lange I, Issel M, et al. Use of telephone care in a cardiovascular disease management programme for type 2 diabetes patients in Santiago, Chile. *Chronic Illn.* 2006 Jun;2(2):87-96. PMID: 17175652. **X-2, X-3, X-4**
3000. Piette JD, Mah CA. The feasibility of automated voice messaging as an adjunct to diabetes outpatient care. *Diabetes Care.* 1997 Jan;20(1):15-21. PMID: 9028687. **X-4, X-6**
3001. Piette JD, McPhee SJ, Weinberger M, et al. Use of automated telephone disease management calls in an ethnically diverse sample of low-income patients with diabetes. *Diabetes Care.* 1999 Aug;22(8):1302-9. PMID: 10480775. **X-7, X-9**
3002. Piette JD, Richardson C, Himle J, et al. A randomized trial of telephonic counseling plus walking for depressed diabetes patients. *Med Care.* 2011 Jul;49(7):641-8. PMID: 21478777. **X-6, X-9**
3003. Piette JD, Schillinger D, Potter MB, et al. Dimensions of patient-provider communication and diabetes self-care in an ethnically diverse population. *J Gen Intern Med.* 2003 Aug;18(8):624-33. PMID: 12911644. **X-2, X-4**
3004. Piette JD, Wagner TH, Potter MB, et al. Health insurance status, cost-related medication underuse, and outcomes among diabetes patients in three systems of care. *Med Care.* 2004 Feb;42(2):102-9. PMID: 14734946. **X-2, X-4**
3005. Piette JD, Weinberger M, McPhee SJ, et al. Do automated calls with nurse follow-up improve self-care and glycemic control among vulnerable patients with diabetes? *Am J Med.* 2000 Jan;108(1):20-7. PMID: 11059437. **X-9**
3006. Pike EV, Richmond CM, Hobson A, et al. Development and evaluation of an integrated asthma awareness curriculum for the elementary school classroom. *J Urban Health.* 2011 Feb;88 Suppl 1:61-7. PMID: 21337052. **X-4, X-6**
3007. Pilkington FB, Daiski I, Bryant T, et al. The experience of living with diabetes for low-income Canadians. *Canadian Journal of Diabetes.* 2010;34(2):119-26. **X-2, X-3, X-4**
3008. Pinar R, Arslanoglu I, Isguven P, et al. Self-efficacy and its interrelation with family environment and metabolic control in Turkish adolescents with type 1 diabetes. *Pediatr Diabetes.* 2003 Dec;4(4):168-73. PMID: 14710777. **X-2, X-3, X-4**
3009. Pineda RG. Predictors of breastfeeding and breastmilk feeding among very low birth weight infants. *Breastfeed Med.* 2011 Feb;6(1):15-9. PMID: 20807105. **X-2, X-4**
3010. Pineda RG, Foss J, Richards L, et al. Breastfeeding changes for VLBW infants in the NICU following staff education. *Neonatal Netw.* 2009 Sep-Oct;28(5):311-9. PMID: 19720595. **X-5, X-6**

3011. Pinhas-Hamiel O, Zeitler P. Barriers to the treatment of adolescent type 2 diabetes--a survey of provider perceptions. *Pediatr Diabetes*. 2003 Mar;4(1):24-8. PMID: 14655520. **X-2, X-4, X-6**
3012. Pinnock H, Sheikh A. Primary care research and clinical practice: respiratory disease. *Postgrad Med J*. 2009 Feb;85(1000):74-9. PMID: 19329701. **X-1, X-2, X-3, X-4, X-5, X-6**
3013. Pinzon-Perez H, Mountcastle K. Proposed recommendations for health policies in childhood diabetes prevention in the Dominican Republic: implications for nursing. *Hispanic Health Care International*. 2010;8(3):165-73. **X-1, X-2, X-3, X-4, X-5**
3014. Piper CN, Elder K, Glover S, et al. Asthma management plans for children can lead to a healthier life. *Ethn Dis*. 2008 Spring;18(2):238. PMID: 18507283. **X-1, X-2, X-3, X-4, X-6**
3015. Piper CN, Elder K, Glover S, et al. Racial influences associated with asthma management among children in the United States. *Ethn Dis*. 2008 Spring;18(2):225-7. PMID: 18507278. **X-2, X-4**
3016. Piper CN, Elder K, Glover S, et al. Disparities between asthma management and insurance type among children. *J Natl Med Assoc*. 2010 Jul;102(7):556-61. PMID: 20690318. **X-2, X-4**
3017. Pipkin M, Eggers PW, Larive B, et al. Recruitment and training for home hemodialysis: experience and lessons from the Nocturnal Dialysis Trial. *Clin J Am Soc Nephrol*. 2010 Sep;5(9):1614-20. PMID: 20576829. **X-2, X-4, X-6**
3018. Pisu M, Azuero A, Meneses K, et al. Out of pocket cost comparison between Caucasian and minority breast cancer survivors in the Breast Cancer Education Intervention (BCEI). *Breast Cancer Res Treat*. 2011 Jun;127(2):521-9. PMID: 20976542. **X-2, X-10**
3019. Pittrof R, Goodburn E. Should we change the focus of health promotion in sexual health clinics? *Sex Health*. 2010 Dec;7(4):407-10. PMID: 21062578. **X-1, X-2, X-3, X-4, X-5, X-6**
3020. Plaza CI. Finance, pharmaceuticals issue brief: mandated benefits: diabetes coverage requirements: year end report-2003. *Issue Brief Health Policy Track Serv*. 2003 Dec 31:1-8. PMID: 14870750. **X-1, X-2, X-3, X-4, X-6**
3021. Plescia M, Groblewski M. A community-oriented primary care demonstration project: refining interventions for cardiovascular disease and diabetes. *Ann Fam Med*. 2004 Mar-Apr;2(2):103-9. PMID: 15083848. **X-2, X-4, X-6**
3022. Plescia M, Groblewski M, Chavis L. A lay health advisor program to promote community capacity and change among change agents. *Health Promot Pract*. 2008 Oct;9(4):434-9. PMID: 17105806. **X-2, X-4, X-5, X-6**
3023. Plescia M, Herrick H, Chavis L. Improving health behaviors in an African American community: the Charlotte Racial and Ethnic Approaches to Community Health project. *Am J Public Health*. 2008 Sep;98(9):1678-84. PMID: 18633087. **X-9, X-10**

3024. Pliskin NH, Yurk HM, Ho LT, et al. Neurocognitive function in chronic hemodialysis patients. *Kidney International*. 1996 May;49(5):1435-40. PMID: 8731111 **X-2, X-3, X-4, X-6**
3025. Poduval RD, Wolgemuth C, Ferrell J, et al. Hyperphosphatemia in dialysis patients: is there a role for focused counseling? *J Ren Nutr*. 2003 Jul;13(3):219-23. PMID: 12874747. **X-2, X-4**
3026. Polikandrioti M, Evaggelou E, Zerva S, et al. Evaluation of depression in patients undergoing chemotherapy. *Health Science Journal*. 2008;2(3):162-72. **X-2, X-4, X-5, X-6**
3027. Politi MC, Clark MA, Ombao H, et al. Communicating uncertainty can lead to less decision satisfaction: a necessary cost of involving patients in shared decision making? *Health Expectations*. 2011 Mar;14(1):84-91. PMID: 20860780. **X-2, X-4, X-5, X-6**
3028. Pollock JB, Jaffery JB. Knowledge of phosphorus compared with other nutrients in maintenance dialysis patients. *J Ren Nutr*. 2007 Sep;17(5):323-8. PMID: 17720101. **X-2, X-4**
3029. Polonsky WH, Fisher L, Earles J, et al. Assessing psychosocial distress in diabetes: development of the diabetes distress scale. *Diabetes Care*. 2005 Mar;28(3):626-31. PMID: 15735199. **X-2, X-4, X-6**
3030. Polonsky WH, Fisher L, Guzman S, et al. Are patients' initial experiences at the diagnosis of type 2 diabetes associated with attitudes and self-management over time? *Diabetes Educ*. 2010 Sep-Oct;36(5):828-34. PMID: 20729511. **X-2, X-4, X-6**
3031. Polonsky WH, Jelsovsky Z, Panzera S, et al. Primary care physicians identify and act upon glycemic abnormalities found in structured, episodic blood glucose monitoring data from non-insulin-treated type 2 diabetes. *Diabetes Technol Ther*. 2009 May;11(5):283-91. PMID: 19425876. **X-2, X-4, X-6**
3032. Polzer RL. African Americans and diabetes: spiritual role of the health care provider in self-management. *Res Nurs Health*. 2007 Apr;30(2):164-74. PMID: 17380517. **X-2, X-4**
3033. Polzer RL, Miles MS. Spirituality in African Americans with diabetes: self-management through a relationship with God. *Qual Health Res*. 2007 Feb;17(2):176-88. PMID: 17220389. **X-2, X-4**
3034. Pomerantz KL, Muhammad AA, Downey S, et al. Connecting for health literacy: health information partners. *Health Promot Pract*. 2010 Jan;11(1):79-88. PMID: 18544664. **X-1, X-2, X-3, X-4, X-5, X-6**
3035. Pomeroy EC, Green DL, Laningham LV. Couples who care: the effectiveness of a psychoeducational group intervention for HIV serodiscordant couples. *Research on Social Work Practice*. 2002;12(2):238-52. **X-5, X-6**
3036. Pommier BE. Factors affecting learning in a coronary artery disease rehabilitation class. *Rehabil Nurs*. 1992 Mar-Apr;17(2):64-7. PMID: 1553418. **X-6, X-10**
3037. Ponzio MG, Gucciardi E, Weiland M, et al. Gender, ethnocultural, and psychosocial barriers to diabetes self-management in Italian women and men with type 2 diabetes. *Behavioral Medicine*. 2006 Win;31(4):153-60. **X-2, X-3, X-4**

3038. Popkess-Vawter S. The adult living with diabetes mellitus. *Nurs Clin North Am*. 1983 Dec;18(4):777-89. PMID: 6557515. **X-1, X-2, X-3, X-4, X-5, X-6**
3039. Popoola MM. Living with diabetes: The holistic experiences of Nigerians and African Americans. *Holist Nurs Pract*. 2005 Jan-Feb;19(1):10-6. PMID: 15736725. **X-2, X-4, X-5**
3040. Porter SJ, Chapman-Novakofski KM, Scherer JA. Your Guide to Diet and Diabetes: web-based diabetes education tailored to Hispanics. *J Nutr Educ Behav*. 2009 Sep-Oct;41(5):374-6. PMID: 19717123. **X-1, X-7, X-9**
3041. Porterfield DS, Kinsinger L. Quality of care for uninsured patients with diabetes in a rural area. *Diabetes Care*. 2002 Feb;25(2):319-23. PMID: 11815503. **X-2, X-4**
3042. Portnoy DB, Roter D, Erby LH. The role of numeracy on client knowledge in BRCA genetic counseling. *Patient Educ Couns*. 2010 Oct;81(1):131-6. PMID: 19854023. **X-2, X-4**
3043. Portnoy JM, Jennings D. Utilization patterns in an asthma intervention. *Ann Allergy Asthma Immunol*. 2006 Jul;97(1 Suppl 1):S25-30. PMID: 16892768. **X-6, X-9**
3044. Poss J, Jezewski MA. The role and meaning of susto in Mexican Americans' explanatory model of type 2 diabetes. *Med Anthropol Q*. 2002 Sep;16(3):360-77. PMID: 12227261. **X-2, X-4**
3045. Poss JE, Jezewski MA, Stuart AG. Home remedies for type 2 diabetes used by Mexican Americans in El Paso, Texas. *Clin Nurs Res*. 2003 Nov;12(4):304-23. PMID: 14620689. **X-2, X-4**
3046. Postma JM, Smalley K, Ybarra V, et al. The feasibility and acceptability of a home-visitation, asthma education program in a rural, Latino/a population. *J Asthma*. 2011 Mar;48(2):139-46. PMID: 21043988. **X-4, X-8, X-9, X-10**
3047. Poston WS, 2nd, Haddock CK, Olvera NE, et al. Evaluation of a culturally appropriate intervention to increase physical activity. *Am J Health Behav*. 2001 Jul-Aug;25(4):396-406. PMID: 11488550. **X-5**
3048. Potvin L, Cargo M, McComber AM, et al. Implementing participatory intervention and research in communities: lessons from the Kahnawake Schools Diabetes Prevention Project in Canada. *Soc Sci Med*. 2003 Mar;56(6):1295-305. PMID: 12600366. **X-1, X-2, X-3, X-4, X-6**
3049. Poulsen B, Graversen HP, Beckmann J, et al. A comparative study of post-operative psychosocial function in women with primary operable breast cancer randomized to breast conservation therapy or mastectomy. *Eur J Surg Oncol*. 1997 Aug;23(4):327-34. PMID: 9315062. **X-2, X-4, X-6**
3050. Poureslami I, Rootman I, Doyle-Waters MM, et al. Health literacy, language, and ethnicity-related factors in newcomer asthma patients to Canada: a qualitative study. *J Immigr Minor Health*. 2011 Apr;13(2):315-22. PMID: 20938742. **X-2, X-3, X-4**
3051. Povar GJ, Mantell M, Morris LA. Patients' therapeutic preferences in an ambulatory care setting. *Am J Public Health*. 1984 Dec;74(12):1395-7. PMID: 6507693. **X-2, X-4, X-5**

3052. Povlsen L, Olsen B, Ladelund S. Educating families from ethnic minorities in type 1 diabetes-experiences from a Danish intervention study. *Patient Educ Couns*. 2005 Nov;59(2):164-70. PMID: 16257621. **X-3, X-4**
3053. Povlsen L, Olsen B, Ladelund S. Diabetes in children and adolescents from ethnic minorities: barriers to education, treatment and good metabolic control. *J Adv Nurs*. 2005 Jun;50(6):576-82. PMID: 15926962. **X-2, X-3, X-4**
3054. Povlsen L, Olsen B, Ladelund S. Educating families from ethnic minorities in type 1 diabetes--experiences from a Danish intervention study. *Patient Education and Counseling*. 2005 Nov;59(2):164-70. PMID: 16257621. **X-14**
3055. Powe BD, Cooper DL, Harmond L, et al. Comparing knowledge of colorectal and prostate cancer among African American and Hispanic men. *Cancer Nurs*. 2009 Sep-Oct;32(5):412-7. PMID: 19661793. **X-2, X-4**
3056. Powe BD, Daniels EC, Finnie R, et al. Perceptions about breast cancer among African American women: do selected educational materials challenge them? *Patient Educ Couns*. 2005 Feb;56(2):197-204. PMID: 15653249. **X-2, X-4**
3057. Powe BD, Finnie R, Ko J. Enhancing knowledge of colorectal cancer among African Americans: why are we waiting until age 50? *Gastroenterol Nurs*. 2006 Jan-Feb;29(1):42-9. PMID: 16552299. **X-2, X-4**
3058. Powe BD, Ntekop E, Barron M. An intervention study to increase colorectal cancer knowledge and screening among community elders. *Public Health Nurs*. 2004 Sep-Oct;21(5):435-42. PMID: 15363024. **X-6, X-9**
3059. Powe BD, Underwood S, Canales M, et al. Perceptions about breast cancer among college students: implications for nursing education. *J Nurs Educ*. 2005 Jun;44(6):257-65. PMID: 16021802. **X-2, X-4, X-5, X-6**
3060. Powe BD, Weinrich S. An intervention to decrease cancer fatalism among rural elders. *Oncol Nurs Forum*. 1999 Apr;26(3):583-8. PMID: 10214599. **X-4, X-6**
3061. Powell CK, Hill EG, Clancy DE. The relationship between health literacy and diabetes knowledge and readiness to take health actions. *The Diabetes Educator*. 2007 Jan-Feb;33(1):144-51. PMID: 17272800. **X-2, X-4**
3062. Powell ME, Carter V, Bonsi E, et al. Increasing mammography screening among African American women in rural areas. *Journal of Health Care for the Poor and Underserved*. 2005 Nov;16(4,SupplA):11-21. PMID: 16327093. **X-7, X-9**
3063. 3064. Power J, Brown L, Ritvo P. A qualitative study examining psychosocial distress, coping, and social support across the stages and phases of epithelial ovarian cancer. *Health Care Women Int*. 2008 Apr;29(4):366-83. PMID: 18389433. **X-2, X-4, X-5, X-6**
3064. Powers BJ, King JL, Ali R, et al. The Cholesterol, Hypertension, and Glucose Education (CHANGE) study for African Americans with diabetes: study design and methodology. *Am Heart J*. 2009 Sep;158(3):342-8. PMID: 19699855. **X-1, X-9**
3065. Press J, Fagan J, Bernd E. Child care, work, and depressive symptoms among low-income mothers. *Journal of Family Issues*. 2006;27(5):609-32. **X-2, X-4, X-5**

3066. Press VG, Pincavage AT, Pappalardo AA, et al. The Chicago Breathe Project: a regional approach to improving education on asthma inhalers for resident physicians and minority patients. *J Natl Med Assoc.* 2010 Jul;102(7):548-55. PMID: 20690317. **X-1, X-4, X-7, X-9**
3067. Price CS, Spence SH, Sheffield J, et al. The development and psychometric properties of a measure of social and adaptive functioning for children and adolescents. *J Clin Child Adolesc Psychol.* 2002 Mar;31(1):111-22. PMID: 11845643. **X-2, X-4, X-5, X-6**
3068. Pridham K, Brown R, Clark R, et al. Effect of guided participation on feeding competencies of mothers and their premature infants. *Res Nurs Health.* 2005 Jun;28(3):252-67. PMID: 15884024. **X-4, X-5**
3069. Pridham K, Melby JN, Brown R, et al. The contribution of infant, maternal, and family conditions to maternal feeding competencies. *Parenting: Science & Practice.* 2010 2010 Jan-Mar;10(1):18-42. **X-2, X-4, X-5**
3070. Primm AB, Cabot D, Pettis J, et al. The acceptability of a culturally-tailored depression education videotape to African Americans. *J Natl Med Assoc.* 2002 Nov;94(11):1007-16. PMID: 12443007. **X-4**
3071. Primo CC, Costa, Sipioni RM, et al. Using the International Classification for Nursing Practice in the care of women with mastectomy. *Acta Paulista de Enfermagem.* 2010;23(6):803-10. **X-2, X-3, X-4, X-5, X-6**
3072. Prins MA, Verhaak PF, Smolders M, et al. Patient factors associated with guideline-concordant treatment of anxiety and depression in primary care. *J Gen Intern Med.* 2010 Jul;25(7):648-55. PMID: 20049547. **X-2, X-3, X-4, X-6**
3073. Prisant LM. Fixed low-dose combination therapy: current recommendations. *Manag Care.* 2003 Aug;12(8 Suppl Hypertension):45-50. PMID: 12971592. **X-1, X-2, X-3, X-4, X-6**
3074. Pritchard DA, Hyndman J, Taba F. Nutritional counselling in general practice: a cost effective analysis. *J Epidemiol Community Health.* 1999 May;53(5):311-6. PMID: 10396539. **X-3**
3075. Pulgaron ER, Salamon KS, Patterson CA, et al. A problem-solving intervention for children with persistent asthma: a pilot of a randomized trial at a pediatric summer camp. *J Asthma.* 2010 Nov;47(9):1031-9. PMID: 20858029. **X-4, X-6**
3076. Pulignano G, Del Sindaco D, Minardi G, et al. Translation and validation of the Italian version of the European Heart Failure Self-care Behaviour Scale. *J Cardiovasc Med (Hagerstown).* 2010 Jul;11(7):493-8. PMID: 20407384. **X-2, X-3, X-4**
3077. Purmort J, Coady MH, Bucciarelli A, et al. Asthma education in a subsidized preschool setting. *J Health Care Poor Underserved.* 2008 Nov;19(4):1241-7. PMID: 19029749. **X-7, X-9**
3078. Pushaw J. A conversation with Janice Pushaw. *Manag Care Interface.* 2003;Suppl C:18-20. PMID: 14569633. **X-1, X-2, X-3, X-4, X-6**

3079. Putkonen H, Weizmann-Henelius G, Collander J, et al. Neonaticides may be more preventable and heterogeneous than previously thought - neonaticides in Finland 1980-2000. *Arch Womens Ment Health*. 2007 Feb;10(1):15-23. PMID: 17216371. **X-2, X-3, X-4, X-5, X-6**
3080. Pyatak E. Participation in occupation and diabetes self-management in emerging adulthood. *Am J Occup Ther*. 2011 Jul-Aug;65(4):462-9. PMID: 21834462. **X-2, X-4**
3081. Qaseem A, Snow V, Denberg TD, et al. Using Second-Generation Antidepressants to Treat Depressive Disorders: A Clinical Practice Guideline from the American College of Physicians. *Annals of Internal Medicine*. 2008 Nov;149(10):725-U10. PMID: 19017591 **X-1, X-2, X-3, X-4, X-6**
3082. Qin DB, Way N, Rana M. The “model minority” and their discontent: examining peer discrimination and harassment of Chinese American immigrant youth. *New Dir Child Adolesc Dev*. 2008 Fall;2008(121):27-42. PMID: 18792949. **X-2, X-4, X-5**
3083. Quandt SA, Bell RA, Snively BM, et al. Dietary fat reduction behaviors among African American, American Indian, and white older adults with diabetes. *J Nutr Elder*. 2009 Apr;28(2):143-57. PMID: 20396599. **X-2, X-4**
3084. Quillin JM, McClish DK, Jones RM, et al. Duration of an intervention’s impact on perceived breast cancer risk. *Health Educ Behav*. 2008 Dec;35(6):855-65. PMID: 19011219. **X-6, X-7, X-9**
3085. Quillin JM, Silberg J, Jones RM, et al. Tolerance for ambiguity could influence awareness of breast cancer genetic testing and inform health education. *Cancer Causes Control*. 2008 Dec;19(10):1227-32. PMID: 18592383. **X-2, X-4, X-5**
3086. Quimbo SA, Peabody JW, Shimkhada R, et al. Evidence of a causal link between health outcomes, insurance coverage, and a policy to expand access: experimental data from children in the Philippines. *Health Econ*. 2011 May;20(5):620-30. PMID: 20540042. **X-3**
3087. Quinley JC, Shih A. Improving Physician Coverage of Pneumococcal Vaccine: A Randomized Trial of a Telephone Intervention. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*. 2004 Apr;29(2):103-15. PMID: 15065730. **X-9**
3088. Quinn G, Vadapampil S, Wilson C, et al. Attitudes of high-risk women toward preimplantation genetic diagnosis. *Fertil Steril*. 2009 Jun;91(6):2361-8. PMID: 18440521. **X-2, X-4, X-5, X-6**
3089. Quinn GP, McIntyre J, Vadapampil ST. Preferences for Hereditary Breast and Ovarian Cancer Information among Mexican, Cuban and Puerto Rican Women at Risk. *Public Health Genomics*. 2011;14(4-5):248-58. PMID: 20150724. **X-2, X-4**
3090. Quinn MT, Cook S, Nash K, et al. Addressing religion and spirituality in African Americans with diabetes. *Diabetes Educ*. 2001 Sep-Oct;27(5):643-4, 7-8, 55. PMID: 12212014. **X-1, X-6, X-7, X-9**
3091. Quinn MT, McNabb WL. Training lay health educators to conduct a church-based weight-loss program for African American women. *Diabetes Educ*. 2001 Mar-Apr;27(2):231-8. PMID: 11913005. **X-5**

3092. Quinn RR, Laupacis A, Hux JE, et al. Predicting the risk of 1-year mortality in incident dialysis patients: accounting for case-mix severity in studies using administrative data. *Med Care*. 2011 Mar;49(3):257-66. PMID: 21301370. **X-2, X-3, X-4, X-6**
3093. Radnai M, Pal A, Novak T, et al. Benefits of periodontal therapy when preterm birth threatens. *J Dent Res*. 2009 Mar;88(3):280-4. PMID: 19329465. **X-4, X-6**
3094. Rafique G, Shaikh F. Identifying needs and barriers to diabetes education in patients with diabetes. *J Pak Med Assoc*. 2006 Aug;56(8):347-52. PMID: 16967784. **X-2, X-3, X-4, X-6**
3095. Raftopoulos V. Pain, satisfaction with quality of pain management and depressive symptoms in elderly hospitalized patients. *ICUs & Nursing Web Journal*. 2005 2005 Jan-Mar(21):17p. **X-2, X-3, X-4, X-6**
3096. Ragnarson Tennvall G, Apelqvist J. Health-related quality of life in patients with diabetes mellitus and foot ulcers. *J Diabetes Complications*. 2000 Sep-Oct;14(5):235-41. PMID: 11113684. **X-2, X-4, X-6**
3097. Rahim-Williams B. Beliefs, behaviors, and modifications of type 2 diabetes self-management among African American women. *J Natl Med Assoc*. 2011 Mar;103(3):203-15. PMID: 21671524. **X-2, X-4**
3098. Rahim-Williams B, Tomar S, Blanchard S, et al. Influences of adult-onset diabetes on orofacial pain and related health behaviors. *J Public Health Dent*. 2010 Spring;70(2):85-92. PMID: 19765201. **X-2, X-4, X-6**
3099. Rahman AA, Daud WNW, Sulaiman SA, et al. The impact of knowledge and sociodemographic factors on the dangerous use of herbal medicines during pregnancy in Tumpat district. *International Medical Journal*. 2008;15(3):209-12. **X-2, X-3, X-4**
3100. Rahman SM, Dignan MB, Shelton BJ. Factors influencing adherence to guidelines for screening mammography among women aged 40 years and older. *Ethn Dis*. 2003 Fall;13(4):477-84. PMID: 14632267. **X-2, X-4**
3101. Rai S, Kivisalu T, Rabheru K, et al. Electroconvulsive therapy clinical database: a standardized approach in tertiary care psychiatry. *J ECT*. 2010 Dec;26(4):304-9. PMID: 20357667. **X-1, X-2, X-4, X-5, X-6**
3102. Rainis T, Halloun L, Keren D, et al. Colorectal cancer among Arab-Israeli women--possible reasons for increased incidence and mortality. *J Gastrointest Cancer*. 2010 Jun;41(2):130-4. PMID: 20108055. **X-3**
3103. Raiz L, Monroe J. Employment post-transplant: a biopsychosocial analysis. *Soc Work Health Care*. 2007;45(3):19-37. PMID: 17855228. **X-2, X-4**
3104. Ramirez AG. Hypertension in Hispanic Americans: Overview of the population. *Public Health Reports*. 1996;111:25-6. PMID: 8898766. **X-1, X-2, X-4**
3105. Ramirez M, Teresi J, Holmes D. A comparison of characteristics of white and African-American participants of adult day health care centers in New York State. *Journal of Social Work in Long-Term Care*. 2002;1(1):89-106. **X-2, X-4, X-5**

3106. Ramos E, Goncalves MS, Bensi CG, et al. Spirituality correlates positively with higher quality of life and negatively with depression in low income Brazilian cancer patients. *Supportive & Palliative Cancer Care*. 2006;3(1):15-8. **X-2, X-3, X-4, X-5, X-6**
3107. Ramsden VR, Shuaib A, Reeder BA, et al. Risk factor awareness: a randomized telephone survey of public knowledge. *Can J Public Health*. 1994 Sep-Oct;85 Suppl 2:S57-60. PMID: 7804953. **X-2, X-3, X-4, X-5, X-6**
3108. Rance K, O’Laughlen M, Ting S. Improving asthma care for African American children by increasing national asthma guideline adherence. *J Pediatr Health Care*. 2011 Jul-Aug;25(4):235-49. PMID: 21700138. **X-6, X-9**
3109. Rankin D, Heller S, Lawton J. Understanding information and education gaps among people with type 1 diabetes: a qualitative investigation. *Patient Educ Couns*. 2011 Apr;83(1):87-91. PMID: 20570079. **X-2, X-3, X-4, X-6**
3110. Rankins J, Sampson W, Brown B, et al. Dietary Approaches to Stop Hypertension (DASH) intervention reduces blood pressure among hypertensive African American patients in a neighborhood health care center. *J Nutr Educ Behav*. 2005 Sep-Oct;37(5):259-64. PMID: 16053815. **X-4, X-9**
3111. Rantanen M, Kallio T, Johansson K, et al. Knowledge expectations of patients on dialysis treatment. *Nephrol Nurs J*. 2008 May-Jun;35(3):249-55; quiz 56. PMID: 18649585. **X-2, X-4, X-6**
3112. Rasgon S, Schwankovsky L, James-Rogers A, et al. An intervention for employment maintenance among blue-collar workers with end-stage renal disease. *Am J Kidney Dis*. 1993 Sep;22(3):403-12. PMID: 8372836. **X-4, X-6**
3113. Rask KJ, Ziemer DC, Kohler SA, et al. Patient activation is associated with healthy behaviors and ease in managing diabetes in an indigent population. *Diabetes Educ*. 2009 Jul-Aug;35(4):622-30. PMID: 19419972. **X-2, X-4**
3114. Rathore SS, Foody JM, Wang Y, et al. Race, quality of care, and outcomes of elderly patients hospitalized with heart failure. *JAMA: Journal of the American Medical Association*. 2003 May;289(19):2517-24. PMID: 12759323. **X-2, X-4**
3115. Rathore SS, Masoudi FA, Wang Y, et al. Socioeconomic status, treatment, and outcomes among elderly patients hospitalized with heart failure: findings from the National Heart Failure Project. *Am Heart J*. 2006 Aug;152(2):371-8. PMID: 16875925. **X-2, X-4**
3116. Rauscher GH, Earp JA, O’Malley M. Relation between intervention exposures, changes in attitudes, and mammography use in the North Carolina Breast Cancer Screening Program. *Cancer Epidemiol Biomarkers Prev*. 2004 May;13(5):741-7. PMID: 15159304. **X-2, X-4**
3117. Rautava P, Erkkola R, Sillanpaa M. The outcome and experiences of first pregnancy in relation to the mother’s childbirth knowledge: the Finnish Family Competence Study. *J Adv Nurs*. 1991 Oct;16(10):1226-32. PMID: 1757689. **X-2, X-3, X-4, X-6**
3118. Rawl SM, Champion VL, Scott LL, et al. A randomized trial of two print interventions to increase colon cancer screening among first-degree relatives. *Patient Educ Couns*. 2008 May;71(2):215-27. PMID: 18308500. **X-6, X-9**

3119. Rawl SM, Menon U, Champion VL, et al. Do benefits and barriers differ by stage of adoption for colorectal cancer screening? *Health Educ Res.* 2005 Apr;20(2):137-48. PMID: 15314036. **X-2, X-4, X-6**
3120. Raz S, Lauterbach MD, Hopkins TL, et al. SEVERITY OF PERINATAL CEREBRAL INJURY AND DEVELOPMENTAL OUTCOME - A DOSE-RESPONSE RELATIONSHIP. *Neuropsychology.* 1995 Jan;9(1):91-101. PMID: n/a. **X-2, X-4, X-5, X-6**
3121. Reach G. Linguistic barriers in diabetes care. *Diabetologia.* 2009 Aug;52(8):1461-3. PMID: 19526213. **X-1, X-2, X-3, X-4, X-6**
3122. Reach G, Zerrouki A, Leclercq D, et al. Adjusting insulin doses: from knowledge to decision. *Patient Educ Couns.* 2005 Jan;56(1):98-103. PMID: 15590229. **X-2, X-4, X-6**
3123. Reaves PY, Weaver R, Gaines F, et al. Culturally-sensitive wellness challenge interventions in predominantly African American adults in the southern region of Florida: an observational study. *Internet Journal of Health.* 2009;8(2):21-. **X-4, X-9**
3124. Rector AL, Brandt S, Schneider T. Getting the foot out of the pelvis: modeling problems affecting use of SNOMED CT hierarchies in practical applications. *Journal of the American Medical Informatics Association.* 2011 Jul;18(4):432-40. PMID: 21515545. **X-2, X-3, X-4, X-5, X-6**
3125. Reddan D, Klassen P, Frankenfield DL, et al. National profile of practice patterns for hemodialysis vascular access in the United States. *J Am Soc Nephrol.* 2002 Aug;13(8):2117-24. PMID: 12138144. **X-2, X-4**
3126. Redline S, Wright EC, Kattan M, et al. Short-term compliance with peak flow monitoring: results from a study of inner city children with asthma. *Pediatr Pulmonol.* 1996 Apr;21(4):203-10. PMID: 9121848. **X-4, X-9**
3127. Redman BK. Patient adherence or patient self-management in transplantation: an ethical analysis. *Progress in Transplantation.* 2009 Mar;19(1):90-4. PMID: 19341069. **X-1, X-2, X-4, X-5, X-6**
3128. Reed SD, Li Y, Oddone EZ, et al. Economic evaluation of home blood pressure monitoring with or without telephonic behavioral self-management in patients with hypertension. *Am J Hypertens.* 2010 Feb;23(2):142-8. PMID: 19927132. **X-2, X-6**
3129. Rees CA, Karter AJ, Young BA. Race/ethnicity, social support, and associations with diabetes self-care and clinical outcomes in NHANES. *Diabetes Educ.* 2010 May-Jun;36(3):435-45. PMID: 20332281. **X-2, X-4**
3130. Rees CE, Bath PA. The psychometric properties of the Miller Behavioural Style Scale with adult daughters of women with early breast cancer: a literature review and empirical study. *J Adv Nurs.* 2000 Aug;32(2):366-74. PMID: 10964184. **X-2, X-4, X-6**
3131. Regestein QR, Friebely J, Shifren J, et al. Neuropsychological effects of methyltestosterone in women using menopausal hormone replacement. *Journal of Women's Health & Gender-Based Medicine.* 2001;10(7):671-6. **X-5, X-6**
3132. Regula J, Kaminski MF. Targeting risk groups for screening. *Best Pract Res Clin Gastroenterol.* 2010 Aug;24(4):407-16. PMID: 20833345. **X-1, X-2, X-3, X-4**

3133. Rehman US, Boucher EM, Duong D, et al. A context-informed approach to the study of negative-feedback seeking in depression. *Behav Res Ther.* 2008 Feb;46(2):239-52. PMID: 18191811. **X-2, X-4, X-6**
3134. Reichsman A, Werner J, Cella P, et al. Opportunities for improved diabetes care among patients of safety net practices: a safety net providers' strategic alliance study. *J Natl Med Assoc.* 2009 Jan;101(1):4-11. PMID: 19245066. **X-2, X-4**
3135. Reid BV. "It's like you're down on a bed of affliction": aging and diabetes among black Americans. *Soc Sci Med.* 1992 Jun;34(12):1317-23. PMID: 1529369. **X-2, X-4**
3136. Reid FD, Cook DG, Whincup PH. Use of statins in the secondary prevention of coronary heart disease: is treatment equitable? *Heart.* 2002 Jul;88(1):15-9. PMID: 12067933. **X-2, X-3, X-4**
3137. Reid LV, Hatch J, Parrish T. The role of a historically black university and the black church in community-based health initiatives: the project DIRECT experience. *J Public Health Manag Pract.* 2003 Nov;Suppl:S70-3. PMID: 14677334. **X-1, X-2, X-5**
3138. Reilly CM, Higgins M, Smith A, et al. Development, psychometric testing, and revision of the Atlanta Heart Failure Knowledge Test. *J Cardiovasc Nurs.* 2009 Nov-Dec;24(6):500-9. PMID: 19858959. **X-2, X-4, X-6**
3139. Reinschmidt KM, Chong J. SONRISA: a curriculum toolbox for promotores to address mental health and diabetes. *Prev Chronic Dis.* 2007 Oct;4(4):A101. PMID: 17875245. **X-2, X-4**
3140. Reinschmidt KM, Teufel-Shone NI, Bradford G, et al. Taking a broad approach to public health program adaptation: adapting a family-based diabetes education program. *J Prim Prev.* 2010 Apr;31(1-2):69-83. PMID: 20140646. **X-1, X-2, X-4**
3141. Reis SE, Holubkov R, Zell KA, et al. Unstable angina: specialty-related disparities in implementation of practice guidelines. *Clin Cardiol.* 1998 Mar;21(3):207-10. PMID: 9541766. **X-2, X-6**
3142. Reisinger EL, DiIorio C. Individual, seizure-related, and psychosocial predictors of depressive symptoms among people with epilepsy over six months. *Epilepsy Behav.* 2009 Jun;15(2):196-201. PMID: 19303457. **X-2, X-4, X-6**
3143. Renker PR. "Keep a blank face. I need to tell you what has been happening to me. *MCN Am J Matern Child Nurs.* 2002 Mar-Apr;27(2):109-16. PMID: 11984280. **X-2, X-4, X-6**
3144. Renner PM. NCQA's evolving clinical performance measures. *Manag Care.* 2002 Sep;11(9 Suppl):19-22. PMID: 12369339. **X-1, X-2, X-3, X-4, X-5, X-6**
3145. Renukuntla VS, Hassan K, Wheat S, et al. Disaster preparedness in pediatric type 1 diabetes mellitus. *Pediatrics.* 2009 Nov;124(5):e973-7. PMID: 19822589. **X-2, X-4, X-6**
3146. Renzi PM, Ghezzi H, Goulet S, et al. Paper stamp checklist tool enhances asthma guidelines knowledge and implementation by primary care physicians. *Can Respir J.* 2006 May-Jun;13(4):193-7. PMID: 16779463. **X-3, X-4, X-6**

3147. Repke JT, Power ML, Holzman GB, et al. Hypertension in pregnancy and preeclampsia. Knowledge and clinical practice among obstetrician-gynecologists. *J Reprod Med*. 2002 Jun;47(6):472-6. PMID: 12092016. **X-2, X-4, X-6**
3148. Resnick HE, Shorr RI, Kuller L, et al. Prevalence and clinical implications of American Diabetes Association-defined diabetes and other categories of glucose dysregulation in older adults: the health, aging and body composition study. *J Clin Epidemiol*. 2001 Sep;54(9):869-76. PMID: 11520645. **X-2, X-4**
3149. Reyes-Rodriguez ML, Sala M, Von Holle A, et al. A Description of Disordered Eating Behaviors in Latino Males. *Journal of American College Health*. 2011 2011 Jan-Mar;59(4):266-72. **X-2, X-3, X-4, X-5**
3150. Reynolds HE, Larkin GN, Jackson VP, et al. Fixed-facility workplace screening mammography. *AJR Am J Roentgenol*. 1997 Feb;168(2):507-10. PMID: 9016236. **X-4, X-6**
3151. Reynolds KD, Gillum JL, Hyman DJ, et al. Comparing two strategies to modify dietary behavior and serum cholesterol. *J Cardiovasc Risk*. 1997 Feb;4(1):1-5. PMID: 9215513. **X-5, X-6**
3152. Rhee H, Belyea MJ, Elward KS. Patterns of asthma control perception in adolescents: associations with psychosocial functioning. *J Asthma*. 2008 Sep;45(7):600-6. PMID: 18773334. **X-2, X-4, X-6**
3153. Rhee H, Belyea MJ, Hunt JF, et al. Effects of a peer-led asthma self-management program for adolescents. *Arch Pediatr Adolesc Med*. 2011 Jun;165(6):513-9. PMID: 21646583. **X-6, X-9**
3154. Rhee MK, Cook CB, El-Kebbi I, et al. Barriers to diabetes education in urban patients: perceptions, patterns, and associated factors. *Diabetes Educ*. 2005 May-Jun;31(3):410-7. PMID: 15919641. **X-2, X-4**
3155. Rhee MK, Cook CB, El-Kebbi I, et al. Barriers to diabetes education in urban patients - Perceptions, patterns, and associated factors. *Diabetes Educator*. 2005 May-Jun;31(3):410-7. PMID: 15919641 **X-14**
3156. Rhee MK, Slocum W, Ziemer DC, et al. Patient adherence improves glycemic control. *Diabetes Educ*. 2005 Mar-Apr;31(2):240-50. PMID: 15797853. **X-2, X-4, X-6**
3157. Rhoades DA, Roubideaux Y, Buchwald D. Diabetes care among older urban American Indians and Alaska Natives. *Ethn Dis*. 2004 Autumn;14(4):574-9. PMID: 15724778. **X-2, X-4**
3158. Rhoads KF, Ackerson LK, Jha AK, et al. Quality of colon cancer outcomes in hospitals with a high percentage of Medicaid patients. *J Am Coll Surg*. 2008 Aug;207(2):197-204. PMID: 18656047. **X-2, X-4**
3159. Rhodes P, Nocon A, Booth M, et al. A service users' research advisory group from the perspectives of both service users and researchers. *Health Soc Care Community*. 2002 Sep;10(5):402-9. PMID: 12390226. **X-1, X-2, X-3, X-4, X-6**

3160. Ribeiro MA, Harrigan RC. The use of Complementary and Alternative Medicine by Asian women of Hawai'i in the treatment of breast cancer. *Hawaii Med J.* 2006 Jul;65(7):198-205. PMID: 16948400. **X-2, X-4**
3161. Rice DM. Diabetes educators: a disruption to embrace. *Diabetes Educ.* 2007 Sep-Oct;33(5):747-9. PMID: 17925582. **X-1, X-6, X-7, X-9**
3162. Rice MC, Wicks MN, Martin JC. Health risk characteristics of Black female informal caregivers on welfare. *Clin Nurs Res.* 2008 Feb;17(1):20-31. PMID: 18184976. **X-2, X-4, X-5**
3163. Rice T, Clark R. Practical ethics. Cancer can't stop Betty. *Hosp Health Netw.* 2005 Mar;79(3):24. PMID: 15835043. **X-1, X-2, X-3, X-4, X-5, X-6**
3164. Rich M. Health literacy via media literacy - Video intervention/prevention assessment. *American Behavioral Scientist.* 2004 Oct;48(2):165-88. PMID: n/a. **X-1, X-2, X-4, X-5, X-6**
3165. Rich MW, Beckham V, Wittenberg C, et al. A multidisciplinary intervention to prevent the readmission of elderly patients with congestive heart failure. *N Engl J Med.* 1995 Nov 2;333(18):1190-5. PMID: 7565975. **X-6**
3166. Rich MW, Gray DB, Beckham V, et al. Effect of a multidisciplinary intervention on medication compliance in elderly patients with congestive heart failure. *Am J Med.* 1996 Sep;101(3):270-6. PMID: 8873488. **X-6, X-9**
3167. Richards CS, Ward PA, Roa BB, et al. Screening for 185delAG in the Ashkenazim. *Am J Hum Genet.* 1997 May;60(5):1085-98. PMID: 9150156. **X-2, X-4**
3168. Richards M, Sainsbury R, Kerr D. Inequalities in breast cancer care and outcome. *Br J Cancer.* 1997;76(5):634-8. PMID: 9303363. **X-1, X-2, X-3, X-4, X-6**
3169. Richardson A, Adner N, Nordstrom G. Persons with insulin-dependent diabetes mellitus: acceptance and coping ability. *J Adv Nurs.* 2001 Mar;33(6):758-63. PMID: 11298213. **X-2, X-4, X-6**
3170. Richardson R, Richards DA, Barkham M. Self-help books for people with depression: the role of the therapeutic relationship. *Behav Cogn Psychother.* 2010 Jan;38(1):67-81. PMID: 19995466. **X-2, X-3, X-4, X-6**
3171. Ridley J, Baker J, Mills C, et al. Chronic kidney disease: what's in a name? *CANNT J.* 2009 Apr-Jun;19(2):19-22. PMID: 19606648. **X-1, X-2, X-3, X-4, X-5, X-6**
3172. Ridsdale L, Kwan I, Cryer C. The effect of a special nurse on patients' knowledge of epilepsy and their emotional state. *Epilepsy Evaluation Care Group. Br J Gen Pract.* 1999 Apr;49(441):285-9. PMID: 10736906. **X-2, X-4, X-5, X-6**
3173. Ried LD, Johnson RE, Brody KK, et al. Medical care utilization among older HMO members with and without hypertension. *J Am Geriatr Soc.* 1995 Mar;43(3):222-9. PMID: 7884107. **X-2, X-4**
3174. Riegel B, Carlson B, Glaser D, et al. Standardized telephonic case management in a Hispanic heart failure population - An effective intervention. *Disease Management & Health Outcomes.* 2002;10(4):241-9. PMID: n/a. **X-4**

3175. Riegel B, Dickson VV. A situation-specific theory of heart failure self-care. *Journal of Cardiovascular Nursing*. 2008 May-Jun;23(3):190-6. PMID: 18437059. **X-1, X-2, X-3, X-4, X-6**
3176. Riegel B, Moser DK, Powell M, et al. Nonpharmacologic care by heart failure experts. *J Card Fail*. 2006 Mar;12(2):149-53. PMID: 16520265. **X-2, X-4**
3177. Riekert KA, Borrelli B, Bilderback A, et al. The development of a motivational interviewing intervention to promote medication adherence among inner-city, African-American adolescents with asthma. *Patient Educ Couns*. 2011 Jan;82(1):117-22. PMID: 20371158. **X-4**
3178. Rigsby BD. Hypertension improvement through healthy lifestyle modifications. *ABNF J*. 2011 Spring;22(2):41-3. PMID: 21675668. **X-4**
3179. Riley DL, Stewart DE, Grace SL. Continuity of cardiac care: cardiac rehabilitation participation and other correlates. *Int J Cardiol*. 2007 Jul 31;119(3):326-33. PMID: 17258332. **X-2, X-3, X-6**
3180. Riley J, Pristave R. Important legal, regulatory issues impacting renal care in 2008. *Nephrol News Issues*. 2008 Dec;22(13):48-9. PMID: 19149317. **X-1, X-2, X-3, X-4, X-5, X-6**
3181. Riley J, Pristave R, Kannensohn KJ. New conditions for coverage will impose a host of new requirements on dialysis clinics. *Nephrol News Issues*. 2005 Apr;19(5):25-6, 8, 30. PMID: 15861764. **X-1, X-2, X-3, X-4, X-5, X-6**
3182. Rimer BK, Conaway M, Lyna P, et al. The impact of tailored interventions on a community health center population. *Patient Educ Couns*. 1999 Jun;37(2):125-40. PMID: 14528540. **X-9**
3183. Rimmer JH, Silverman K, Braunschweig C, et al. Feasibility of a health promotion intervention for a group of predominantly African American women with type 2 diabetes. *Diabetes Educ*. 2002 Jul-Aug;28(4):571-80. PMID: 12224197. **X-4**
3184. Rimpela AH, Savonius B, Rimpela MK, et al. Asthma and allergic rhinitis among Finnish adolescents in 1977-91. *Scandinavian Journal of Social Medicine*. 1995;23(1):60-5. **X-2, X-3, X-4**
3185. Ringback Weitoft G, Ericsson O, Lofroth E, et al. Equal access to treatment? Population-based follow-up of drugs dispensed to patients after acute myocardial infarction in Sweden. *Eur J Clin Pharmacol*. 2008 Apr;64(4):417-24. PMID: 18180914. **X-2, X-3, X-6**
3186. Rintala DH, Hart KA, Priebe MM. Pain in persons with spinal cord injury at two points in time: utilization of health care and lifestyle changes. *SCI Psychosocial Process*. 2004;17(4):221. **X-2, X-4, X-5, X-6**
3187. Risser J, Jacobson TA, Kripalani S. Development and psychometric evaluation of the Self-efficacy for Appropriate Medication Use Scale (SEAMS) in low-literacy patients with chronic disease. *J Nurs Meas*. 2007;15(3):203-19. PMID: 18232619. **X-2, X-4**
3188. Ritter PL, Lee J, Lorig K. Moderators of chronic disease self-management programs: who benefits? *Chronic Illn*. 2011 Jun;7(2):162-72. PMID: 21357642. **X-7, X-8, X-9**

3189. Rivera-Vasquez O, Mabiso A, Hammad A, et al. A Community-Based Approach to Translating and Testing Cancer Literacy Assessment Tools. *Journal of Cancer Education*. 2009;24(4):319-25. PMID: 19838892. **X-2, X-4**
3190. Rizzo M, Bumpers H, Okoli J, et al. Improving on national quality indicators of breast cancer care in a large public hospital as a means to decrease disparities for African American women. *Ann Surg Oncol*. 2011 Jan;18(1):34-9. PMID: 20625838. **X-2, X-4**
3191. Roach JL, Turenne MN, Hirth RA, et al. Using race as a case-mix adjustment factor in a renal dialysis payment system: potential and pitfalls. *Am J Kidney Dis*. 2010 Nov;56(5):928-36. PMID: 20888100. **X-2, X-4**
3192. Roaaid RB, Kablan AA. Profile of diabetes health care at Benghazi Diabetes Centre, Libyan Arab Jamahiriya. *East Mediterr Health J*. 2007 Jan-Feb;13(1):168-76. PMID: 17546919. **X-2, X-3, X-4, X-6**
3193. Robare JF, Bayles CM, Newman AB, et al. The “10 keys” to healthy aging: 24-month follow-up results from an innovative community-based prevention program. *Health Educ Behav*. 2011 Aug;38(4):379-88. PMID: 21652780. **X-6, X-9**
3194. Robb KA, Miles A, Campbell J, et al. Can cancer risk information raise awareness without increasing anxiety? A randomized trial. *Preventive Medicine: An International Journal Devoted to Practice and Theory*. 2006 Sep;43(3):187-90. PMID: 16765428. **X-3, X-6**
3195. Robbins EJ, Kinney JM, Kart CS. Promoting active engagement in health research: lessons from an undergraduate gerontology capstone course. *Gerontol Geriatr Educ*. 2008;29(2):105-23. PMID: 19042230. **X-1, X-2, X-3, X-4, X-5, X-6**
3196. Robbins JM, Holland P. Passage of policy statement on the high risk of blindness, lower-extremity amputations, and oral health consequences in minority populations due to diabetes. *J Am Podiatr Med Assoc*. 2001 Jun;91(6):313-5. PMID: 11420351. **X-1, X-2, X-3, X-4**
3197. Robbins JM, Thatcher GE, Webb DA, et al. Nutritionist visits, diabetes classes, and hospitalization rates and charges: the Urban Diabetes Study. *Diabetes Care*. 2008 Apr;31(4):655-60. PMID: 18184894. **X-2, X-4, X-6**
3198. Robert MP, Marcia LF, Willie JP. A partnership to reduce African American infant mortality in Genesee County, Michigan / Commentary. *Public Health Reports*. 2003;118(4):324. **X-1, X-2, X-4**
3199. Roberts C. Conditions for coverage: get ready for changes in access management. *Nephrol News Issues*. 2008 Aug;22(9):26. PMID: 18778000. **X-1, X-2, X-3, X-4, X-5, X-6**
3200. Roberts K, Cockerham TR, Waugh WJ. An innovative approach to managing depression: focus on HEDIS standards. *J Healthc Qual*. 2002 Nov-Dec;24(6):11-7; quiz 7, 64. PMID: 12432857. **X-1, X-4, X-6**
3201. Roberts MM, French K, Duffy J. Breast cancer and breast self-examination: what do Scottish women know? *Soc Sci Med*. 1984;18(9):791-7. PMID: 6729539. **X-2, X-3, X-4, X-6**

3202. Roberts MM, Robinson SE, French K, et al. Edinburgh breast education campaign on breast cancer and breast self-examination: was it worth while? *J Epidemiol Community Health*. 1986 Dec;40(4):338-43. PMID: 3655626. **X-3, X-4, X-6**
3203. Roberts NJ, Evans G, Blenkhorn P, et al. Development of an electronic pictorial asthma action plan and its use in primary care. *Patient Educ Couns*. 2010 Jul;80(1):141-6. PMID: 19879092. **X-4, X-6, X-9, X-10**
3204. Roberts NJ, Mohamed Z, Wong PS, et al. The development and comprehensibility of a pictorial asthma action plan. *Patient Educ Couns*. 2009 Jan;74(1):12-8. PMID: 18789626. **X-2, X-3, X-6**
3205. Robertson-Beckley R. Reducing barriers to reach more women for breast cancer services results of consumer focus groups. *ABNF J*. 2000 Nov-Dec;11(6):138-40. PMID: 11760285. **X-2, X-4**
3206. Robinson BM, Port FK. International hemodialysis patient outcomes comparisons revisited: the role of practice patterns and other factors. *Clin J Am Soc Nephrol*. 2009 Dec;4 Suppl 1:S12-7. PMID: 19995994. **X-2, X-3**
3207. Robinson E, Rankin SH, Arnstein P, et al. Meeting the needs of unpartnered elders: a peer training program involving elders with myocardial infarction. *Prog Cardiovasc Nurs*. 1998 Fall;13(4):13-23. PMID: 10234749. **X-1, X-6**
3208. Robinson JE, Ellis JE. Mistiming of intercourse as a primary cause of failure to conceive: results of a survey on use of a home-use fertility monitor. *Curr Med Res Opin*. 2007 Feb;23(2):301-6. PMID: 17288684. **X-2, X-4, X-5, X-6**
3209. Robinson JR, Drotar D, Boutry M. Problem-solving abilities among mothers of infants with failure to thrive. *Journal of Pediatric Psychology*. 2001 Jan-Feb;26(1):21-32. PMID: 11145729 **X-2, X-4, X-5, X-6**
3210. Robinson L, Rempel H. Methamphetamine use and HIV symptom self-management. *J Assoc Nurses AIDS Care*. 2006 Sep-Oct;17(5):7-14. PMID: 16979510. **X-2, X-4, X-5, X-6**
3211. Robinson LD, Jr., Calmes DP, Bazargan M. The impact of literacy enhancement on asthma-related outcomes among underserved children. *J Natl Med Assoc*. 2008 Aug;100(8):892-6. PMID: 18717138. **X-4, X-8, X-9**
3212. Robinson-Whelen S, Hughes RB, Taylor HB, et al. Depression self-management program for rural women with physical disabilities. *Rehabilitation Psychology*. 2007 Aug;52(3):254-62. **X-2, X-4, X-6**
3213. Roca B, Nadal E, Rovira RE, et al. Usefulness of a hypertension education program. *South Med J*. 2003 Nov;96(11):1133-7. PMID: 14632363. **X-4, X-6**
3214. Rocella EJ. The good news about hypertension. *Stat Bull Metrop Insur Co*. 1989 Apr-Jun;70(2):29. PMID: 2727890. **X-1, X-2, X-3, X-4, X-5, X-6**
3215. Rocella EJ, Lenfant C. National High Blood Pressure Education Programme using data to focus communications to minority populations. *J Hum Hypertens*. 1995 Jan;9(1):53-7. PMID: 7731003. **X-6, X-7, X-9**

3216. Rocha-Goldberg M, Corsino L, Batch B, et al. Hypertension Improvement Project (HIP) Latino: results of a pilot study of lifestyle intervention for lowering blood pressure in Latino adults. *Ethnicity & Health*. 2010;15(3):269-82. **X-4**
3217. Roche RA, Stovall CE, Suarez L, et al. Language differences in interpretation of breast cancer health messages. *J Cancer Educ*. 1998 Winter;13(4):226-30. PMID: 9883782. **X-2, X-4**
3218. Rodney WM, Prislin MD, Orientale E, et al. Family practice obstetric ultrasound in an urban community health center. Birth outcomes and examination accuracy of the initial 227 cases. *J Fam Pract*. 1990 Feb;30(2):163-8. PMID: 2405093. **X-2, X-4, X-6**
3219. Rodrigue JR, Cornell DL, Kaplan B, et al. Patients' willingness to talk to others about living kidney donation. *Prog Transplant*. 2008 Mar;18(1):25-31. PMID: 18429579. **X-2, X-4**
3220. Rodriguez EM, Bowie JV, Frattaroli S, et al. A qualitative exploration of the community partner experience in a faith-based breast cancer educational intervention. *Health Educ Res*. 2009 Oct;24(5):760-71. PMID: 19307318. **X-2, X-4, X-6**
3221. Rodriguez F, Joynt KE, Lopez L, et al. Readmission rates for Hispanic Medicare beneficiaries with heart failure and acute myocardial infarction. *American Heart Journal*. 2011 Aug;162(2):254-U73. PMID: 21835285. **X-2, X-4**
3222. Rodriguez HP, Chen J, Rodriguez MA. A national study of problematic care experiences among Latinos with diabetes. *J Health Care Poor Underserved*. 2010 Nov;21(4):1152-68. PMID: 21099068. **X-2**
3223. Rodriguez KL, Appelt CJ, Switzer GE, et al. "They diagnosed bad heart": a qualitative exploration of patients' knowledge about and experiences with heart failure. *Heart Lung*. 2008 Jul-Aug;37(4):257-65. PMID: 18620101. **X-2, X-4, X-6**
3224. Rodriguez-Saldana J, Rosales-Campos AC, Rangel Leon CB, et al. Quality of previous diabetes care among patients receiving services at ophthalmology hospitals in Mexico. *Rev Panam Salud Publica*. 2010 Dec;28(6):440-5. PMID: 21308170. **X-2, X-3, X-4, X-6**
3225. Roe MT, Chen AY, Riba AL, et al. Impact of congestive heart failure in patients with non-ST-segment elevation acute coronary syndromes. *Am J Cardiol*. 2006 Jun 15;97(12):1707-12. PMID: 16765118. **X-2, X-6**
3226. Roetzheim RG, Christman LK, Jacobsen PB, et al. A randomized controlled trial to increase cancer screening among attendees of community health centers. *Ann Fam Med*. 2004 Jul-Aug;2(4):294-300. PMID: 15335126. **X-9**
3227. Roetzheim RG, Christman LK, Jacobsen PB, et al. Long-term results from a randomized controlled trial to increase cancer screening among attendees of community health centers. *Ann Fam Med*. 2005 Mar-Apr;3(2):109-14. PMID: 15798035. **X-6, X-9**
3228. Rogers AE, Addington-Hall JM, Abery AJ, et al. Knowledge and communication difficulties for patients with chronic heart failure: qualitative study. *BMJ*. 2000 Sep 9;321(7261):605-7. PMID: 10977838. **X-2, X-4, X-6**

3229. Rogers MA, Small D, Buchan DA, et al. Home monitoring service improves mean arterial pressure in patients with essential hypertension. A randomized, controlled trial. *Ann Intern Med.* 2001 Jun 5;134(11):1024-32. PMID: 11388815. **X-6, X-7**
3230. Rogulj ZM, Baloevic E, Dogas Z, et al. Family medicine practice and research: survey of physicians' attitudes towards scientific research in a post-communist transition country. *Wien Klin Wochenschr.* 2007;119(5-6):164-9. PMID: 17427019. **X-2, X-3, X-4, X-5, X-6**
3231. Rohrbaugh MJ, Mehl MR, Shoham V, et al. Prognostic Significance of Spouse We Talk in Couples Coping With Heart Failure. *Journal of Consulting and Clinical Psychology.* 2008 Oct;76(5):781-9. PMID: 18837595. **X-2, X-4**
3232. Rohrer JE, Anderson GJ, Furst JW. Obesity and pre-hypertension in family medicine: implications for quality improvement. *BMC Health Serv Res.* 2007;7:212. PMID: 18154676. **X-2, X-4, X-6**
3233. Roizen M, Rodriguez S, Bauer G, et al. Initial validation of the Argentinean Spanish version of the PedsQL (TM) 4.0 Generic Core Scales in children and adolescents with chronic diseases: acceptability and comprehensibility in low-income settings. *Health and Quality of Life Outcomes.* 2008 Aug;6PMID: 18687134 **X-2, X-3, X-4, X-5**
3234. Rollman BL, Hanusa BH, Belnap BH, et al. Race, quality of depression care, and recovery from major depression in a primary care setting. *General Hospital Psychiatry.* 2002 Nov-Dec;24(6):381-90. PMID: 12490339. **X-2**
3235. Roman SH, Chassin MR. Windows of opportunity to improve diabetes care when patients with diabetes are hospitalized for other conditions. *Diabetes Care.* 2001 Aug;24(8):1371-6. PMID: 11473072. **X-6, X-9**
3236. Romano PS, Zhou H. Do well-publicized risk-adjusted outcomes reports affect hospital volume? *Med Care.* 2004 Apr;42(4):367-77. PMID: 15076814. **X-6, X-7, X-9**
3237. Romero AA, Duarte-Gardea M, Ortiz M, et al. Bone mineral density and body mass index of Mexican American women. *Hispanic Health Care International.* 2005;3(1):9-14. **X-2, X-5**
3238. Rong Y, Turnbull F, Patel A, et al. Clinical pathways for acute coronary syndromes in China: protocol for a hospital quality improvement initiative. *Crit Pathw Cardiol.* 2010 Sep;9(3):134-9. PMID: 20802266. **X-1, X-2, X-3, X-4, X-6**
3239. Rooks RN, Simonsick EM, Klesges LM, et al. Racial disparities in health care access and cardiovascular disease indicators in Black and White older adults in the Health ABC Study. *J Aging Health.* 2008 Sep;20(6):599-614. PMID: 18625758. **X-2, X-4**
3240. Rosal MC, Benjamin EM, Pekow PS, et al. Opportunities and challenges for diabetes prevention at two community health centers. *Diabetes Care.* 2008 Feb;31(2):247-54. PMID: 17989311. **X-2, X-4, X-6**
3241. Rosal MC, Carbone ET, Goins KV. Use of cognitive interviewing to adapt measurement instruments for low-literate Hispanics. *Diabetes Educ.* 2003 Nov-Dec;29(6):1006-17. PMID: 14692374. **X-2, X-4**

3242. Rosal MC, Goins KV, Carbone ET, et al. Views and preferences of low-literate Hispanics regarding diabetes education: results of formative research. *Health Educ Behav.* 2004 Jun;31(3):388-405. PMID: 15155047. **X-2, X-4**
3243. Rosal MC, Ockene IS, Restrepo A, et al. Randomized trial of a literacy-sensitive, culturally tailored diabetes self-management intervention for low-income latinos: latinos en control. *Diabetes Care.* 2011 Apr;34(4):838-44. PMID: 21378213. **X-9**
3244. Rosal MC, Olendzki B, Reed GW, et al. Diabetes self-management among low-income Spanish-speaking patients: a pilot study. *Ann Behav Med.* 2005 Jun;29(3):225-35. PMID: 15946117. **X-4**
3245. Rosal MC, White MJ, Borg A, et al. Translational research at community health centers: challenges and successes in recruiting and retaining low-income Latino patients with type 2 diabetes into a randomized clinical trial. *Diabetes Educ.* 2010 Sep-Oct;36(5):733-49. PMID: 20729512. **X-2, X-7, X-9, X-10**
3246. Rosal MC, White MJ, Restrepo A, et al. Design and methods for a randomized clinical trial of a diabetes self-management intervention for low-income Latinos: Latinos en Control. *BMC Med Res Methodol.* 2009;9:81. PMID: 20003208. **X-9**
3247. Rosato R, Sacerdote C, Pagano E, et al. Appropriateness of early breast cancer management in relation to patient and hospital characteristics: a population based study in Northern Italy. *Breast Cancer Res Treat.* 2009 Sep;117(2):349-56. PMID: 19051008. **X-2, X-3, X-4, X-6**
3248. Rose D, Garwick A. Urban American Indian family caregivers' perceptions of barriers to management of childhood asthma. *J Pediatr Nurs.* 2003 Feb;18(1):2-11. PMID: 12610782. **X-2, X-4**
3249. Rose DE, Tisnado DM, Malin JL, et al. Use of Interpreters by Physicians Treating Limited English Proficient Women with Breast Cancer: Results from the Provider Survey of the Los Angeles Women's Health Study. *Health Services Research.* 2010 Feb;45(1):172-94. PMID: 19878346 **X-2, X-4**
3250. Rose G, Gilbert TE, Thame M, et al. Asthma clinic attendance improves quality of life of Jamaican asthmatic children and their parents. *Ann Trop Paediatr.* 2009 Sep;29(3):203-8. PMID: 19689862. **X-2, X-3, X-6**
3251. Rose M, Fliege H, Hildebrandt M, et al. The network of psychological variables in patients with diabetes and their importance for quality of life and metabolic control. *Diabetes Care.* 2002 Jan;25(1):35-42. PMID: 11772898. **X-2, X-4, X-6**
3252. Rosen CM, Rodriguez L. The Inner-City Asthma Intervention asthma counselor program: a collaborative model between physician and social worker to help empower families. *Ann Allergy Asthma Immunol.* 2006 Jul;97(1 Suppl 1):S16-9. PMID: 16892766. **X-1, X-2, X-4, X-6**
3253. Rosenblatt RA, Baldwin L-M, Chan L, et al. Improving the quality of outpatient care for older patients with diabetes: Lessons from a comparison of rural and urban communities. *The Journal of Family Practice.* 2001 Aug;50(8):676-80. PMID: 11509161. **X-2, X-4, X-6**

3254. Rosenfeld L, Rudd R, Emmons KM, et al. Beyond reading alone: the relationship between aural literacy and asthma management. *Patient Educ Couns*. 2011 Jan;82(1):110-6. PMID: 20399060. **X-2, X-4**
3255. Rosenstein AH. Utilization review. *Health economics and cost-effective resource management*. *Qual Assur Util Rev*. 1991 Fall;6(3):85-90. PMID: 1824449. **X-1, X-2, X-3, X-4, X-5, X-6**
3256. Rosenzweig M, Brufsky A, Rastogi P, et al. The attitudes, communication, treatment, and support intervention to reduce breast cancer treatment disparity. *Oncol Nurs Forum*. 2011 Jan 1;38(1):85-9. PMID: 21186164. **X-4**
3257. Rosenzweig MQ, Wiehagen T, Brufsky A, et al. The unique perspective of illness among women with metastatic breast cancer according to race and income. *Journal of Hospice & Palliative Nursing*. 2009 2009 Jan-Feb;11(1):27-40. **X-2, X-4**
3258. Rosland AM, Heisler M, Choi HJ, et al. Family influences on self-management among functionally independent adults with diabetes or heart failure: do family members hinder as much as they help? *Chronic Illn*. 2010 Mar;6(1):22-33. PMID: 20308348. **X-2, X-4**
3259. Rosland AM, Piette JD, Choi H, et al. Family and friend participation in primary care visits of patients with diabetes or heart failure: patient and physician determinants and experiences. *Med Care*. 2011 Jan;49(1):37-45. PMID: 21102357. **X-2, X-4**
3260. Rosland A-M, Kieffer E, Israel B, et al. When is social support important? The association of family support and professional support with specific diabetes self-management behaviors. *Journal of General Internal Medicine*. 2008 Dec;23(12):1992-9. PMID: 18855075. **X-2, X-4**
3261. Ross Barnett J, Pearce J, Howes P. ‘Help, educate, encourage?’: Geographical variations in the provision and utilisation of diabetes education in New Zealand. *Soc Sci Med*. 2006 Sep;63(5):1328-43. PMID: 16704889. **X-2, X-3, X-4, X-6**
3262. Ross CJ, Williams BA, Low G, et al. Perceptions about self-management among people with severe asthma. *J Asthma*. 2010 Apr;47(3):330-6. PMID: 20394519. **X-2, X-4, X-6**
3263. Ross LF. Convening a 407 panel for research not otherwise approvable: “Precursors to diabetes in Japanese American youth” as a case study. *Kennedy Inst Ethics J*. 2004 Jun;14(2):165-86. PMID: 15281188. **X-1, X-2, X-3, X-4, X-5, X-6**
3264. Rossiter LF, Whitehurst-Cook MY, Small RE, et al. The impact of disease management on outcomes and cost of care: a study of low-income asthma patients. *Inquiry*. 2000 Summer;37(2):188-202. PMID: 10985112. **X-9**
3265. Rost K, Dickinson LM, Fortney J, et al. Clinical improvement associated with conformance to HEDIS-based depression care. *Ment Health Serv Res*. 2005 Jun;7(2):103-12. PMID: 15974156. **X-2, X-4, X-6**
3266. Rost K, Fortney J, Coyne J. The relationship of depression treatment quality indicators to employee absenteeism. *Ment Health Serv Res*. 2005 Sep;7(3):161-9. PMID: 16194001. **X-2, X-4, X-6**

3267. Rost K, Nutting P, Smith J, et al. Improving depression outcomes in community primary care practice: a randomized trial of the quEST intervention. Quality Enhancement by Strategic Teaming. *J Gen Intern Med.* 2001 Mar;16(3):143-9. PMID: 11318908. **X-6**
3268. Rost K, Smith JL, Dickinson M. The effect of improving primary care depression management on employee absenteeism and productivity. A randomized trial. *Med Care.* 2004 Dec;42(12):1202-10. PMID: 15550800. **X-6**
3269. Rosvall M, Ohlsson H, Hansen O, et al. Auditing patient registration in the Swedish quality register for acute coronary syndrome. *Scand J Public Health.* 2010 Jul;38(5):533-40. PMID: 20406796. **X-2, X-3, X-4, X-6**
3270. Roter DL, Stashefsky-Margalit R, Rudd R. Current perspectives on patient education in the US. *Patient Education and Counseling.* 2001 Jul;44(1):79-86. PMID: 11390163 **X-1, X-2, X-4, X-5, X-6**
3271. Roth DM, Mbizvo MT. Promoting safe motherhood in the community: the case for strategies that men. *Afr J Reprod Health.* 2001 Aug;5(2):10-21. PMID: 12471909. **X-1, X-2, X-3, X-4, X-6**
3272. Roth MT, Watson LC, Esserman DA, et al. Methodology of a Pilot Study to Improve the Quality of Medication Use in Older Adults: Enhancing Quality in Psychiatry Using Pharmacists (EQUIPP). *American Journal of Geriatric Pharmacotherapy.* 2009 Dec;7(6):362-72. PMID: 20129257 **X-2, X-5, X-6**
3273. Roth RS, Horowitz K, Bachman JE. Chronic myofascial pain: knowledge of diagnosis and satisfaction with treatment. *Arch Phys Med Rehabil.* 1998 Aug;79(8):966-70. PMID: 9710171. **X-2, X-4, X-5, X-6**
3274. Rothman R, Malone R, Bryant B, et al. The relationship between literacy and glycemic control in a diabetes disease-management program. *Diabetes Educ.* 2004 Mar-Apr;30(2):263-73. PMID: 15095516. **X-4, X-9**
3275. Rothman RL, DeWalt DA, Malone R, et al. Influence of patient literacy on the effectiveness of a primary care-based diabetes disease management program. *JAMA.* 2004 Oct 13;292(14):1711-6. PMID: 15479936. **X-4**
3276. Rothman RL, Malone R, Bryant B, et al. A randomized trial of a primary care-based disease management program to improve cardiovascular risk factors and glycated hemoglobin levels in patients with diabetes. *Am J Med.* 2005 Mar;118(3):276-84. PMID: 15745726. **X-6**
3277. Rothman RL, Malone R, Bryant B, et al. The Spoken Knowledge in Low Literacy in Diabetes scale: a diabetes knowledge scale for vulnerable patients. *Diabetes Educ.* 2005 Mar-Apr;31(2):215-24. PMID: 15797850. **X-2, X-4**
3278. Rothman RL, Malone R, Bryant B, et al. The spoken knowledge in low literacy in diabetes scale - A diabetes knowledge scale for vulnerable patients. *Diabetes Educator.* 2005 Mar-Apr;31(2):215-24. PMID: 15797850 **X-14**
3279. Rothman RL, Mulvaney S, Elasy TA, et al. Self-management behaviors, racial disparities, and glycemic control among adolescents with type 2 diabetes. *Pediatrics.* 2008 Apr;121(4):e912-9. PMID: 18381520. **X-2, X-4**

3280. Roubideaux Y, Buchwald D, Beals J, et al. Measuring the quality of diabetes care for older american indians and alaska natives. *Am J Public Health*. 2004 Jan;94(1):60-5. PMID: 14713699. **X-2, X-4**
3281. Roubideaux Y, Noonan C, Goldberg JH, et al. Relation between the level of American Indian and Alaska Native diabetes education program services and quality-of-care indicators. *Am J Public Health*. 2008 Nov;98(11):2079-84. PMID: 18511737. **X-2, X-3, X-4**
3282. Roubidoux MA. Breast cancer detective: A computer game to teach breast cancer screening to Native American patients. *Journal of Cancer Education*. 2005 Spr;20(1):87-91. PMID: 15916527 **X-1, X-2, X-4, X-9, X-10**
3283. Rowe R. Breast cancer education program targets African American women. *Am Nurse*. 1995 Jul-Aug;27(5):30. PMID: 7653908. **X-1, X-6, X-7, X-9**
3284. Rowland JH, Meyerowitz BE, Crespi CM, et al. Addressing intimacy and partner communication after breast cancer: a randomized controlled group intervention. *Breast Cancer Res Treat*. 2009 Nov;118(1):99-111. PMID: 19390963. **X-2, X-4, X-6**
3285. Rowlands IJ, Lee C. 'The silence was deafening': social and health service support after miscarriage. *Journal of Reproductive & Infant Psychology*. 2010;28(3):274-86. **X-2, X-3, X-4, X-6**
3286. Roy A, Downes MJ, Wisnivesky JP. Comprehensive environmental management of asthma and pediatric preventive care. *Pediatr Allergy Immunol*. 2011 May;22(3):277-82. PMID: 21457334. **X-6, X-7, X-9**
3287. Roy T, Lloyd CE. Development of audio methods of data collection in Bangladesh. *Diversity in Health & Social Care*. 2008;5(3):187-98. **X-2, X-3, X-4**
3288. Royak-Schaler R, Blocker DE, Yali AM, et al. Breast and colorectal cancer risk communication approaches with low-income African-American and Hispanic women: implications for healthcare providers. *J Natl Med Assoc*. 2004 May;96(5):598-608. PMID: 15160974. **X-2, X-4**
3289. Royak-Schaler R, Lemkau JP, Ahmed SM. Discussing breast cancer risk in primary care. *J Am Med Womens Assoc*. 2002 Spring;57(2):115-6. PMID: 11991420. **X-1, X-2, X-3, X-4, X-6**
3290. Royer M, Castelo-Branco C, Blumel JE, et al. The US National Cholesterol Education Programme Adult Treatment Panel III (NCEP ATP III): prevalence of the metabolic syndrome in postmenopausal Latin American women. *Climacteric*. 2007 Apr;10(2):164-70. PMID: 17453865. **X-2, X-3, X-4, X-6**
3291. Rozen P, Liphshitz I, Barchana M. The changing epidemiology of colorectal cancer and its relevance for adapting screening guidelines and methods. *Eur J Cancer Prev*. 2011 Jan;20(1):46-53. PMID: 21102339. **X-2, X-3, X-4, X-6**
3292. Rozen P, Samuel Z, Brazowski E, et al. An audit of familial juvenile polyposis at the Tel Aviv Medical Center: demographic, genetic and clinical features. *Fam Cancer*. 2003;2(1):1-7. PMID: 14574161. **X-2, X-3, X-4, X-5**

3293. Rubin J, Kirchner K, Ray R, et al. Demographic factors associated with dialysis technique failures among patients undergoing continuous ambulatory peritoneal dialysis. *Arch Intern Med.* 1985 Jun;145(6):1041-4. PMID: 4004428. **X-2, X-4**
3294. Rucker-Whitaker C, Flynn KJ, Kravitz G, et al. Understanding African-American participation in a behavioral intervention: results from focus groups. *Contemp Clin Trials.* 2006 Jun;27(3):274-86. PMID: 16427365. **X-2, X-4**
3295. Rudd RE, Zobel EK, Fanta CH, et al. Asthma: in plain language. *Health Promot Pract.* 2004 Jul;5(3):334-40. PMID: 15228789. **X-1, X-7, X-9**
3296. Ruggiero L, Glasgow R, Dryfoos JM, et al. Diabetes self-management. Self-reported recommendations and patterns in a large population. *Diabetes Care.* 1997 Apr;20(4):568-76. PMID: 9096982. **X-2, X-4**
3297. Ruggiero L, Moadsiri A, Butler P, et al. Supporting diabetes self-care in underserved populations: a randomized pilot study using medical assistant coaches. *Diabetes Educ.* 2010 Jan-Feb;36(1):127-31. PMID: 20185612. **X-4**
3298. Rujiwatthanakorn D, Panpakdee O, Malathum P, et al. Effectiveness of a self-management program for Thais with essential hypertension. *Pacific Rim International Journal of Nursing Research.* 2011;15(2):97-109. **X-3, X-4**
3299. Runck B. NIMH to launch major campaign on recognition and treatment of depression. *Hosp Community Psychiatry.* 1986 Aug;37(8):779-80, 88. PMID: 3015762. **X-1, X-2, X-3, X-4, X-5, X-6**
3300. Runions J. A program for psychological and social enhancement during rehabilitation after myocardial infarction. *Heart Lung.* 1985 Mar;14(2):117-25. PMID: 3844391. **X-1, X-6, X-7, X-9**
3301. Ruppap TM. Randomized pilot study of a behavioral feedback intervention to improve medication adherence in older adults with hypertension. *Journal of Cardiovascular Nursing.* 2010 Nov-Dec;25(6):470-9. PMID: 20856132. **X-4, X-6**
3302. Russell D. A queer practice. *Aust Fam Physician.* 2004 Jan-Feb;33(1-2):9-10. PMID: 14988948. **X-1, X-2, X-3, X-4, X-5, X-6**
3303. Russell KM, Champion VL, Monahan PO, et al. Randomized trial of a lay health advisor and computer intervention to increase mammography screening in African American women. *Cancer Epidemiol Biomarkers Prev.* 2010 Jan;19(1):201-10. PMID: 20056639. **X-9**
3304. Ruthven L. Will NCQA/HEDIS take health care to the promised land? *Manag Care Interface.* 2000 Dec;13(12):62-3. PMID: 11141725. **X-1, X-2, X-3, X-4, X-5, X-6**
3305. Ryan AM, Gee GC, Griffith D. The effects of perceived discrimination on diabetes management. *Journal of Health Care for the Poor and Underserved.* 2008 Feb;19(1):149-63. PMID: 18263991. **X-2, X-4**
3306. Ryan AM, Gee GC, Laflamme DF. The Association between self-reported discrimination, physical health and blood pressure: findings from African Americans, Black immigrants, and Latino immigrants in New Hampshire. *J Health Care Poor Underserved.* 2006 May;17(2 Suppl):116-32. PMID: 16809879. **X-2, X-4**

3307. Ryan GW, Martinez H, Pelto GH. Methodological issues for eliciting local signs/symptoms/illness terms associated with acute respiratory illnesses. *Arch Med Res.* 1996 Autumn;27(3):359-65. PMID: 8854396. **X-1, X-2, X-4, X-5, X-6**
3308. Ryan S. Chronic obstructive pulmonary disease: boosting quality of life. *Community Nurse.* 2000 Apr;6(3):31-2. PMID: 12778504. **X-1, X-2, X-3, X-4, X-5, X-6**
3309. Rydman RJ, Sonenthal K, Tadimeti L, et al. Evaluating the outcome of two teaching methods of breath actuated inhaler in an inner city asthma clinic. *J Med Syst.* 1999 Oct;23(5):349-56. PMID: 10587915. **X-6, X-7, X-9**
3310. Rygg LO, Rise MB, Lomundal B, et al. Reasons for participation in group-based type 2 diabetes self-management education. A qualitative study. *Scand J Public Health.* 2010 Dec;38(8):788-93. PMID: 20833706. **X-2, X-3, X-4, X-6**
3311. Saaddine JB, Cadwell B, Gregg EW, et al. Improvements in diabetes processes of care and intermediate outcomes: United States, 1988-2002. *Ann Intern Med.* 2006 Apr 4;144(7):465-74. PMID: 16585660. **X-2, X-4**
3312. Saaddine JB, Engelgau MM, Beckles GL, et al. A diabetes report card for the United States: quality of care in the 1990s. *Ann Intern Med.* 2002 Apr 16;136(8):565-74. PMID: 11955024. **X-2, X-4**
3313. Saad-Harfouche FG, Jandorf L, Gage E, et al. Esperanza y Vida: training lay health advisors and cancer survivors to promote breast and cervical cancer screening in Latinas. *J Community Health.* 2011 Apr;36(2):219-27. PMID: 20711645. **X-2, X-4**
3314. Saad-Harfouche FG, Jandorf L, Gage E, et al. Esperanza y vida: Training lay health advisors and cancer survivors to promote breast and cervical cancer screening in Latinas. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention.* 2011 Apr;36(2):219-27. PMID: 20711645. **X-2, X-4, X-5, X-6**
3315. Saastad E, Vangen S, Froen JF. Suboptimal care in stillbirths - a retrospective audit study. *Acta Obstet Gynecol Scand.* 2007;86(4):444-50. PMID: 17486466. **X-2, X-3, X-4, X-6**
3316. Sackoff J, McFarland J, Su S, et al. Prophylaxis for opportunistic infections among HIV-infected patients receiving medical care. *J Acquir Immune Defic Syndr Hum Retrovirol.* 1998 Dec 1;19(4):387-92. PMID: 9833748. **X-6, X-7, X-9**
3317. Sacksteder P, Schatell D. The Renaissance in renal rehabilitation: 2001. Part. II. *Nephrol News Issues.* 2001 Oct;15(11):61-8. PMID: 12098985. **X-1, X-2, X-4, X-5, X-6**
3318. Sadler GR, Dong HS, Ko CM, et al. Vietnamese American women: breast cancer knowledge, attitudes, and screening adherence. *Am J Health Promot.* 2001 Mar-Apr;15(4):211-4, ii. PMID: 11349339. **X-2, X-4**
3319. Sadler GR, Gonzalez J, Mumman M, et al. Adapting a program to inform African American and Hispanic American women about cancer clinical trials. *J Cancer Educ.* 2010 Jun;25(2):142-5. PMID: 20146043. **X-7, X-9**
3320. Sadler GR, Hung J, Beerman PR, et al. Then and now: comparison of baseline breast cancer screening rates at 2 time intervals. *J Cancer Educ.* 2009;24(1):4-9. PMID: 19259858. **X-2, X-4**

3321. Sadler GR, Ryuji LT, Ko CM, et al. Korean women: breast cancer knowledge, attitudes and behaviors. *BMC Public Health*. 2001;1:7. PMID: 11553321. **X-2, X-4**
3322. Sadler GR, Thomas AG, Yen JY, et al. Breast cancer education program based in Asian grocery stores. *J Cancer Educ*. 2000 Fall;15(3):173-7. PMID: 11019767. **X-6, X-7, X-9**
3323. Sadler GR, Wang K, Wang M, et al. Chinese women: behaviors and attitudes toward breast cancer education and screening. *Womens Health Issues*. 2000 Jan-Feb;10(1):20-6. PMID: 10697465. **X-2, X-3, X-4**
3324. Sadler GR, York C, Madlensky L, et al. Health parties for African American study recruitment. *J Cancer Educ*. 2006 Summer;21(2):71-6. PMID: 17020516. **X-5, X-7, X-8, X-9, X-10**
3325. Sahip Y, Turan JM. Education for expectant fathers in workplaces in Turkey. *J Biosoc Sci*. 2007 Nov;39(6):843-60. PMID: 17537276. **X-3, X-5**
3326. Saily JC, Lenne X, Bercez C, et al. Costs of hospitalization for severe acute asthma of patients not treated according to guidelines and recommendations. French prospective study of 169 cases. *Eur J Health Econ*. 2005 Jun;6(2):94-101. PMID: 15761774. **X-2, X-3, X-4, X-6**
3327. Sakagami T, Okumiya K, Ishine M, et al. Comprehensive geriatric assessment for community-dwelling elderly in Asia compared with those in Japan: II. Hongchon in Korea. *Geriatrics & Gerontology International*. 2005;5(2):107-14. **X-2, X-3, X-4, X-5**
3328. Sakraida TJ, Robinson MV. Health literacy self-management by patients with type 2 diabetes and stage 3 chronic kidney disease. *West J Nurs Res*. 2009 Aug;31(5):627-47. PMID: 19390053. **X-2, X-4**
3329. Salas Zapata C, Grisales Romero H. Calidad de vida y factores asociados en mujeres con cancer de mama en Antioquia, Colombia. *Revista Panamericana de Salud Publica*. 2010;28(1):9-18. **X-2, X-3, X-4, X-6**
3330. Saleh SS, Phillips KT, Schootman M, et al. Evaluation of Medicaid status, race, and urbanicity as risk factors for asthma hospitalization. *Texas Journal of Rural Health*. 2001;19(1):49-56. **X-2, X-4**
3331. Salomone M, Canavese C, Bergamo D, et al. Guidelines audit may overcome disparities in health care: experience of an Italian region. *J Nephrol*. 2006 May-Jun;19(3):296-302. PMID: 16874688. **X-3**
3332. Salonen JT, Hamynen H, Heinonen OP. Impact of a health education program and other factors on stopping smoking after heart attack. *Scand J Soc Med*. 1985;13(3):103-8. PMID: 4023664. **X-3**
3333. Salt A, Redshaw M. Neurodevelopmental follow-up after preterm birth: follow up after two years. *Early Hum Dev*. 2006 Mar;82(3):185-97. PMID: 16530991. **X-2, X-4, X-5**
3334. Salto LM, Cordero-MacIntyre Z, Beeson L, et al. En Balance participants decrease dietary fat and cholesterol intake as part of a culturally sensitive Hispanic diabetes education program. *Diabetes Educ*. 2011 Mar-Apr;37(2):239-53. PMID: 21343598. **X-4**

3335. Salvalaggio G, Kelly L, Minore B. Perspectives on health: experiences of First Nations dialysis patients relocated from remote communities for treatment. *Canadian Journal of Rural Medicine*. 2003 Winter;8(1):19-24. **X-2, X-3, X-4**
3336. Samal D, Greisenegger S, Auff E, et al. The relation between knowledge about hypertension and education in hospitalized patients with stroke in Vienna. *Stroke*. 2007 Apr;38(4):1304-8. PMID: 17322074. **X-2, X-3, X-4, X-6**
3337. Samir A, Nour W. Self-management among Egyptian heart failure patients. *Int J Nurs Pract*. 2011 Jun;17(3):221-30. PMID: 21605261. **X-2, X-4**
3338. Samuel-Hodge CD, DeVellis RF, Ammerman A, et al. Reliability and validity of a measure of perceived diabetes and dietary competence in African American women with type 2 diabetes. *Diabetes Educ*. 2002 Nov-Dec;28(6):979-88. PMID: 12526638. **X-2, X-4**
3339. Samuel-Hodge CD, Headen SW, Skelly AH, et al. Influences on day-to-day self-management of type 2 diabetes among African-American women: spirituality, the multi-caregiver role, and other social context factors. *Diabetes Care*. 2000 Jul;23(7):928-33. PMID: 10895842. **X-2, X-4**
3340. Samuel-Hodge CD, Keyserling TC, France R, et al. A church-based diabetes self-management education program for African Americans with type 2 diabetes. *Prev Chronic Dis*. 2006 Jul;3(3):A93. PMID: 16776894. **X-7, X-9**
3341. Samuel-Hodge CD, Keyserling TC, Park S, et al. A randomized trial of a church-based diabetes self-management program for African Americans with type 2 diabetes. *Diabetes Educ*. 2009 May-Jun;35(3):439-54. PMID: 19383882. **X-9**
3342. Samuel-Hodge CD, Skelly AH, Headen S, et al. Familial roles of older African-American women with type 2 diabetes: testing of a new multiple caregiving measure. *Ethn Dis*. 2005 Summer;15(3):436-43. PMID: 16108304. **X-2, X-4**
3343. Samuel-Hodge CD, Watkins DC, Rowell KL, et al. Coping styles, well-being, and self-care behaviors among African Americans with type 2 diabetes. *Diabetes Educ*. 2008 May-Jun;34(3):501-10. PMID: 18535323. **X-2, X-4**
3344. Samuels-Dennis J. Employment status, depressive symptoms, and the mediating/moderating effects of single mothers' coping repertoire. *Public Health Nurs*. 2007 Nov-Dec;24(6):491-502. PMID: 17973726. **X-2, X-4, X-5**
3345. Sanchez CD, Newby LK, McGuire DK, et al. Diabetes-related knowledge, atherosclerotic risk factor control, and outcomes in acute coronary syndromes. *Am J Cardiol*. 2005 Jun 1;95(11):1290-4. PMID: 15904631. **X-2, X-4, X-6**
3346. Sanchez I. Implementation of a diabetes self-management education program in primary care for adults using shared medical appointments. *The Diabetes Educator*. 2011 May-Jun;37(3):381-91. **X-6, X-9**
3347. Sanchez-Martinez M, Otero A. Factors associated with cell phone use in adolescents in the community of Madrid (Spain). *Cyberpsychol Behav*. 2009 Apr;12(2):131-7. PMID: 19072078. **X-2, X-3, X-4, X-5, X-6**

3348. Sanders KM, Satyvavolu A. Improving blood pressure control in diabetes: limitations of a clinical reminder in influencing physician behavior. *J Contin Educ Health Prof.* 2002 Winter;22(1):23-32. PMID: 12004637. **X-6**
3349. Sanders T, Harrison S. Professional legitimacy claims in the multidisciplinary workplace: the case of heart failure care. *Sociol Health Illn.* 2008 Mar;30(2):289-308. PMID: 18290937. **X-2, X-3, X-4**
3350. Sanders Thompson VL, Cavazos-Rehg PA, Jupka K, et al. Evidential preferences: cultural appropriateness strategies in health communications. *Health Educ Res.* 2008 Jun;23(3):549-59. PMID: 17631608. **X-2, X-4**
3351. Santati S, Ratinhorn A, Christian B. Parents' experiences in asthma attack prevention: struggling to take control. *Thai Journal of Nursing Research.* 2003;7(3):186-98. **X-2, X-4, X-6**
3352. Santati S, Wittaya-sooporn J, Hanucharurnkul S, et al. Asthma management abilities causal model: an empirical test among parent caregivers of the pre-school asthmatic children. *Thai Journal of Nursing Research.* 2006;10(2):98-112. **X-2, X-3, X-4, X-6**
3353. Santos PR. Correlation between coping style and quality of life among hemodialysis patients from a low-income area in Brazil. *Hemodial Int.* 2010 Jul;14(3):316-21. PMID: 20491971. **X-2, X-3, X-4**
3354. Santoyo-Olsson J, Cabrera J, Freyre R, et al. An innovative multiphased strategy to recruit underserved adults into a randomized trial of a community-based diabetes risk reduction program. *Gerontologist.* 2011 Jun;51 Suppl 1:S82-93. PMID: 21565823. **X-9**
3355. Saounatsou M. Relation between response to illness and compliance in haemodialysis patients. *EDTNA ERCA J.* 1999 Oct-Dec;25(4):32-4. PMID: 10827597. **X-6, X-7, X-9**
3356. Sarfaty M, Feng S. Choice of screening modality in a colorectal cancer education and screening program for the uninsured. *J Cancer Educ.* 2006 Spring;21(1):43-9. PMID: 16918290. **X-7, X-9**
3357. Sarkadi A, Rosenqvist U. Social network and role demands in women's Type 2 diabetes: A model. *Health Care for Women International.* 2002 Sep-Nov;23(6-7):600-11. PMID: 12418982. **X-2, X-4, X-6**
3358. Sarkar U, Fisher L, Schillinger D. Is self-efficacy associated with diabetes self-management across race/ethnicity and health literacy? *Diabetes Care.* 2006 Apr;29(4):823-9. PMID: 16567822. **X-2, X-4**
3359. Sarkar U, Karter AJ, Liu JY, et al. The literacy divide: health literacy and the use of an internet-based patient portal in an integrated health system-results from the diabetes study of northern California (DISTANCE). *J Health Commun.* 2010;15 Suppl 2:183-96. PMID: 20845203. **X-14**
3360. Sarkar U, Karter AJ, Liu JY, et al. The Literacy Divide: Health Literacy and the Use of an Internet-Based Patient Portal in an Integrated Health System Results from the Diabetes Study of Northern California (DISTANCE). *Journal of Health Communication.* 2010;15:183-96. PMID: 20845203 **X-6, X-7, X-9**

3361. Sarkar U, Karter AJ, Liu JY, et al. Hypoglycemia is more common among type 2 diabetes patients with limited health literacy: the Diabetes Study of Northern California (DISTANCE). *J Gen Intern Med*. 2010 Sep;25(9):962-8. PMID: 20480249. **X-2, X-4**
3362. Sarkar U, Piette JD, Gonzales R, et al. Preferences for self-management support: findings from a survey of diabetes patients in safety-net health systems. *Patient Educ Couns*. 2008 Jan;70(1):102-10. PMID: 17997264. **X-2, X-4**
3363. Sarkar U, Schillinger D, Lopez A, et al. Validation of Self-Reported Health Literacy Questions Among Diverse English and Spanish-Speaking Populations. *Journal of General Internal Medicine*. 2011 Mar;26(3):265-71. PMID: 21057882 **X-2, X-4, X-5**
3364. Sarkisian CA, Brusuelas RJ, Steers WN, et al. For the patient. Managing diabetes with cultural sensitivity and self-empowerment. *Ethn Dis*. 2005 Spring;15(2):351. PMID: 15825982. **X-1, X-6, X-7, X-9**
3365. Sarkisian CA, Brusuelas RJ, Steers WN, et al. Using focus groups of older African Americans and Latinos with diabetes to modify a self-care empowerment intervention. *Ethn Dis*. 2005 Spring;15(2):283-91. PMID: 15825975. **X-2, X-4**
3366. Sarrell EM, Mandelberg A, Cohen HA, et al. Compliance of primary care doctors with asthma guidelines and related education programs: the employment factor. *Isr Med Assoc J*. 2002 Jun;4(6):403-6. PMID: 12073408. **X-2, X-3, X-4, X-6**
3367. Satish S, Markides KS, Zhang D, et al. Factors influencing unawareness of hypertension among older Mexican Americans. *Prev Med*. 1997 Sep-Oct;26(5 Pt 1):645-50. PMID: 9327472. **X-2, X-4**
3368. Saunders LD, Irwig LM, Gear JS, et al. A randomized controlled trial of compliance improving strategies in Soweto hypertensives. *Med Care*. 1991 Jul;29(7):669-78. PMID: 2072772. **X-9**
3369. Savic G, Charlifue S, Glass C, et al. British Ageing with SCI Study: changes in physical and psychosocial outcomes over time. *Topics in Spinal Cord Injury Rehabilitation*. 2010 Winter;15(3):41-53. **X-2, X-3, X-4, X-5, X-6**
3370. Saville SK, Wetta-Hall R, Hawley SR, et al. An assessment of a pilot asthma education program for childcare workers in a high-prevalence county. *Respir Care*. 2008 Dec;53(12):1691-6. PMID: 19025704. **X-6, X-7, X-9**
3371. Savoca MR, Miller CK, Ludwig DA. Food habits are related to glycemic control among people with type 2 diabetes mellitus. *J Am Diet Assoc*. 2004 Apr;104(4):560-6. PMID: 15054341. **X-2, X-4**
3372. Savoca MR, Miller CK, Quandt SA. Profiles of people with type 2 diabetes mellitus: the extremes of glycemic control. *Soc Sci Med*. 2004 Jun;58(12):2655-66. PMID: 15081213. **X-2, X-4**
3373. Sawyer RG, Pinciario PJ, Anderson-Sawyer A. Pregnancy testing and counseling: a university health center's 5-year experience. *J Am Coll Health*. 1998 Mar;46(5):221-5. PMID: 9558821. **X-2, X-4, X-6**

3374. Sawyer SM, Farrant B, Cerritelli B, et al. A survey of sexual and reproductive health in men with cystic fibrosis: new challenges for adolescent and adult services. *Thorax*. 2005 Apr;60(4):326-30. PMID: 15790989. **X-2, X-4, X-6**
3375. Sawyer SM, Phelan PD, Bowes G. Reproductive health in young women with cystic fibrosis: knowledge, behavior and attitudes. *J Adolesc Health*. 1995 Jul;17(1):46-50. PMID: 7578163. **X-2, X-3, X-4**
3376. Sawyer SM, Tully MA, Colin AA. Reproductive and sexual health in males with cystic fibrosis: a case for health professional education and training. *J Adolesc Health*. 2001 Jan;28(1):36-40. PMID: 11137904. **X-2, X-4**
3377. Saxena S, Car J, Eldred D, et al. Practice size, caseload, deprivation and quality of care of patients with coronary heart disease, hypertension and stroke in primary care: national cross-sectional study. *BMC Health Serv Res*. 2007;7:96. PMID: 17597518. **X-2, X-3, X-4**
3378. Scala M. Medicare preventive services. *Issue Brief Cent Medicare Educ*. 2001;2(5):1-8. PMID: 11859898. **X-1, X-2, X-4, X-6**
3379. Scanlon K, Wood A. Breast cancer awareness in Britain: are there differences based on ethnicity? *Diversity in Health & Social Care*. 2005;2(3):211-21. **X-2, X-3, X-4**
3380. Scaramuzza A, De Palma A, Mameli C, et al. Adolescents with type 1 diabetes and risky behaviour. *Acta Paediatr*. 2010 Aug;99(8):1237-41. PMID: 20377535. **X-2, X-3, X-4**
3381. 3382. Scarfone RJ, Zorc JJ, Capraro GA. Patient self-management of acute asthma: adherence to national guidelines a decade later. *Pediatrics*. 2001 Dec;108(6):1332-8. PMID: 11731656. **X-2, X-4, X-6**
3382. Schatell D, Wise M, Klicko K, et al. In-center hemodialysis patients' use of the internet in the United States: a national survey. *Am J Kidney Dis*. 2006 Aug;48(2):285-91. PMID: 16860195. **X-2, X-4, X-6**
3383. Schatz M, Gibbons C, Nelle C, et al. Impact of a care manager on the outcomes of higher risk asthmatic patients: a randomized controlled trial. *J Asthma*. 2006 Apr;43(3):225-9. PMID: 16754526. **X-6, X-9**
3384. Schechter MS. Non-genetic influences on CF lung disease: the role of sociodemographic characteristics, environmental exposures and healthcare interventions. *Pediatr Pulmonol Suppl*. 2004;26:82-5. PMID: 15029607. **X-1, X-6, X-7, X-9**
3385. Schechter MS, McColley SA, Silva S, et al. Association of socioeconomic status with the use of chronic therapies and healthcare utilization in children with cystic fibrosis. *J Pediatr*. 2009 Nov;155(5):634-9 e1-4. PMID: 19608199. **X-2, X-4**
3386. Schectman JM, Nadkarni MM, Voss JD. The association between diabetes metabolic control and drug adherence in an indigent population. *Diabetes Care*. 2002 Jun;25(6):1015-21. PMID: 12032108. **X-2**
3387. Schectman JM, Schorling JB, Voss JD. Appointment adherence and disparities in outcomes among patients with diabetes. *J Gen Intern Med*. 2008 Oct;23(10):1685-7. PMID: 18661189. **X-2, X-4**

3388. Schenker Y, Stewart A, Na B, et al. Depressive Symptoms and Perceived Doctor-Patient Communication in the Heart and Soul Study. *Journal of General Internal Medicine*. 2009 May;24(5):550-6. PMID: 19274477. **X-2, X-4**
3389. Schensul JJ, Radda K, Coman E, et al. Multi-level intervention to prevent influenza infections in older low income and minority adults. *American Journal of Community Psychology*. 2009 Jun;43(3-4):313-29. PMID: 19387822. **X-5**
3390. Schensul JJ, Robison J, Reyes C, et al. Building interdisciplinary/intersectoral research partnerships for community-based mental health research with older minority adults. *Am J Community Psychol*. 2006 Sep;38(1-2):79-93. PMID: 16909316. **X-1, X-6, X-7, X-9**
3391. Schiel R, Bocklitz G, Braun A, et al. Cognitive function and quality of diabetes care in patients with Type-2-diabetes mellitus in general practitioner practice. *Eur J Med Res*. 2003 Sep 29;8(9):419-27. PMID: 14555298. **X-2, X-3, X-4**
3392. Schiel R, Muller UA. Intensive or conventional insulin therapy in type 2 diabetic patients? A population-based study on metabolic control and quality of life (The JEVIN-trial). *Exp Clin Endocrinol Diabetes*. 1999;107(8):506-11. PMID: 10612481. **X-3, X-4**
3393. Schifano P, Scarinci M, Borgia P, et al. Analysis of the recourse to conservative surgery in the treatment of breast tumors. *Tumori*. 2002 Mar-Apr;88(2):131-6. PMID: 12088253. **X-3, X-6, X-7, X-9**
3394. Schillinger D, Barton LR, Karter AJ, et al. Does literacy mediate the relationship between education and health outcomes? A study of a low-income population with diabetes. *Public Health Reports*. 2006 May-Jun;121(3):245-54. PMID: 16640146 **X-6, X-7, X-9**
3395. Schillinger D, Bindman A, Wang F, et al. Functional health literacy and the quality of physician-patient communication among diabetes patients. *Patient Educ Couns*. 2004 Mar;52(3):315-23. PMID: 14998602. **X-2, X-4**
3396. Schillinger D, Grumbach K, Piette J, et al. Association of health literacy with diabetes outcomes. *JAMA*. 2002 Jul 24-31;288(4):475-82. PMID: 12132978. **X-2, X-4**
3397. Schillinger D, Hammer H, Wang F, et al. Seeing in 3-D: examining the reach of diabetes self-management support strategies in a public health care system. *Health Educ Behav*. 2008 Oct;35(5):664-82. PMID: 17513690. **X-4, X-9**
3398. Schillinger D, Handley M, Wang F, et al. Effects of self-management support on structure, process, and outcomes among vulnerable patients with diabetes: a three-arm practical clinical trial. *Diabetes Care*. 2009 Apr;32(4):559-66. PMID: 19131469. **X-9**
3399. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med*. 2003 Jan 13;163(1):83-90. PMID: 12523921. **X-6, X-7, X-9**
3400. Schirmer J. High-risk diabetic pregnancy and work: two hard-to-reconcile circumstances. *Revista Panamericana de Salud Pública*. 1997;2(6):408-14. **X-2, X-3, X-4, X-6**
3401. Schlichting JA, Quinn MT, Heuer LJ, et al. Provider perceptions of limited health literacy in community health centers. *Patient Education and Counseling*. 2007 Dec;69(1-3):114-20. PMID: 17889494 **X-2, X-4, X-5**

3402. Schlundt DG, Franklin MD, Patel K, et al. Religious affiliation, health behaviors and outcomes: Nashville REACH 2010. *Am J Health Behav.* 2008 Nov-Dec;32(6):714-24. PMID: 18442350. **X-2, X-4, X-5, X-6**
3403. Schlundt DG, Greene C, Reid R, et al. An evaluation of the Nashville REACH 2010 community health screening strategy. *J Ambul Care Manage.* 2006 Apr-Jun;29(2):151-61. PMID: 16552324. **X-6, X-7, X-9**
3404. Schlundt DG, Mushi C, Larson CO, et al. Use of innovative technologies in the evaluation of Nashville's REACH 2010 community action plan: reducing disparities in cardiovascular disease and diabetes in the African American community. *J Ambul Care Manage.* 2001 Jul;24(3):51-60. PMID: 11433556. **X-1, X-6, X-7, X-9**
3405. Schlundt DG, Niebler S, Brown A, et al. Disparities in smoking: data from the Nashville REACH 2010 project. *J Ambul Care Manage.* 2007 Apr-Jun;30(2):150-8. PMID: 17495684. **X-2, X-4**
3406. Schmitt J, Balsler M, Reif W. Verification of medical guidelines in KIV. *Stud Health Technol Inform.* 2008;139:253-62. PMID: 18806334. **X-2, X-3, X-4, X-6**
3407. Schmitt MR, Miller MJ, Harrison DL, et al. Communicating non-steroidal anti-inflammatory drug risks: Verbal counseling, written medicine information, and patients' risk awareness. *Patient Education and Counseling.* 2011 Jun;83(3):391-7. PMID: 21129892 **X-2, X-4, X-5**
3408. Schnell R, Currie LM, Jia H, et al. Effect of nurse reminder on depression screening rates in racial/ethnic minorities. *AMIA Annu Symp Proc.* 2008:1125. PMID: 18998860. **X-7, X-9**
3409. Schnell R, Currie LM, Jia H, et al. Predictors of depression screening rates of nurses receiving a personal digital assistant-based reminder to screen. *J Urban Health.* 2010 Jul;87(4):703-12. PMID: 20549570. **X-6, X-9, X-11**
3410. Schneider B, Martin S, Heinemann L, et al. Interrelations between diabetes therapy, self-monitoring of blood glucose, blood glucose and non-fatal or fatal endpoints in patients with type 2 diabetes / results of a longitudinal cohort study (ROSSO 5). *Arzneimittelforschung.* 2007;57(12):762-9. PMID: 18380408. **X-2, X-3, X-4, X-6**
3411. Schneider EC, Cleary PD, Zaslavsky AM, et al. Racial disparity in influenza vaccination: does managed care narrow the gap between African Americans and whites? *JAMA.* 2001 Sep 26;286(12):1455-60. PMID: 11572737. **X-2, X-5**
3412. Schneider EC, Zaslavsky AM, Epstein AM. Racial disparities in the quality of care for enrollees in medicare managed care. *JAMA.* 2002 Mar 13;287(10):1288-94. PMID: 11886320. **X-2, X-4**
3413. Schneider RH, Alexander CN, Staggers F, et al. A randomized controlled trial of stress reduction in African Americans treated for hypertension for over one year. *Am J Hypertens.* 2005 Jan;18(1):88-98. PMID: 15691622. **X-6, X-7, X-9**
3414. Schneider RH, Staggers F, Alexander CN, et al. A randomised controlled trial of stress reduction for hypertension in older African Americans. *Hypertension.* 1995 Nov;26(5):820-7. PMID: 7591024. **X-7, X-9**

3415. Schneider TR, Salovey P, Apanovitch AM, et al. The effects of message framing and ethnic targeting on mammography use among low-income women. *Health Psychol.* 2001 Jul;20(4):256-66. PMID: 11515737. **X-7, X-9**
3416. Schnipper JL, Roumie CL, Cawthon C, et al. Rationale and design of the Pharmacist Intervention for Low Literacy in Cardiovascular Disease (PILL-CVD) study. *Circ Cardiovasc Qual Outcomes.* 2010 Mar;3(2):212-9. PMID: 20233982. **X-1, X-6, X-9**
3417. Schoenbaum M, Kelleher K, Lave JR, et al. Exploratory evidence on the market for effective depression care in Pittsburgh. *Psychiatr Serv.* 2004 Apr;55(4):392-5. PMID: 15067150. **X-2, X-4, X-6**
3418. Schoenbaum M, Unutzer J, McCaffrey D, et al. The effects of primary care depression treatment on patients' clinical status and employment. *Health Serv Res.* 2002 Oct;37(5):1145-58. PMID: 12479490. **X-6, X-9**
3419. Schoenbaum M, Unutzer J, Sherbourne C, et al. Cost-effectiveness of practice-initiated quality improvement for depression: results of a randomized controlled trial. *JAMA.* 2001 Sep 19;286(11):1325-30. PMID: 11560537. **X-6, X-9**
3420. Schoenberg NE, Amey CH, Coward RT. Diabetes knowledge and sources of information among African American and white older women. *Diabetes Educ.* 1998 May-Jun;24(3):319-24. PMID: 9677949. **X-2, X-4**
3421. Schoenberg NE, Bardach SH, Manchikanti KN, et al. Appalachian residents' experiences with and management of multiple morbidity. *Qual Health Res.* 2011 May;21(5):601-11. PMID: 21263063. **X-2, X-4**
3422. Schoenberg NE, Drew EM, Stoller EP, et al. Situating stress: lessons from lay discourses on diabetes. *Med Anthropol Q.* 2005 Jun;19(2):171-93. PMID: 15974326. **X-2, X-4**
3423. Schoenberg NE, Drungle SC. Barriers to non-insulin dependent diabetes mellitus (NIDDM) self-care practices among older women. *J Aging Health.* 2001 Nov;13(4):443-66. PMID: 11813736. **X-2, X-4**
3424. Schoenberg NE, Stoller EP, Kart CS, et al. Complementary and alternative medicine use among a multiethnic sample of older adults with diabetes. *J Altern Complement Med.* 2004 Dec;10(6):1061-6. PMID: 15674002. **X-2, X-4**
3425. Schoenberg NE, Traywick LS, Jacobs-Lawson J, et al. Diabetes self-care among a multiethnic sample of older adults. *J Cross Cult Gerontol.* 2008 Dec;23(4):361-76. PMID: 18369715. **X-2, X-4**
3426. Schokker MC, Keers JC, Bouma J, et al. The impact of social comparison information on motivation in patients with diabetes as a function of regulatory focus and self-efficacy. *Health Psychol.* 2010 Jul;29(4):438-45. PMID: 20658832. **X-6, X-7, X-9**
3427. Schokker MC, Links TP, Bouma J, et al. The role of overprotection by the partner in coping with diabetes: A moderated mediation model. *Psychology & Health.* 2011 Jan;26(1):95-111. PMID: 20204978. **X-2, X-4**
3428. Schonlau M, Mangione-Smith R, Chan KS, et al. Evaluation of a quality improvement collaborative in asthma care: does it improve processes and outcomes of care? *Ann Fam Med.* 2005 May-Jun;3(3):200-8. PMID: 15928222. **X-6**

3429. Schootman M, Myers-Gadelmann J, Fuortes L. Factors associated with adequacy of diagnostic workup after abnormal breast cancer screening results. *J Am Board Fam Pract.* 2000 Mar-Apr;13(2):94-100. PMID: 10764189. **X-2, X-4, X-6**
3430. Schraer CD, Mayer AM, Vogt AM, et al. The Alaska Native diabetes program. *Int J Circumpolar Health.* 2001 Nov;60(4):487-94. PMID: 11768423. **X-2, X-4**
3431. Schrag SJ, Arnold KE, Mohle-Boetani JC, et al. Prenatal screening for infectious diseases and opportunities for prevention. *Obstet Gynecol.* 2003 Oct;102(4):753-60. PMID: 14551005. **X-2, X-4**
3432. Schreiner DT, Petrusa ER, Rettie CS, et al. Improving compliance with preventive medicine procedures in a house staff training program. *South Med J.* 1988 Dec;81(12):1553-7. PMID: 3201302. **X-6**
3433. Schultz J, Joish V. Costs associated with changes in antidepressant treatment in a managed care population with major depressive disorder. *Psychiatr Serv.* 2009 Dec;60(12):1604-11. PMID: 19952150. **X-2, X-4**
3434. Schultz N, Farrell P. Enhancing power and educating: urban aboriginal family caregivers' perspectives of caring for a child who has chronic renal failure. *CANNT Journal.* 1998;8(3):18-24. **X-3, X-4, X-6, X-7, X-9**
3435. Schwartz MD, Benkendorf J, Lerman C, et al. Impact of educational print materials on knowledge, attitudes, and interest in BRCA1/BRCA2: testing among Ashkenazi Jewish women. *Cancer.* 2001 Aug 15;92(4):932-40. PMID: 11550168. **X-6, X-7, X-9**
3436. Schwartz MD, Rimer BK, Daly M, et al. A randomized trial of breast cancer risk counseling: the impact on self-reported mammography use. *Am J Public Health.* 1999 Jun;89(6):924-6. PMID: 10358689. **X-6, X-7, X-9**
3437. Schwartzberg JG, Cowett A, VanGeest J, et al. Communication techniques for patients with low health literacy: A survey of physicians, nurses, and pharmacists. *American Journal of Health Behavior. Special Issue: Health literacy.* 2007 Sep-Oct;31(Suppl1):S96-S104. PMID: 17931143. **X-2, X-4, X-5**
3438. Scisney-Matlock M, Glazewki L, McClerking C, et al. Development and evaluation of DASH diet tailored messages for hypertension treatment. *Appl Nurs Res.* 2006 May;19(2):78-87. PMID: 16728291. **X-4**
3439. Scisney-Matlock M, Grand A, Steigerwalt SP, et al. Reliability and reproducibility of clinic and home blood pressure measurements in hypertensive women according to age and ethnicity. *Blood Press Monit.* 2009 Apr;14(2):49-57. PMID: 19305185. **X-2, X-4**
3440. Scisney-Matlock M, Watkins K. Examination of factor structure of the cognitive representations of hypertension scale for ethnic equivalence. *Ethn Dis.* 1999 Winter;9(1):33-47. PMID: 10355473. **X-2, X-4, X-6**
3441. Scott D, French S, Rudy G. Whitiora--a bridge to good health for South Auckland diabetics. *N Z Hosp.* 1987 Nov-Dec;39(8):19-20, 2. PMID: 10286524. **X-3**
3442. Scott P. Lay beliefs and the management of disease amongst West Indians with diabetes. *Health & Social Care in the Community.* 1998;6(6):407-19. **X-2, X-3, X-4**

3443. Scott TL, Gazmararian JA, Williams MV, et al. Health literacy and preventive health care use among Medicare enrollees in a managed care organization. *Med Care*. 2002 May;40(5):395-404. PMID: 11961474. **X-2, X-4**
3444. Scupholme A, DeJoseph J, Strobino DM, et al. Nurse-midwifery care to vulnerable populations. Phase I: Demographic characteristics of the National CNM Sample. *J Nurse Midwifery*. 1992 Sep-Oct;37(5):341-8. PMID: 1403179. **X-2, X-4, X-5**
3445. Sealy PA, Fraser J, Simpson JP, et al. Community awareness of postpartum depression. *J Obstet Gynecol Neonatal Nurs*. 2009 Mar-Apr;38(2):121-33. PMID: 19323709. **X-2, X-3, X-4, X-5**
3446. Searle J. Fearing the worst--why do pregnant women feel 'at risk'? *Aust N Z J Obstet Gynaecol*. 1996 Aug;36(3):279-86. PMID: 8883751. **X-2, X-3, X-4**
3447. Sears SR, Stanton AL, Kwan L, et al. Recruitment and retention challenges in breast cancer survivorship research: results from a multisite, randomized intervention trial in women with early stage breast cancer. *Cancer Epidemiol Biomarkers Prev*. 2003 Oct;12(10):1087-90. PMID: 14578147. **X-6, X-7, X-9**
3448. Secrest AM, Costacou T, Gutelius B, et al. Associations between socioeconomic status and major complications in type 1 diabetes: the Pittsburgh epidemiology of diabetes complication (EDC) Study. *Ann Epidemiol*. 2011 May;21(5):374-81. PMID: 21458731. **X-2**
3449. Seeherunwong A, Boontong T, Sindhu S, et al. Self-regaining from loss of self-worth: a substantive theory of recovering from depression of middle-aged Thai women [corrected] [published erratum appears in *THAI J NURS RES* 2003 Jan-Mar;7(1):no pagination]. *Thai Journal of Nursing Research*. 2002;6(4):186-99. **X-2, X-3, X-4, X-6**
3450. Segal DL, Levenson S, Coolidge FL. Global self-rated health status predicts reasons for living among older adults. *Clinical Gerontologist*. 2008;31(4):122-32. **X-2, X-4, X-6**
3451. Segrin C, Badger T, Dorros SM, et al. Interdependent anxiety and psychological distress in women with breast cancer and their partners. *Psychooncology*. 2007 Jul;16(7):634-43. PMID: 17094160. **X-2, X-4**
3452. Segura JM, Castells X, Casamitjana M, et al. A randomized controlled trial comparing three invitation strategies in a breast cancer screening program. *Preventive Medicine: An International Journal Devoted to Practice and Theory*. 2001 Oct;33(4):325-32. PMID: 11570837. **X-3, X-6**
3453. Sehgal AR. Impact of quality improvement efforts on race and sex disparities in hemodialysis. *JAMA*. 2003 Feb 26;289(8):996-1000. PMID: 12597751. **X-12**
3454. Sehgal AR, Leon JB, Siminoff LA, et al. Improving the quality of hemodialysis treatment: a community-based randomized controlled trial to overcome patient-specific barriers. *JAMA*. 2002 Apr 17;287(15):1961-7. PMID: 11960538. **X-6**
3455. Seicean S, Seicean A. Insomnia in adult Latino immigrants in the United States. *Hispanic Health Care International*. 2010;8(4):227-34. **X-2, X-4, X-5**

3456. Seid M, Opiari-Arrigan L, Gelhard LR, et al. Barriers to Care Questionnaire: Reliability, Validity, and Responsiveness to Change Among Parents of Children With Asthma. *Academic Pediatrics*. 2009 Mar-Apr;9(2):106-13. PMID: 19329101. **X-2, X-4**
3457. Seid M, Varni JW, Gidwani P, et al. Problem-solving skills training for vulnerable families of children with persistent asthma: report of a randomized trial on health-related quality of life outcomes. *J Pediatr Psychol*. 2010 Nov;35(10):1133-43. PMID: 20061311. **X-7, X-9**
3458. Seidel MC, Powell RO, Zgibor JC, et al. Translating the Diabetes Prevention Program into an urban medically underserved community: a nonrandomized prospective intervention study. *Diabetes Care*. 2008 Apr;31(4):684-9. PMID: 18252904. **X-6, X-7, X-9**
3459. Selby JV, Swain BE, Gerzoff RB, et al. Understanding the gap between good processes of diabetes care and poor intermediate outcomes: Translating research into action for diabetes (TRIAD). *Medical Care*. 2007 Dec;45(12):1144-53. PMID: 18007164. **X-6, X-7, X-9**
3460. Selig S, Tropiano E, Greene-Moton E. Teaching cultural competence to reduce health disparities. *Health Promot Pract*. 2006 Jul;7(3 Suppl):247S-55S. PMID: 16760244. **X-1, X-2, X-4, X-5**
3461. Seligman HK, Davis TC, Schillinger D, et al. Food insecurity is associated with hypoglycemia and poor diabetes self-management in a low-income sample with diabetes. *J Health Care Poor Underserved*. 2010 Nov;21(4):1227-33. PMID: 21099074. **X-2, X-4**
3462. Seligman HK, Wallace AS, DeWalt DA, et al. Facilitating Behavior change with low-literacy patient education materials. *American Journal of Health Behavior*. 2007 Sep-Oct;31:S69-S78. PMID: 17931139 **X-1, X-6, X-7, X-9**
3463. Seligman HK, Wang FF, Palacios JL, et al. Physician notification of their diabetes patients' limited health literacy. A randomized, controlled trial. *J Gen Intern Med*. 2005 Nov;20(11):1001-7. PMID: 16307624. **X-9**
3464. Sentell TL, Ratcliff-Baird B. Literacy and comprehension of Beck Depression Inventory response alternatives. *Community Ment Health J*. 2003 Aug;39(4):323-31. PMID: 12908646. **X-2, X-3, X-10**
3465. Sequist TD, Adams A, Zhang F, et al. Effect of quality improvement on racial disparities in diabetes care. *Arch Intern Med*. 2006 Mar 27;166(6):675-81. PMID: 16567608. **X-11, X-12**
3466. Sequist TD, Fitzmaurice GM, Marshall R, et al. Physician performance and racial disparities in diabetes mellitus care. *Arch Intern Med*. 2008 Jun 9;168(11):1145-51. PMID: 18541821. **X-2, X-4**
3467. Sequist TD, Gandhi TK, Karson AS, et al. A randomized trial of electronic clinical reminders to improve quality of care for diabetes and coronary artery disease. *J Am Med Inform Assoc*. 2005 Jul-Aug;12(4):431-7. PMID: 15802479. **X-6**

3468. Serber ER, Finch NJ, Leman RB, et al. Disparities in preferences for receiving support and education among patients with implantable cardioverter defibrillators. *Pacing Clin Electrophysiol.* 2009 Mar;32(3):383-90. PMID: 19272070. **X-2, X-4, X-5**
3469. Sessa A, Abbate R, Di Giuseppe G, et al. Knowledge, attitudes, and preventive practices about colorectal cancer among adults in an area of Southern Italy. *BMC Cancer.* 2008;8:171. PMID: 18547435. **X-2, X-3, X-4, X-6**
3470. Sewitch MJ, Fournier C, Ciampi A, et al. Adherence to colorectal cancer screening guidelines in Canada. *BMC Gastroenterol.* 2007;7:39. PMID: 17910769. **X-2, X-3, X-4, X-6**
3471. Sexton MB, Byrd MR, O'Donohue WT, et al. Web-based treatment for infertility-related psychological distress. *Arch Womens Ment Health.* 2010 Aug;13(4):347-58. PMID: 20127127. **X-4, X-5, X-6**
3472. Shackelford J, Bachman JH. A comparison of an individually tailored and a standardized asthma self-management education. *American Journal of Health Education.* 2009 2009 Jan-Feb;40(1):23-9. **X-4, X-6**
3473. Shacter HE, Shea JA, Akhabue E, et al. A qualitative evaluation of racial disparities in glucose control. *Ethn Dis.* 2009 Spring;19(2):121-7. PMID: 19537221. **X-2, X-4**
3474. Shadmi E, Admi H, Ungar L, et al. Cancer care at the hospital–community interface: Perspectives of patients from different cultural and ethnic groups. *Patient Education and Counseling.* 2010 Apr;79(1):106-11. PMID: 19709845. **X-2, X-3, X-4, X-5**
3475. Shaefer SJ, Hutchins E, Buckley K. A process to address disparities in rates of sudden infant death syndrome. *Manag Care Interface.* 2004 Nov;17(11):19-24. PMID: 15573800. **X-5**
3476. Shah BR, Booth GL. Predictors and effectiveness of diabetes self-management education in clinical practice. *Patient Educ Couns.* 2009 Jan;74(1):19-22. PMID: 18805668. **X-2, X-3**
3477. Shah BR, Manuel DG. Self-reported diabetes is associated with self-management behaviour: a cohort study. *BMC Health Serv Res.* 2008;8:142. PMID: 18606004. **X-2, X-4**
3478. 3479. Shah LC, West P, Bremmeyr K, et al. Health Literacy Instrument in Family Medicine: The “Newest Vital Sign” Ease of Use and Correlates. *Journal of the American Board of Family Medicine.* 2010 Mar-Apr;23(2):195-203. PMID: 20207930. **X-2, X-4**
3479. Shah R, Wang Y, Masoudi FA, et al. Sex and racial differences in outcomes and guideline-based management of troponin-only-positive acute myocardial infarction in older persons. *Am J Geriatr Cardiol.* 2007 Mar-Apr;16(2):97-105. PMID: 17380619. **X-2, X-4**
3480. Shah SM, Carey IM, DeWilde S, et al. Trends and inequities in beta-blocker prescribing for heart failure. *Br J Gen Pract.* 2008 Dec;58(557):862-9. PMID: 19068160. **X-2, X-3, X-4**

3481. Shah SS, Lutfiyya MN, McCullough JE, et al. Who is providing and who is getting asthma patient education: An analysis of 2001 National Ambulatory Medical Care Survey data. *Health Education Research*. 2008 Oct;23(5):803-13. PMID: 17984294. **X-2, X-4**
3482. Shah T, Aronow WS, Peterson SJ, et al. Diagnosis, treatment, and referral of hypertension or prehypertension in an emergency department after an educational program: preliminary results. *J Clin Hypertens (Greenwich)*. 2011 Jun;13(6):413-5. PMID: 21649840. **X-6, X-7, X-9**
3483. Shah ZC, Huffman FG. Depression among Hispanic women with type 2 diabetes. *Ethn Dis*. 2005 Autumn;15(4):685-90. PMID: 16259494. **X-2, X-4**
3484. Shaheen NJ, Green B, Medapalli RK, et al. The perception of cancer risk in patients with prevalent Barrett's esophagus enrolled in an endoscopic surveillance program. *Gastroenterology*. 2005 Aug;129(2):429-36. PMID: 16083700. **X-2, X-4, X-5**
3485. Shakoor-Abdullah B, Kotchen JM, Walker WE, et al. Incorporating socio-economic and risk factor diversity into the development of an African-American community blood pressure control program. *Ethn Dis*. 1997 Autumn;7(3):175-83. PMID: 9467699. **X-2, X-4**
3486. Shames RS, Sharek P, Mayer M, et al. Effectiveness of a multicomponent self-management program in at-risk, school-aged children with asthma. *Ann Allergy Asthma Immunol*. 2004 Jun;92(6):611-8. PMID: 15237762. **X-7, X-9**
3487. Shane-McWhorter L, Oderda GM. Providing diabetes education and care to underserved patients in a collaborative practice at a Utah community health center. *Pharmacotherapy*. 2005 Jan;25(1):96-109. PMID: 15767225. **X-4, X-9**
3488. Shani M, Nakar S, Lustman A, et al. Patient characteristics correlated with quality indicator outcomes in diabetes care. *Br J Gen Pract*. 2010 Sep;60(578):655-9. PMID: 20849693. **X-2, X-3, X-4**
3489. Shannon JJ, Catrambone CD, Coover L. Targeting improvements in asthma morbidity in Chicago: a 10-year retrospective of community action. *Chest*. 2007 Nov;132(5 Suppl):866S-73S. PMID: 17998352. **X-1, X-7, X-9**
3490. Shapiro A, Gracy D, Quinones W, et al. Putting guidelines into practice: improving documentation of pediatric asthma management using a decision-making tool. *Arch Pediatr Adolesc Med*. 2011 May;165(5):412-8. PMID: 21536955. **X-6, X-9**
3491. Shapiro HR. Prenatal education in the work place. *AWHONNS Clin Issues Perinat Womens Health Nurs*. 1993;4(1):113-21. PMID: 8472042. **X-13**
3492. Shapiro LD, Thompson D, Calhoun E. Sustaining a safety net breast and cervical cancer detection program. *J Health Care Poor Underserved*. 2006 May;17(2 Suppl):20-30. PMID: 16809873. **X-1, X-2, X-4**
3493. Sharis PJ, Cannon CP, Rogers WJ, et al. Predictors of mortality, coronary angiography, and revascularization in unstable angina pectoris and acute non-ST elevation myocardial infarction (the TIMI III Registry). *Am J Cardiol*. 2002 Nov 15;90(10):1154-6. PMID: 12423724. **X-2, X-4**

3494. Sharkey C, Gourishankar S. Transplant Friends: an interactive education program for patients awaiting kidney transplantation. *Transplant Proc.* 2003 Nov;35(7):2405-6. PMID: 14611970. **X-3, X-5, X-6**
3495. Sharp BA, Meikle SF, James MD, et al. NHQR/NHDR measures for women of reproductive age. *Med Care.* 2005 Mar;43(3 Suppl):I64-71. PMID: 15746593. **X-2, X-4, X-5**
3496. Shaw BR, Han JY, Baker T, et al. How women with breast cancer learn using interactive cancer communication systems. *Health Educ Res.* 2007 Feb;22(1):108-19. PMID: 16829544. **X-6, X-7, X-9**
3497. Shaw BR, Han JY, Hawkins RP, et al. Communicating about self and others within an online support group for women with breast cancer and subsequent outcomes. *Journal of Health Psychology.* 2008 Oct;13(7):930-9. PMID: 18809644 **X-2, X-4, X-6**
3498. Shaw SJ, Huebner C, Armin J, et al. The Role of Culture in Health Literacy and Chronic Disease Screening and Management. *Journal of Immigrant and Minority Health.* 2009 Dec;11(6):460-7. PMID: 18379877 **X-1, X-2, X-3, X-4, X-5**
3499. Shaw-Perry M, Horner C, Trevino RP, et al. NEEMA: a school-based diabetes risk prevention program designed for African-American children. *J Natl Med Assoc.* 2007 Apr;99(4):368-75. PMID: 17444425. **X-7, X-9**
3500. Shaya FT, Shin JY, Mullins D, et al. Medicaid managed care: disparities in the use of thiazolidinediones compared with metformin. *J Natl Med Assoc.* 2005 Apr;97(4):493-7. PMID: 15868769. **X-2, X-4, X-5**
3501. Shea S, Weinstock RS, Starren J, et al. A randomized trial comparing telemedicine case management with usual care in older, ethnically diverse, medically underserved patients with diabetes mellitus. *J Am Med Inform Assoc.* 2006 Jan-Feb;13(1):40-51. PMID: 16221935. **X-6, X-7, X-9**
3502. Shea S, Weinstock RS, Teresi JA, et al. A randomized trial comparing telemedicine case management with usual care in older, ethnically diverse, medically underserved patients with diabetes mellitus: 5 year results of the IDEATel study. *J Am Med Inform Assoc.* 2009 Jul-Aug;16(4):446-56. PMID: 19390093. **X-6, X-7, X-9**
3503. Sheares BJ, Du Y, Vazquez TL, et al. Use of written treatment plans for asthma by specialist physicians. *Pediatr Pulmonol.* 2007 Apr;42(4):348-56. PMID: 17352397. **X-2, X-4, X-6**
3504. Shegog R, Bartholomew LK, Gold RS, et al. Asthma management simulation for children: translating theory, methods, and strategies to effect behavior change. *Simul Healthc.* 2006 Fall;1(3):151-9. PMID: 19088584. **X-1, X-2, X-4**
3505. Sheikh K, Bullock CM, Jiang Y, et al. Adherence to guidelines for and disparities in diabetes care utilization in Medicaid children. *J Pediatr Endocrinol Metab.* 2008 Apr;21(4):349-58. PMID: 18556966. **X-2, X-4**
3506. 3507. Sheley JF. Inadequate transfer of breast cancer self-detection technology. *Am J Public Health.* 1983 Nov;73(11):1318-20. PMID: 6625041. **X-2, X-4**

3507. Shen N, Mayo NE, Scott SC, et al. Factors associated with pattern of care before surgery for breast cancer in Quebec between 1992 and 1997. *Med Care*. 2003 Dec;41(12):1353-66. PMID: 14668668. **X-2, X-3, X-4**
3508. Shepherd JH, McInerney PA. Knowledge of breast cancer in women in Sierra Leone. *Curationis*. 2006 Aug;29(3):70-7. PMID: 17131611. **X-2, X-3, X-4**
3509. Shepherd M, Hattersley A, Ellard S. Integration of the MODY link nurse project: 20-month evaluation. *Journal of Diabetes Nursing*. 2005;9(2):47-52. **X-3, X-4, X-6**
3510. Sheppard VB, Figueiredo M, Canar J, et al. Latina a Latina: developing a breast cancer decision support intervention. *Psychooncology*. 2008 Apr;17(4):383-91. PMID: 17628037. **X-2, X-4**
3511. Sherbourne CD, Wells KB, Duan N, et al. Long-term effectiveness of disseminating quality improvement for depression in primary care. *Arch Gen Psychiatry*. 2001 Jul;58(7):696-703. PMID: 11448378. **X-6, X-9**
3512. Sherrod RA, Richardson S. Using a case management model to implement a faith-based initiative: addressing breast cancer in a rural African American population. *Lippincotts Case Manag*. 2003 Nov-Dec;8(6):241-5. PMID: 14646781. **X-6, X-7, X-9**
3513. Shibusawa T, Chen S. Determinants of depressive symptoms among Japanese elders receiving care from spouses, daughters and daughters-in-law. *Clinical Gerontologist*. 2003;26(1/2):31-42. **X-2, X-3, X-4, X-6**
3514. Shieh C, McDaniel A, Ke I. Information-seeking and its predictors in low-income pregnant women. *J Midwifery Womens Health*. 2009 Sep-Oct;54(5):364-72. PMID: 19720337. **X-2, X-4**
3515. Shields MC, Griffin KW, McNabb WL. The effect of a patient education program on emergency room use for inner-city children with asthma. *Am J Public Health*. 1990 Jan;80(1):36-8. PMID: 2293801. **X-6, X-9**
3516. Shiffman RN, Michel G, Essaihi A, et al. Bridging the guideline implementation gap: a systematic, document-centered approach to guideline implementation. *J Am Med Inform Assoc*. 2004 Sep-Oct;11(5):418-26. PMID: 15187061. **X-2, X-4, X-5, X-6**
3517. Shigaki C, Kruse RL, Mehr D, et al. Motivation and diabetes self-management. *Chronic Illn*. 2010 Sep;6(3):202-14. PMID: 20675362. **X-2, X-4, X-6**
3518. 3519. Shimony A, Zahger D, Ilia R, et al. Impact of the community's socioeconomic status on characteristics and outcomes of patients undergoing percutaneous coronary intervention. *Int J Cardiol*. 2010 Oct 29;144(3):379-82. PMID: 19446896. **X-2, X-3, X-4**
3519. 3520. Shobhana R, Begum R, Snehalatha C, et al. Patients' adherence to diabetes treatment. *J Assoc Physicians India*. 1999 Dec;47(12):1173-5. PMID: 11225220. **X-2, X-4**
3520. Shobhana R, Indira P, Ramachandran A, et al. Effectiveness of patient education in a multilingual, multiliterate population. *J Med Assoc Thai*. 1987 Mar;70 Suppl 2:219-22. PMID: 3598435. **X-9**

3521. Shokar NK, Carlson CA, Weller SC. Factors associated with racial/ethnic differences in colorectal cancer screening. *J Am Board Fam Med*. 2008 Sep-Oct;21(5):414-26. PMID: 18772296. **X-2, X-4**
3522. Shone LP, Conn KM, Sanders L, et al. The role of parent health literacy among urban children with persistent asthma. *Patient Educ Couns*. 2009 Jun;75(3):368-75. PMID: 19233588. **X-2, X-4**
3523. Shortridge EF, James CV. Marriage and end-stage renal disease: implications for African Americans. *Journal of Family Issues*. 2010;31(9):1230-49. **X-6, X-7, X-9**
3524. Shrank WH, Parker R, Davis T, et al. Rationale and design of a randomized trial to evaluate an evidence-based prescription drug label on actual medication use. *Contemporary Clinical Trials*. 2010 Nov;31(6):564-71. PMID: 20647058 **X-1, X-6, X-9**
3525. Shue CK, O'Hara LLS, Marini D, et al. Diabetes and low-health literacy: A preliminary outcome report of a mediated intervention to enhance patient-physician communication. *Communication Education*. 2010 Jul;59(3):360-73. **X-6, X-7, X-9**
3526. Shuldham C, Theaker C, Jaarsma T, et al. Evaluation of the European Heart Failure Self-care Behaviour Scale in a United Kingdom population. *Journal of Advanced Nursing*. 2007 Oct;60(1):87-95. PMID: 17824943. **X-2, X-3, X-4, X-6**
3527. Sidora-Arcoleo K, Feldman J, Serebrisky D, et al. Validation of the Asthma Illness Representation Scale (AIRS). *J Asthma*. 2010 Feb;47(1):33-40. PMID: 20100018. **X-2, X-4**
3528. Sidora-Arcoleo KJ, Feldman J, Serebrisky D, et al. Validation of the Asthma Illness Representation Scale-Spanish (AIRS-S). *J Asthma*. 2010 May;47(4):417-21. PMID: 20528596. **X-2, X-4**
3529. Sidorov J, Shull R, Tomcavage J, et al. Does diabetes disease management save money and improve outcomes? A report of simultaneous short-term savings and quality improvement associated with a health maintenance organization-sponsored disease management program among patients fulfilling health employer data and information set criteria. *Diabetes Care*. 2002 Apr;25(4):684-9. PMID: 11919125. **X-2, X-4, X-6**
3530. Siegal R. Sex and flowers: a patient's guide. *Nephrol News Issues*. 1999 Nov;13(11):39. PMID: 10865627. **X-1, X-6, X-7, X-9**
3531. Siega-Riz AM, Adair LS, Hobel CJ. Institute of Medicine maternal weight gain recommendations and pregnancy outcome in a predominantly Hispanic population. *Obstet Gynecol*. 1994 Oct;84(4):565-73. PMID: 8090394. **X-2, X-4**
3532. Siegel B, Bear D, Andres E, et al. Measuring equity: an index of health care disparities. *Qual Manag Health Care*. 2009 Apr-Jun;18(2):84-90. PMID: 19369851. **X-2, X-4, X-5, X-6**
3533. Sieverding M, Mattered U, Ciccarello L. Gender differences in FOBT use: evidence from a large German survey. *Z Gastroenterol*. 2008 Apr;46 Suppl 1:S47-51. PMID: 18368645. **X-2, X-3, X-4**

3534. Sifri R, Wender R, Lieberman D, et al. Developing a quality screening colonoscopy referral system in primary care practice: a report from the national colorectal cancer roundtable. *CA Cancer J Clin*. 2010 Jan-Feb;60(1):40-9. PMID: 20023050. **X-1, X-2, X-3, X-4, X-6**
3535. Sigfrid LA, Turner C, Crook D, et al. Using the UK primary care Quality and Outcomes Framework to audit health care equity: preliminary data on diabetes management. *J Public Health (Oxf)*. 2006 Sep;28(3):221-5. PMID: 16809789. **X-2, X-3, X-4**
3536. Silka L, Toof R, Grigg-Saito D. Eight Americas: differences in Asian communities are important. *PLoS Med*. 2007 Jan;4(1):e41. PMID: 17411315. **X-1, X-2, X-4**
3537. Silva JK, Kaholokula JK, Ratner R, et al. Ethnic differences in perinatal outcome of gestational diabetes mellitus. *Diabetes Care*. 2006 Sep;29(9):2058-63. PMID: 16936153. **X-2, X-4**
3538. Silva M, Munoz L, Diaz T, et al. Epidemiological characterization of pediatric patients with status asthmaticus admitted to intensive care units. *Bol Asoc Med P R*. 2009 Apr-Jun;101(2):17-20. PMID: 19954095. **X-2, X-3, X-4**
3539. Silva R, Thomas M, Caetano R, et al. Preventing low birth weight in Illinois: outcomes of the family case management program. *Matern Child Health J*. 2006 Nov;10(6):481-8. PMID: 16865536. **X-5, X-7, X-9, X-11**
3540. Silveira CD, Araujo Fde B, Pereira LF, et al. Evaluation of the treatment provided to patients with asthma by the Brazilian Unified Health Care System. *J Bras Pneumol*. 2009 Jul;35(7):628-34. PMID: 19669000. **X-2, X-3, X-4**
3541. Silverman BG, Moidu K, Clemente BE, et al. HOLON: a Web-based framework for fostering guideline applications. *Proc AMIA Annu Fall Symp*. 1997:374-8. PMID: 9357651. **X-2, X-4, X-5, X-6**
3542. Siminoff LA, Graham GC, Gordon NH. Cancer communication patterns and the influence of patient characteristics: disparities in information-giving and affective behaviors. *Patient Educ Couns*. 2006 Sep;62(3):355-60. PMID: 16860520. **X-2, X-4**
3543. Simmons D, Fleming C, Voyle J, et al. A pilot urban church-based programme to reduce risk factors for diabetes among Western Samoans in New Zealand. *Diabet Med*. 1998 Feb;15(2):136-42. PMID: 9507914. **X-3**
3544. Simmons D, Gatland BA, Leakehe L, et al. Ethnic differences in diabetes care in a multiethnic community in New Zealand. *Diabetes Res Clin Pract*. 1996 Oct;34 Suppl:S89-93. PMID: 9015676. **X-2, X-3, X-4**
3545. Simmons D, Peng A, Cecil A, et al. The personal costs of diabetes: a significant barrier to care in South Auckland. *N Z Med J*. 1999 Oct 8;112(1097):383-5. PMID: 10587070. **X-2, X-3, X-4**
3546. Simmons D, Shaw L, Kenealy T, et al. Ethnic differences in diabetes knowledge and education: the South Auckland Diabetes Survey. *N Z Med J*. 1994 May 25;107(978):197-200. PMID: 8196864. **X-2, X-3, X-4**

3547. Simmons D, Voyle JA. Reaching hard-to-reach, high-risk populations: Piloting a health promotion and diabetes disease prevention programme on an urban marae in New Zealand. *Health Promotion International*. 2003 Mar;18(1):41-50. PMID: 12571091. **X-3, X-7, X-9**
3548. Simon HK. Caregiver knowledge and delivery of a commonly prescribed medication (albuterol) for children. *Arch Pediatr Adolesc Med*. 1999 Jun;153(6):615-8. PMID: 10357303. **X-2, X-4**
3549. Simon MA, Cofta-Woerpel L, Randhawa V, et al. Using the word 'cancer' in communication about an abnormal Pap test: Finding common ground with patient-provider communication. *Patient Education and Counseling*. 2010 Oct;81(1):106-12. PMID: 20060255 **X-2, X-4, X-5**
3550. Simon MS, Gimotty PA, Moncrease A, et al. The effect of patient reminders on the use of screening mammography in an urban health department primary care setting. *Breast Cancer Res Treat*. 2001 Jan;65(1):63-70. PMID: 11245341. **X-6, X-9**
3551. Simonds VW, Rudd RE, Sequist TD, et al. An assessment of printed diabetes-prevention materials available to a Northern Plains tribe. *J Health Commun*. 2011 Apr;16(4):431-47. PMID: 21271427. **X-2, X-4**
3552. Simonian K, Brown SE, Sanders DB, et al. Breast health information: messages that appeal to young women and older women of color. *J Cancer Educ*. 2004 Winter;19(4):232-6. PMID: 15725642. **X-2, X-4**
3553. Simonian K, Brown SE, Sanders DB, et al. Promoting breast cancer screening to women of color. *Nurse Pract*. 2004 Mar;29(3):45-6. PMID: 15021506. **X-1, X-6, X-7, X-9**
3554. Simons LA, Tett S, Simons J, et al. Multiple medication use in the elderly. Use of prescription and non-prescription drugs in an Australian community setting. *Med J Aust*. 1992 Aug 17;157(4):242-6. PMID: 1435439. **X-2, X-3, X-4, X-5, X-6**
3555. Simpson SH, Farris KB, Johnson JA, et al. Using focus groups to identify barriers to drug use in patients with congestive heart failure. *Pharmacotherapy*. 2000 Jul;20(7):823-9. PMID: 10907972. **X-2, X-4**
3556. Sin MK, Kang DH, Weaver M. Relationships of asthma knowledge, self-management, and social support in African American adolescents with asthma. *Int J Nurs Stud*. 2005 Mar;42(3):307-13. PMID: 15708017. **X-2, X-4**
3557. Sinclair AJ, Girling AJ, Bayer AJ. Cognitive dysfunction in older subjects with diabetes mellitus: impact on diabetes self-management and use of care services. All Wales Research into Elderly (AWARE) Study. *Diabetes Res Clin Pract*. 2000 Dec;50(3):203-12. PMID: 11106835. **X-2, X-3, X-4**
3558. Singh M, Singh G. Assessment of mental health status of middle-aged female school teachers of Varanasi City. *Internet Journal of Health*. 2006;5(1):10p. **X-2, X-3, X-4, X-6**
3559. Singh N, Sidawy AN, DeZee KJ, et al. Factors associated with early failure of infrainguinal lower extremity arterial bypass. *J Vasc Surg*. 2008 Mar;47(3):556-61. PMID: 18295106. **X-2, X-4**

3560. Singleton JA, Santibanez TA, Wortley PM. Influenza and Pneumococcal Vaccination of Adults Aged  $\geq 65$ : Racial/Ethnic Differences. *American Journal of Preventive Medicine*. 2005 Dec;29(5):412-20. PMID: 16376704. **X-2, X-4**
3561. Sinorita H, Saadah, Jazakillah S. Effects of dietary pattern and education on glycemic control in patients with type 2 diabetes mellitus at Dr. Sardjito Central General Hospital, Yogyakarta. *Acta Med Indones*. 2008 Apr;40(2):55-8. PMID: 18560024. **X-2, X-3, X-4**
3562. Siomos EE, Newsom RS, Camponeschi J, et al. A statewide collaboration to monitor diabetes quality improvement among Wisconsin health plans. *Am J Manag Care*. 2005 May;11(5):332-6. PMID: 15898222. **X-6, X-7, X-9**
3563. Siripitayakunkit A, Hanucharurnkul S, Melkus GDE, et al. Factors contributing to integrating lifestyle in Thai women with type 2 diabetes. *Thai Journal of Nursing Research*. 2008;12(3):166-77. **X-2, X-3, X-4, X-6**
3564. Siriwardena AN, Middlemass JB, Ward K, et al. Drivers for change in primary care of diabetes following a protected learning time educational event: interview study of practitioners. *BMC Med Educ*. 2008;8:4. PMID: 18205947. **X-2, X-3, X-4**
3565. Sisk JE, Hebert PL, Horowitz CR, et al. Effects of nurse management on the quality of heart failure care in minority communities: a randomized trial. *Ann Intern Med*. 2006 Aug 15;145(4):273-83. PMID: 16908918. **X-9**
3566. Sisk JE, Hebert PL, Horowitz CR, et al. Effects of nurse management on the quality of heart failure care in minority communities - A randomized trial. *Annals of Internal Medicine*. 2006 Aug;145(4):273-83. PMID: 16908918 **X-14**
3567. Sisk JE, Horowitz CR, Wang JJ, et al. The success of recruiting minorities, women, and elderly into a randomized controlled effectiveness trial. *Mt Sinai J Med*. 2008 Jan-Feb;75(1):37-43. PMID: 18306248. **X-2, X-4**
3568. Sixta CS, Ostwald S. Texas-Mexico border intervention by promotores for patients with type 2 diabetes. *Diabetes Educ*. 2008 Mar-Apr;34(2):299-309. PMID: 18375779. **X-9**
3569. Skaer TL, Robison LM, Sclar DA, et al. Financial incentive and the use of mammography among Hispanic migrants to the United States. *Health Care Women Int*. 1996 Jul-Aug;17(4):281-91. PMID: 8850763. **X-7**
3570. Skaer TL, Sclar DA, Robison LM, et al. Trends in the rate of depressive illness and use of antidepressant pharmacotherapy by ethnicity/race: an assessment of office-based visits in the United States, 1992-1997. *Clin Ther*. 2000 Dec;22(12):1575-89. PMID: 11192148. **X-2, X-4**
3571. Skelding PC, Majumdar SR, Kleinman K, et al. Clinical and nonclinical correlates of adherence to prescribing guidelines for hypertension in a large managed care organization. *J Clin Hypertens (Greenwich)*. 2006 Jun;8(6):414-9. PMID: 16760680. **X-2, X-4**
3572. Skelly AH, Carlson J, Leeman J, et al. Controlled trial of nursing interventions to improve health outcomes of older African American women with type 2 diabetes. *Nurs Res*. 2009 Nov-Dec;58(6):410-8. PMID: 19851122. **X-9**

3573. Skelly AH, Dougherty M, Gesler WM, et al. African American beliefs about diabetes. *West J Nurs Res*. 2006 Feb;28(1):9-29; discussion 30-41. PMID: 16676724. **X-2, X-4**
3574. Skelly AH, Marshall JR, Haughey BP, et al. Self-efficacy and confidence in outcomes as determinants of self-care practices in inner-city, African-American women with non-insulin-dependent diabetes. *Diabetes Educ*. 1995 Jan-Feb;21(1):38-46. PMID: 7835203. **X-2, X-4**
3575. Skelly AH, Samuel-Hodge C, Elasy T, et al. Development and testing of culturally sensitive instruments for African American women with type 2 diabetes. *Diabetes Educ*. 2000 Sep-Oct;26(5):769-74, 76-7. PMID: 11140006. **X-6, X-7, X-9**
3576. Skemp MM, Peltier JW, Cochran C. Bridging the gap. Relationship marketing breathes new life into neglected populations. *Mark Health Serv*. 2003 Summer;23(2):26-31. PMID: 12800625. **X-1, X-6, X-7, X-9**
3577. Skinner CS, Schildkraut JM, Berry D, et al. Pre-counseling education materials for BRCA testing: does tailoring make a difference? *Genet Test*. 2002 Summer;6(2):93-105. PMID: 12215248. **X-2, X-5**
3578. Skinner CS, Strecher VJ, Hospers H. Physicians' recommendations for mammography: do tailored messages make a difference? *Am J Public Health*. 1994 Jan;84(1):43-9. PMID: 8279610. **X-9**
3579. Skinner CS, Sykes RK, Monsees BS, et al. Learn, share, and live: breast cancer education for older, urban minority women. *Health Educ Behav*. 1998 Feb;25(1):60-78. PMID: 9474500. **X-9**
3580. Skinner TC, Hampson SE. Personal models of diabetes in relation to self-care, well-being, and glycemic control. A prospective study in adolescence. *Diabetes Care*. 2001 May;24(5):828-33. PMID: 11347738. **X-2, X-3, X-4, X-6**
3581. Skolnick AH, Alexander KP, Chen AY, et al. Characteristics, management, and outcomes of 5,557 patients age  $\geq$  90 years with acute coronary syndromes: results from the CRUSADE Initiative. *J Am Coll Cardiol*. 2007 May 1;49(17):1790-7. PMID: 17466230. **X-6**
3582. Sleath B, Ayala GX, Davis S, et al. Child- and caregiver-reported problems and concerns in using asthma medications. *J Asthma*. 2010 Aug;47(6):633-8. PMID: 20632916. **X-2, X-4**
3583. Sleath B, Ayala GX, Gillette C, et al. Provider demonstration and assessment of child device technique during pediatric asthma visits. *Pediatrics*. 2011 Apr;127(4):642-8. PMID: 21444594. **X-2, X-4, X-6**
3584. Sleeper EJ, Ariza AJ, Binns HJ. Do hospitalized pediatric patients have weight and blood pressure concerns identified? *J Pediatr*. 2009 Feb;154(2):213-7. PMID: 18835489. **X-2, X-4, X-5**
3585. Sloan FA, Brown DS, Carlisle ES, et al. Monitoring visual status: why patients do or do not comply with practice guidelines. *Health Serv Res*. 2004 Oct;39(5):1429-48. PMID: 15333116. **X-2, X-4**

3586. Sloan FA, Padron NA, Platt AC. Preferences, beliefs, and self-management of diabetes. *Health Serv Res.* 2009 Jun;44(3):1068-87. PMID: 19674433. **X-2, X-4**
3587. Sloan FA, Trogdon JG, Curtis LH, et al. The effect of dementia on outcomes and process of care for Medicare beneficiaries admitted with acute myocardial infarction. *J Am Geriatr Soc.* 2004 Feb;52(2):173-81. PMID: 14728624. **X-2, X-4, X-7**
3588. Sloane D, Nascimento L, Flynn G, et al. Assessing resource environments to target prevention interventions in community chronic disease control. *J Health Care Poor Underserved.* 2006 May;17(2 Suppl):146-58. PMID: 16809881. **X-2, X-4**
3589. Sloane DC, Diamant AL, Lewis LB, et al. Improving the nutritional resource environment for healthy living through community-based participatory research. *J Gen Intern Med.* 2003 Jul;18(7):568-75. PMID: 12848840. **X-2, X-5**
3590. Smaldone A, Ganda OP, McMurrich S, et al. Should group education classes be separated by type of diabetes? *Diabetes Care.* 2006 Jul;29(7):1656-8. PMID: 16801595. **X-6, X-7, X-9**
3591. Small LF. Quality-of-life experiences from the perspective of patients receiving haemodialysis for chronic renal failure. *Health SA Gesondheid.* 2010;15(1):187-93. **X-2, X-3, X-4, X-6**
3592. Smellie WS, Lowrie R, Wilkinson E. A laboratory based intervention to improve appropriateness of lipid tests and audit cholesterol lowering in primary care. *BMJ.* 2001 Nov 24;323(7323):1224-7. PMID: 11719414. **X-3, X-5**
3593. Smellie WSA, Robson CA. Use of a parallel clinical advisory service to support lipid lowering in primary care. *Quality in Primary Care.* 2003;11(3):199-203. **X-3, X-5, X-6**
3594. Smeulders ES, van Haastregt JC, Ambergen T, et al. Heart failure patients with a lower educational level and better cognitive status benefit most from a self-management group programme. *Patient Educ Couns.* 2010 Nov;81(2):214-21. PMID: 20153132. **X-3, X-6**
3595. Smide B, Ekman L, Wikblad K. Diabetes self-care and educational needs in Tanzanian and Swedish diabetic patients: a cross-cultural study. *Trop Doct.* 2002 Oct;32(4):212-6. PMID: 12405300. **X-2, X-3, X-4**
3596. Smith C, Ryan A. Change for Life/Cambia tu vida: A health promotion program based on the stages of change model for African descendent and Latino adults in New Hampshire. *Prev Chronic Dis.* 2006 Jul;3(3):A105. PMID: 16776866. **X-7**
3597. Smith ED, Merritt SL, Patel MK. Church-based education: an outreach program for African Americans with hypertension. *Ethn Health.* 1997 Aug;2(3):243-53. PMID: 9426988. **X-9**
3598. Smith J, Jackson G, Orr-Walker B, et al. A population-based approach to the estimation of diabetes prevalence and health resource utilisation. *N Z Med J.* 2010 Mar 5;123(1310):62-73. PMID: 20360780. **X-2, X-3, X-4**
3599. Smith JL, Rost KM, Nutting PA, et al. Resolving disparities in antidepressant treatment and quality-of-life outcomes between uninsured and insured primary care patients with depression. *Med Care.* 2001 Sep;39(9):910-22. PMID: 11502949. **X-4**

3600. Smith JL, Rost KM, Nutting PA, et al. Impact of ongoing primary care intervention on long term outcomes in uninsured and insured patients with depression. *Med Care*. 2002 Dec;40(12):1210-22. PMID: 12458303. **X-4**
3601. Smith JP. Nature and causes of trends in male diabetes prevalence, undiagnosed diabetes, and the socioeconomic status health gradient. *Proc Natl Acad Sci U S A*. 2007 Aug 14;104(33):13225-31. PMID: 17698965. **X-2, X-4**
3602. Smith JR, Mildenhall S, Noble M, et al. Clinician-assessed poor compliance identifies adults with severe asthma who are at risk of adverse outcomes. *J Asthma*. 2005 Jul-Aug;42(6):437-45. PMID: 16293538. **X-2, X-3, X-4**
3603. Smith MD, McGhan WF. Attacking expenditures for asthma. *Bus Health*. 1997 Apr;15(4):67-8, 70. PMID: 10166794. **X-1, X-6, X-7, X-9**
3604. Smith NL, Chen L, Au DH, et al. Cardiovascular risk factor control among veterans with diabetes: the ambulatory care quality improvement project. *Diabetes Care*. 2004 May;27 Suppl 2:B33-8. PMID: 15113780. **X-2, X-4, X-6**
3605. Smith RA, Cokkinides V, Eyre HJ. Cancer screening in the United States, 2007: a review of current guidelines, practices, and prospects. *CA Cancer J Clin*. 2007 Mar-Apr;57(2):90-104. PMID: 17392386. **X-1, X-2, X-4, X-5, X-6**
3606. Smith SK, Trevena L, Nutbeam D, et al. Information needs and preferences of low and high literacy consumers for decisions about colorectal cancer screening: utilizing a linguistic model. *Health Expect*. 2008 Jun;11(2):123-36. PMID: 18494957. **X-2, X-4**
3607. Smith SK, Trevena L, Simpson JM, et al. A decision aid to support informed choices about bowel cancer screening among adults with low education: randomised controlled trial. *BMJ*. 2010;341:c5370. PMID: 20978060. **X-3**
3608. Smith SL, Tessaro IA. Cultural perspectives on diabetes in an Appalachian population. *Am J Health Behav*. 2005 Jul-Aug;29(4):291-301. PMID: 16006226. **X-2, X-4**
3609. Smith SM, Mitchell C, Bowler SD, et al. The health behaviour and clinical characteristics of ambulance users with acute asthma. *Emerg Med J*. 2009 Mar;26(3):187-92. PMID: 19234010. **X-2, X-4, X-6**
3610. Smith SR. Disabled newborns and the federal child abuse amendments: tenuous protection. *Hastings Law J*. 1986 May;37(5):765-825. PMID: 11655856. **X-1, X-5**
3611. Smith SR, Jaffe DM, Highstein G, et al. Asthma coaching in the pediatric emergency department. *Acad Emerg Med*. 2006 Aug;13(8):835-9. PMID: 16825669. **X-4**
3612. Smith WJ. "Inevitable" assisted suicide?: don't bet your life. *Hum Life Rev*. 1997 Spring;23(2):61-74. PMID: 11656680. **X-1, X-2, X-3, X-4, X-5, X-6**
3613. Smith-Bindman R, Quale C, Chu PW, et al. Can Medicare billing claims data be used to assess mammography utilization among women ages 65 and older? *Med Care*. 2006 May;44(5):463-70. PMID: 16641665. **X-2, X-4**
3614. Smolders M, Laurant M, Verhaak P, et al. Which physician and practice characteristics are associated with adherence to evidence-based guidelines for depressive and anxiety disorders? *Med Care*. 2010 Mar;48(3):240-8. PMID: 20125045. **X-2, X-4**

3615. So SS, G. Matters of the heart: Patients' adjustment to life following a cardiac crisis. *Psychology & Health*. 2011;26:83-100. **X-2, X-4, X-6**
3616. So WK-w, Kai-chow C, Chan CW-h, et al. Age-Related Differences in the Quality of Life of Chinese Women Undergoing Adjuvant Therapy for Breast Cancer. *Research in Gerontological Nursing*. 2011;4(1):19-26. **X-2**
3617. Sobel RM, Paasche-Orlow MK, Waite KR, et al. Asthma 1-2-3: a low literacy multimedia tool to educate African American adults about asthma. *J Community Health*. 2009 Aug;34(4):321-7. PMID: 19353250. **X-7, X-9**
3618. Sokal R. A critical review of the literature on the uptake of cervical and breast screening in British South Asian women. *Quality in Primary Care*. 2010;18(4):251-61. **X-1, X-2, X-3, X-4, X-6**
3619. Solberg LI, Kottke TE, Brekke ML, et al. Failure of a continuous quality improvement intervention to increase the delivery of preventive services. A randomized trial. *Eff Clin Pract*. 2000 May-Jun;3(3):105-15. PMID: 11182958. **X-6**
3620. Son SH, Morrison FJ. The Nature and Impact of Changes in Home Learning Environment on Development of Language and Academic Skills in Preschool Children. *Developmental Psychology*. 2010 Sep;46(5):1103-18. PMID: 20822226. **X-2, X-4, X-5, X-6**
3621. Sonel AF, Good CB, Mulgund J, et al. Racial variations in treatment and outcomes of black and white patients with high-risk non-ST-elevation acute coronary syndromes: insights from CRUSADE (Can Rapid Risk Stratification of Unstable Angina Patients Suppress Adverse Outcomes With Early Implementation of the ACC/AHA Guidelines?). *Circulation*. 2005 Mar 15;111(10):1225-32. PMID: 15769762. **X-2, X-4**
3622. Song HJ, Han HR, Lee JE, et al. Translating current dietary guidelines into a culturally tailored nutrition education program for Korean American immigrants with type 2 diabetes. *Diabetes Educ*. 2010 Sep-Oct;36(5):752-61. PMID: 20651099. **X-4**
3623. Song M, Choe MA, Kim KS, et al. An evaluation of Web-based education as an alternative to group lectures for diabetes self-management. *Nurs Health Sci*. 2009 Sep;11(3):277-84. PMID: 19689636. **X-3, X-4**
3624. Song M, Lee CS. Diabetes self-care maintenance, comorbid conditions and perceived health. *European Diabetes Nursing*. 2009;6(2):65-8. **X-2, X-4, X-6**
3625. Song MK, Donovan HS, Piraino BM, et al. Effects of an intervention to improve communication about end-of-life care among African Americans with chronic kidney disease. *Appl Nurs Res*. 2010 May;23(2):65-72. PMID: 20420992. **X-4**
3626. Song MK, Ward SE, Happ MB, et al. Randomized controlled trial of SPIRIT: an effective approach to preparing African-American dialysis patients and families for end of life. *Res Nurs Health*. 2009 Jun;32(3):260-73. PMID: 19205027. **X-6, X-7, X-9**
3627. Song MS, Kim HS. Effect of the diabetes outpatient intensive management programme on glycaemic control for type 2 diabetic patients. *J Clin Nurs*. 2007 Jul;16(7):1367-73. PMID: 17584356. **X-3, X-4**

3628. Song YM, Byeon JJ. Excess mortality from avoidable and non-avoidable causes in men of low socioeconomic status: a prospective study in Korea. *J Epidemiol Community Health*. 2000 Mar;54(3):166-72. PMID: 10746109. **X-2, X-3, X-4**
3629. Sonksen P, Harris A, Jarman B. Perceived strategic and practical problems in the use of information technology for quality improvement in diabetes care in the United Kingdom. *Diabete Metab*. 1993;19(1 Pt 2):80-8. PMID: 8314432. **X-1, X-2, X-3, X-4**
3630. Sood N, Treglia M, Obenchain RL, et al. Determinants of antidepressant treatment outcome. *Am J Manag Care*. 2000 Dec;6(12):1327-36. PMID: 11151810. **X-2, X-4, X-6**
3631. Sorensen L, Gavier M, Helleso R. Latina breast cancer survivors informational needs: information partners. *Stud Health Technol Inform*. 2009;146:727. PMID: 19592948. **X-7, X-9**
3632. Sotiropoulos A, Skliros EA, Tountas C, et al. Risk factors for severe hypoglycaemia in type 2 diabetic patients admitted to hospital in Piraeus, Greece. *East Mediterr Health J*. 2005 May;11(3):485-9. PMID: 16602470. **X-2, X-3, X-4**
3633. Soumerai SB, Mah C, Zhang F, et al. Effects of health maintenance organization coverage of self-monitoring devices on diabetes self-care and glycemic control. *Arch Intern Med*. 2004 Mar 22;164(6):645-52. PMID: 15037493. **X-6, X-7, X-9**
3634. Sousa VD, Zanetti ML, Zauszniewski JA, et al. Psychometric properties of the Portuguese version of the Depressive Cognition Scale in Brazilian adults with diabetes mellitus. *J Nurs Meas*. 2008;16(2):125-35. PMID: 18939717. **X-2, X-3, X-4, X-6**
3635. Souza JP, Sousa MH, Parpinelli MA, et al. Self-reported maternal morbidity and associated factors among Brazilian women. *Rev Assoc Med Bras*. 2008 May-Jun;54(3):249-55. PMID: 18604404. **X-2, X-3, X-4**
3636. Sowattanangoon N, Kotchabhakdi N, Petrie KJ. The influence of Thai culture on diabetes perceptions and management. *Diabetes Res Clin Pract*. 2009 Jun;84(3):245-51. PMID: 19285741. **X-2, X-3, X-4**
3637. Spady DW, Saunders LD, Bamforth F. Who gets missed: coverage in a provincial newborn screening program for metabolic disease. *Pediatrics*. 1998 Aug;102(2):e21. PMID: 9685466. **X-2, X-3, X-4, X-5, X-6**
3638. Speight J, Bradley C. The ADKnowl: identifying knowledge deficits in diabetes care. *Diabet Med*. 2001 Aug;18(8):626-33. PMID: 11553199. **X-2, X-4, X-6**
3639. Spence NJ. The long-term consequences of childbearing: physical and psychological well-being of mothers in later life. *Research on Aging*. 2008;30(6):722-51. **X-2, X-4, X-5**
3640. Spencer MS, Kieffer EC, Sinco BR, et al. Diabetes-specific emotional distress among African Americans and Hispanics with type 2 diabetes. *J Health Care Poor Underserved*. 2006 May;17(2 Suppl):88-105. PMID: 16809877. **X-2, X-4**
3641. Spettell CM, Wall TC, Allison J, et al. Identifying physician-recognized depression from administrative data: consequences for quality measurement. *Health Serv Res*. 2003 Aug;38(4):1081-102. PMID: 12968818. **X-2, X-4, X-6**

3642. Spiegel J, Love AS, Wood PR, et al. The Inner-City Asthma Intervention: description of a community-based implementation of an evidence-based approach to asthma management. *Ann Allergy Asthma Immunol.* 2006 Jul;97(1 Suppl 1):S6-10. PMID: 16892764. **X-2**
3643. Spong CY, Guillermo L, Kuboshige J, et al. Recurrence of gestational diabetes mellitus: identification of risk factors. *Am J Perinatol.* 1998 Jan;15(1):29-33. PMID: 9475684. **X-2, X-4**
3644. Spurrier NJ, Staugas R, Sawyer MG, et al. Health-service use by children with asthma over a 6-month period. *J Paediatr Child Health.* 2003 Jan-Feb;39(1):15-21. PMID: 12542806. **X-2, X-4, X-6**
3645. St Pierre M. Diversity in delivery: the Medicare home health benefit. *Caring.* 1996 Dec;15(12):10-4. PMID: 10162617. **X-1, X-2, X-4, X-5, X-6, X-7, X-8**
3646. Stableford S, Mettger W. Plain language: A strategic response to the health literacy challenge. *Journal of Public Health Policy.* 2007;28(1):71-93. PMID: 17363939. **X-1, X-2, X-3, X-4, X-5**
3647. Stacy R, Torrence WA, Mitchell CR. Perceptions of knowledge, beliefs, and barriers to colorectal cancer screening. *J Cancer Educ.* 2008;23(4):238-40. PMID: 19058073. **X-2, X-4**
3648. Stafford L, Judd F. What do women with gestational trophoblastic disease understand about the condition? *Int J Gynecol Cancer.* 2011 Jan;21(1):161-6. PMID: 21178576. **X-2, X-3, X-4, X-5, X-6**
3649. Stallwood L. Relationship between caregiver knowledge and socioeconomic factors on glycemic outcomes of young children with diabetes. *J Spec Pediatr Nurs.* 2006 Jul;11(3):158-65. PMID: 16774526. **X-2, X-4**
3650. Stang A, Moebus S, Dragano N, et al. Baseline recruitment and analyses of nonresponse of the Heinz Nixdorf Recall Study: identifiability of phone numbers as the major determinant of response. *Eur J Epidemiol.* 2005;20(6):489-96. PMID: 16121757. **X-2, X-3, X-4, X-5, X-6**
3651. Stanton WR, Fisher KJ, Balanda KP, et al. Patient reports of health education activities in a public hospital. *Aust Health Rev.* 1995;18(2):85-100. PMID: 10144340. **X-2, X-3, X-4, X-5**
3652. Stapleton DR, Gurrin LC, Zubrick SR, et al. What do children with cystic fibrosis and their parents know about nutrition and pancreatic enzymes? *J Am Diet Assoc.* 2000 Dec;100(12):1494-500. PMID: 11138442. **X-2, X-3, X-4**
3653. Starmer AJ, Duby JC, Slaw KM, et al. Pediatrics in the year 2020 and beyond: preparing for plausible futures. *Pediatrics.* 2010 Nov;126(5):971-81. PMID: 20956424. **X-1, X-2, X-4, X-5, X-6**
3654. Starostina EG, Antsiferov M, Galstyan GR, et al. Effectiveness and cost-benefit analysis of intensive treatment and teaching programmes for type 1 (insulin-dependent) diabetes mellitus in Moscow--blood glucose versus urine glucose self-monitoring. *Diabetologia.* 1994 Feb;37(2):170-6. PMID: 8163051. **X-3**

3655. States RA, Susman WM, Riquelme LF, et al. Community health education: reaching ethnically diverse elders. *J Allied Health*. 2006 Winter;35(4):215-22. PMID: 17243436. **X-9**
3656. Stead MJ, Wallis MG, Wheaton ME. Improving uptake in non-attenders of breast screening: selective use of second appointment. *J Med Screen*. 1998;5(2):69-72. PMID: 9718524. **X-3**
3657. Stein K, Zhao L, Crammer C, et al. Prevalence and sociodemographic correlates of beliefs regarding cancer risks. *Cancer*. 2007 Sep;110(5):1139-48. **X-2, X-4, X-5**
3658. Steinbrook R. Closing the affordability gap for drugs in low-income countries. *N Engl J Med*. 2007 Nov 15;357(20):1996-9. PMID: 18003957. **X-1, X-6, X-7, X-9**
3659. Steiner JF, Prochazka AV. The assessment of refill compliance using pharmacy records: Methods, validity, and applications. *Journal of Clinical Epidemiology*. 1997 Jan;50(1):105-16. **X-2, X-4, X-5, X-6**
3660. Steinke EE, Mosack V, Wright DW, et al. Risk factors as predictors of sexual activity in heart failure. *Dimens Crit Care Nurs*. 2009 May-Jun;28(3):123-9; quiz 30-1. PMID: 19387276. **X-2, X-4**
3661. Stelger G, Samkoff J, Karoullas J. A program of interventions designed to increase mammography rates in women ages 50 years and older for an underserved racial minority. *J Health Hum Serv Adm*. 2003 Winter;26(3):336-49. PMID: 15704637. **X-7, X-9**
3662. Stephens MR, Gaskell AL, Gent C, et al. Prospective randomised clinical trial of providing patients with audiotape recordings of their oesophagogastric cancer consultations. *Patient Educ Couns*. 2008 Aug;72(2):218-22. PMID: 18513915. **X-4, X-5, X-6**
3663. Stephens TT, Braithwaite R, Cozza S. Knowledge of prophylaxis treatment therapy among HIV-positive prisoners. *AIDS Care*. 1999 Oct;11(5):547-54. PMID: 10755030. **X-2, X-4, X-5**
3664. Sterling YM, Peterson JW. Characteristics of African American women caregivers of children with asthma. *MCN Am J Matern Child Nurs*. 2003 Jan-Feb;28(1):32-8. PMID: 12514354. **X-2, X-4**
3665. Stern MP. Epidemiology of diabetes and coronary heart disease among Mexican-Americans. *Trans Assoc Life Insur Med Dir Am*. 1985;67:79-90. PMID: 4071889. **X-1, X-6, X-7, X-9**
3666. Stevens KA, Pavlides C. Individualized prenatal nursing care of pregnant adolescents makes a difference. *J Obstet Gynecol Neonatal Nurs*. 1989 Nov-Dec;18(6):521-2. PMID: 2600690. **X-6, X-9**
3667. Stevens PE, Tomson CR. Guidelines in the United kingdom and how they are used. *Clin J Am Soc Nephrol*. 2009 Dec;4 Suppl 1:S23-9. PMID: 19996002. **X-1, X-2, X-3, X-4, X-5, X-6**

3668. Stevenson FA, Kerr C, Murray E, et al. Information from the Internet and the doctor-patient relationship: the patient perspective--a qualitative study. *BMC Fam Pract*. 2007;8:47. PMID: 17705836. **X-2, X-4**
3669. Stewart A, Rao J, Osho-Williams G, et al. Audit of primary care angina management in Sandwell, England. *Journal of the Royal Society for the Promotion of Health*. 2002;122(2):112-7. **X-2, X-3, X-4**
3670. Steyn M, Steyn K. Media use and preference related to coronary heart disease of the coloured population of the Cape Peninsula. The CRISIC study. *Curationis*. 1989 Jul;12(1-2):22-5. PMID: 2791169. **X-2, X-4**
3671. Stiles PG, Boothroyd RA, Dhont K, et al. Adherence to practice guidelines, clinical outcomes, and costs among Medicaid enrollees with severe mental illnesses. *Eval Health Prof*. 2009 Mar;32(1):69-89. PMID: 19164300. **X-7, X-9**
3672. Stingone JA, Claudio L. Disparities in allergy testing and health outcomes among urban children with asthma. *J Allergy Clin Immunol*. 2008 Oct;122(4):748-53. PMID: 19014766. **X-2, X-4**
3673. Stingone JA, Claudio L. Components of recommended asthma care and the use of long-term control medication among urban children with asthma. *Med Care*. 2009 Sep;47(9):940-7. PMID: 19704351. **X-2, X-4**
3674. Stockdale SE, Lagomasino IT, Siddique J, et al. Racial and ethnic disparities in detection and treatment of depression and anxiety among psychiatric and primary health care visits, 1995-2005. *Med Care*. 2008 Jul;46(7):668-77. PMID: 18580385. **X-2, X-4**
3675. Stone MA, Patel N, Daly H, et al. Using qualitative research methods to inform the development of a modified version of a patient education module for non-English speakers with type 2 diabetes: experience from an action research project in two South Asian populations in the UK. *Diversity in Health & Social Care*. 2008;5(3):199-206. **X-2, X-3, X-4**
3676. Stone MA, Patel N, Drake L, et al. Making education in diabetes culturally appropriate for patients. *Practice Nursing*. 2006;17(12):621-5. **X-1, X-2, X-3, X-4**
3677. Stout JW, White LC, Rogers LT, et al. The Asthma Outreach Project: a promising approach to comprehensive asthma management. *J Asthma*. 1998;35(1):119-27. PMID: 9513591. **X-4**
3678. Strating MMH, van Duijn MAJ, van Schuur WH, et al. The differential effects of rheumatoid arthritis on distress among patients and partners. *Psychology & Health*. 2007;22(3):361-79. **X-2, X-4, X-5, X-6**
3679. Stratton BF, Nicholson ME, Olsen LK, et al. Breast self-examination proficiency: attitudinal, demographic, and behavioral characteristics. *Journal of Women's Health*. 1994;3(3):185-95. **X-2, X-4, X-6**
3680. Straube BM. Commentary. The imperatives for change in the US health care payment and delivery systems are clear. *Adv Chronic Kidney Dis*. 2008 Jan;15(1):7-9. PMID: 18155103. **X-1, X-2, X-4**

3681. Street RL, Slee C, Kalauokalani DK, et al. Improving physician-patient communication about cancer pain with a tailored education-coaching intervention. *Patient Education and Counseling*. 2010 Jul;80(1):42-7. **X-6, X-9**
3682. Street RL, Jr., Van Order A, Bramson R, et al. Preconsultation education promoting breast cancer screening: does the choice of media make a difference? *J Cancer Educ*. 1998 Fall;13(3):152-61. PMID: 10898560. **X-6, X-7, X-9**
3683. Street RL, Jr., Voigt B, Geyer C, Jr., et al. Increasing patient involvement in choosing treatment for early breast cancer. *Cancer*. 1995 Dec 1;76(11):2275-85. PMID: 8635032. **X-4**
3684. Stroebe W, Abakoumkin G, Stroebe M. Beyond depression: yearning for the loss of a loved one. *Omega: Journal of Death & Dying*. 2010;61(2):85-101. **X-2, X-4, X-5, X-6**
3685. Stroebel RJ, Gloor B, Freytag S, et al. Adapting the chronic care model to treat chronic illness at a free medical clinic. *J Health Care Poor Underserved*. 2005 May;16(2):286-96. PMID: 15937392. **X-6, X-7, X-9**
3686. Strom CM. Population-based carrier screening and prenatal diagnosis. *MLO Med Lab Obs*. 2004 Aug;36(8):12-7; quiz 20-1. PMID: 15366363. **X-1, X-6, X-7, X-9**
3687. Strom JL, Lynch CP, Egede LE. Rural/urban variations in diabetes self-care and quality of care in a national sample of US adults with diabetes. *The Diabetes Educator*. 2011 Mar-Apr;37(2):254-62. PMID: 21289298. **X-2, X-6**
3688. Strong M, Maheswaran R, Radford J. Socioeconomic deprivation, coronary heart disease prevalence and quality of care: a practice-level analysis in Rotherham using data from the new UK general practitioner Quality and Outcomes Framework. *J Public Health (Oxf)*. 2006 Mar;28(1):39-42. PMID: 16436452. **X-2, X-3**
3689. Strulov A. The Western Galilee experience: reducing infant mortality in the Arab population. *Isr Med Assoc J*. 2005 Aug;7(8):483-6. PMID: 16106770. **X-2, X-3, X-4, X-5**
3690. Stryker JE, Emmons KM, Viswanath K. Uncovering differences across the cancer control continuum: a comparison of ethnic and mainstream cancer newspaper stories. *Prev Med*. 2007 Jan;44(1):20-5. PMID: 16949141. **X-2, X-4, X-6**
3691. Stuart B, Singhal PK, Magder LS, et al. How robust are health plan quality indicators to data loss? A Monte Carlo simulation study of pediatric asthma treatment. *Health Serv Res*. 2003 Dec;38(6 Pt 1):1547-61. PMID: 14727787. **X-2, X-4**
3692. Stuart GW, Laraia MT, Ornstein SM, et al. An interactive voice response system to enhance antidepressant medication compliance. *Top Health Inf Manage*. 2003 Jan-Mar;24(1):15-20. PMID: 12674391. **X-6, X-9**
3693. Su Y, Songwathana P, Naka K. Factor related to self-care among Chinese women with mastectomy in Beijing. *Thai Journal of Nursing Research*. 2006;10(4):252-63. **X-2, X-3, X-4, X-6**
3694. Suarez L, Roche RA, Pulley LV, et al. Why a peer intervention program for Mexican-American women failed to modify the secular trend in cancer screening. *Am J Prev Med*. 1997 Nov-Dec;13(6):411-7. PMID: 9415784. **X-8, X-9**

3695. Subramanian K. The nature of social work services in a large public medical center serving an impoverished multicultural population. *Soc Work Health Care*. 2000;31(2):47-63. PMID: 11081854. **X-2, X-4, X-5**
3696. Subratty AH, Anathallee Y, Jowaheer V, et al. Quality of life of people with type 2 diabetes in Mauritius. *Diabetes & Primary Care*. 2003;5(4):183-6. **X-2, X-4**
3697. Sudano JJ, Jr., Baker DW. Antihypertensive medication use in Hispanic adults: a comparison with black adults and white adults. *Med Care*. 2001 Jun;39(6):575-87. PMID: 11414262. **X-2, X-4**
3698. Sudarsan NR, Jandorf L, Erwin DO. Multi-site implementation of health education programs for Latinas. *J Community Health*. 2011 Apr;36(2):193-203. PMID: 20652382. **X-7, X-9, X-10**
3699. Sudore RL, Landefeld CS, Perez-Stable EJ, et al. Unraveling the relationship between literacy, language proficiency, and patient-physician communication. *Patient Education and Counseling*. 2009 Jun;75(3):398-402. PMID: 19442478. **X-2, X-5**
3700. Sudore RL, Mehta KM, Simonsick EM, et al. Limited literacy in older people and disparities in health and healthcare access. *Journal of the American Geriatrics Society*. 2006 May;54(5):770-6. PMID: 16696742. **X-2, X-4**
3701. 3702. Sukel MP, van de Poll-Franse LV, Nieuwenhuijzen GA, et al. Substantial increase in the use of adjuvant systemic treatment for early stage breast cancer reflects changes in guidelines in the period 1990-2006 in the southeastern Netherlands. *Eur J Cancer*. 2008 Sep;44(13):1846-54. PMID: 18640030. **X-2, X-3, X-6, X-7**
3702. Sulik GA. The balancing act: Care work for the self and coping with breast cancer. *Gender & Society*. 2007 Dec;21(6):857-77. **X-2, X-4, X-6**
3703. Sullivan JD. The changing tide in ESRD care. *Nephrol News Issues*. 2010 Jul;24(8):24, 7-8. PMID: 20695319. **X-1, X-6, X-7, X-9**
3704. Sullivan LM, Dukes KA, Harris L, et al. A COMPARISON OF VARIOUS METHODS OF COLLECTING SELF-REPORTED HEALTH OUTCOMES DATA AMONG LOW-INCOME AND MINORITY PATIENTS. *Medical Care*. 1995 Apr;33(4):AS183-AS94. PMID: 7723446. **X-2, X-7**
3705. Sullivan LV, Hicks P, Salazar G, et al. Patient beliefs and sense of control among Spanish-speaking patients with diabetes in northeast Colorado. *Journal of Immigrant and Minority Health*. 2010 Jun;12(3):384-9. PMID: 19266283. **X-2, X-4**
3706. Sullivan SD, Weiss KB, Lynn H, et al. The cost-effectiveness of an inner-city asthma intervention for children. *J Allergy Clin Immunol*. 2002 Oct;110(4):576-81. PMID: 12373264. **X-6, X-9**
3707. Sullivan-Bolyai S. Familias Apoyadas: Latino families supporting each other for diabetes care. *J Pediatr Nurs*. 2009 Dec;24(6):495-505. PMID: 19931147. **X-2, X-4**
3708. Sun P, Unger JB, Palmer PH, et al. Internet accessibility and usage among urban adolescents in Southern California: implications for web-based health research. *Cyberpsychol Behav*. 2005 Oct;8(5):441-53. PMID: 16232037. **X-2, X-4, X-5**

3709. Sundock J. Second phase of interim final regulations to Stark law clarifies issues for dialysis providers. *Nephrol News Issues*. 2004 May;18(6):47. PMID: 15160421. **X-1, X-2, X-3, X-4, X-6**
3710. Sung JF, Alema-Mensah E, Blumenthal DS. Inner-city African American women who failed to receive cancer screening following a culturally-appropriate intervention: the role of health insurance. *Cancer Detect Prev*. 2002;26(1):28-32. PMID: 12088200. **X-9**
3711. Sung JF, Blumenthal DS, Coates RJ, et al. Effect of a cancer screening intervention conducted by lay health workers among inner-city women. *Am J Prev Med*. 1997 Jan-Feb;13(1):51-7. PMID: 9037342. **X-9**
3712. Sung JF, Coates RJ, Williams JE, et al. Cancer screening intervention among black women in inner-city Atlanta--design of a study. *Public Health Rep*. 1992 Jul-Aug;107(4):381-8. PMID: 1641433. **X-9**
3713. Sunseri AJ, Alberti JM, Kent ND, et al. Reading, demographic, social and psychological factors related to pre-adolescent smoking and non-smoking behaviors and attitudes. *J Sch Health*. 1983 Apr;53(4):257-63. PMID: 6552341. **X-2, X-4, X-5**
3714. Sunsoa H. South Asian people with type 2 diabetes: a tool to assess learning. *Diversity in Health & Social Care*. 2008;5(1):43-53. **X-2, X-3, X-4, X-6**
3715. Sutton D, Hollingdale R, Hart K. Questionnaire to evaluate and elucidate patients' perceptions of renal dietary advice. *J Ren Care*. 2008 Sep;34(3):143-50. PMID: 18786081. **X-2, X-4**
3716. Sutton DR, Taylor P, Earle K. Evaluation of PROforma as a language for implementing medical guidelines in a practical context. *BMC Med Inform Decis Mak*. 2006;6:20. PMID: 16597341. **X-2, X-4, X-6**
3717. Suwanno J, Petpichetchian W, Riegel B, et al. A model predicting health status of patients with heart failure. *J Cardiovasc Nurs*. 2009 Mar-Apr;24(2):118-26. PMID: 19242277. **X-2, X-3, X-4**
3718. Suwisith N, Hanucharurnkul S. An integrative review of breast cancer nursing studies in Thailand. *Thai Journal of Nursing Research*. 2006 2006 Jan-Mar;10(1):1-17. **X-1, X-2, X-3, X-4, X-6**
3719. Svensson J, Johannesen J, Mortensen HB, et al. Improved metabolic outcome in a Danish diabetic paediatric population aged 0-18 yr: results from a nationwide continuous Registration. *Pediatr Diabetes*. 2009 Nov;10(7):461-7. PMID: 19175901. **X-2, X-3, X-4**
3720. Svetkey LP, Erlinger TP, Vollmer WM, et al. Effect of lifestyle modifications on blood pressure by race, sex, hypertension status, and age. *J Hum Hypertens*. 2005 Jan;19(1):21-31. PMID: 15385946. **X-7**
3721. Svetkey LP, Simons-Morton D, Vollmer WM, et al. Effects of dietary patterns on blood pressure: subgroup analysis of the Dietary Approaches to Stop Hypertension (DASH) randomized clinical trial. *Arch Intern Med*. 1999 Feb 8;159(3):285-93. PMID: 9989541. **X-7, X-9**

3722. Swami V, Loo P-W, Furnham A. Public knowledge and beliefs about depression among urban and rural Malays in Malaysia. *International Journal of Social Psychiatry*. 2010 Sep;56(5):480-96. PMID: 19651692. **X-2, X-3, X-4, X-6**
3723. Swan J, Breen N, Coates RJ, et al. Progress in cancer screening practices in the United States: results from the 2000 National Health Interview Survey. *Cancer*. 2003 Mar 15;97(6):1528-40. PMID: 12627518. **X-2, X-4**
3724. Sweet L. Birth of a very low birth weight preterm infant and the intention to breastfeed 'naturally'. *Women Birth*. 2008 Mar;21(1):13-20. PMID: 18162451. **X-2, X-3, X-4, X-5, X-6**
3725. Swenson SL, Rose M, Vittinghoff E, et al. The influence of depressive symptoms on clinician-patient communication among patients with type 2 diabetes. *Medical Care*. 2008 Mar;46(3):257-65. PMID: 18388840. **X-2, X-4**
3726. Swider SM, Martin M, Lynas C, et al. Project MATCH: training for a promotora intervention. *Diabetes Educ*. 2010 Jan-Feb;36(1):98-108. PMID: 20008279. **X-6, X-7, X-9**
3727. Swinburn BA, Metcalf PA, Ley SJ. Long-term (5-year) effects of a reduced-fat diet intervention in individuals with glucose intolerance. *Diabetes Care*. 2001 Apr;24(4):619-24. PMID: 11315819. **X-6, X-7, X-9**
3728. Sword W, Watt S, Krueger P. Postpartum health, service needs, and access to care experiences of immigrant and Canadian-born women. *J Obstet Gynecol Neonatal Nurs*. 2006 Nov-Dec;35(6):717-27. PMID: 17105636. **X-2, X-3, X-4, X-5**
3729. Swords L, Hennessy E, Heary C. Adolescents' beliefs about sources of help for ADHD and depression. *J Adolesc*. 2011 Jun;34(3):485-92. PMID: 20598740. **X-2, X-4**
3730. Sykes DH, Hanley M, Boyle DM, et al. Work strain and the post-discharge adjustment of patients following a heart attack. *Psychology & Health*. 2000;15(5):609-23. **X-3, X-6, X-7, X-9**
3731. Sylvia BM, McMullen P, Levine E, et al. Prenatal care needs, availability, accessibility, use, and satisfaction: A comparison of military women within and outside the continental United States. *Military Medicine*. 2001 May;166(5):443-8. PMID: 11370210. **X-2, X-3, X-4, X-6**
3732. Szilagyi PG, Bordley C, Vann JC, et al. Effect of patient reminder/recall interventions on immunization rates: A review. *JAMA*. 2000 Oct 11;284(14):1820-7. PMID: 11025835. **X-1, X-2, X-4**
3733. Szilagyi PG, Holl JL, Rodewald LE, et al. Evaluation of New York State's Child Health Plus: children who have asthma. *Pediatrics*. 2000 Mar;105(3 Suppl E):719-27. PMID: 10699150. **X-7, X-9**
3734. Szilagyi PG, Shone LP, Holl JL, et al. Evaluation of New York State's Child Health Plus: methods. *Pediatrics*. 2000 Mar;105(3 Suppl E):697-705. PMID: 10699147. **X-6, X-7, X-9**
3735. Szromba C. Palliative care in patients with CKD. *Nephrol Nurs J*. 2007 Sep-Oct;34(5):551-2. PMID: 18041458. **X-1, X-6, X-7, X-9**

3736. Sz wajc er A, Hannan R, Donoghue J, et al. Evaluating key dimensions of the breast care nurse role in Australia. *Cancer Nurs*. 2004 Jan-Feb;27(1):79-84. PMID: 15108955. **X-2, X-3, X-4**
3737. Taggart M. The attitudes and activities of registered nurses towards health promotion and patient education in the emergency department. *NENA Outlook*. 2009;32(1):15-9. **X-2, X-3, X-4, X-5, X-6**
3738. Taggart VS, Bush PJ, Zuckerman AE, et al. A process evaluation of the District of Columbia “Know Your Body” project. *J Sch Health*. 1990 Feb;60(2):60-6. PMID: 2299823. **X-4, X-6, X-7, X-8, X-9, X-10**
3739. Tahirovic H, Toromanovic A. Glycemic control in diabetic children: role of mother’s knowledge and socioeconomic status. *Eur J Pediatr*. 2010 Aug;169(8):961-4. PMID: 20169449. **X-2, X-3, X-4**
3740. Taiwo JO. Oral health education needs of diabetic patients in Ibadan. *Afr J Med Med Sci*. 2000 Sep-Dec;29(3-4):269-74. PMID: 11714004. **X-2, X-3, X-4, X-6**
3741. Takahashi M, Ohno S, Inoue H, et al. Impact of breast cancer diagnosis and treatment on women’s sexuality: a survey of Japanese patients. *Psychooncology*. 2008 Sep;17(9):901-7. PMID: 18074406. **X-2, X-3, X-4, X-6**
3742. Tak-Ying Shiu A, Kwan JJ, Wong RY. Social stigma as a barrier to diabetes self-management: implications for multi-level interventions. *J Clin Nurs*. 2003 Jan;12(1):149-50. PMID: 12519263. **X-1, X-2, X-4**
3743. Tan JT, Bagnell M, Morgan JW, et al. The identification and treatment of isolated tumor cells reflect disparities in the delivery of breast cancer care. *Am J Surg*. 2009 Oct;198(4):508-10. PMID: 19800457. **X-2, X-4**
3744. Tan MY, Magarey J. Self-care practices of Malaysian adults with diabetes and sub-optimal glycaemic control. *Patient Educ Couns*. 2008 Aug;72(2):252-67. PMID: 18467068. **X-2, X-3, X-4, X-6**
3745. Tan NC, Chow MH, Goh P, et al. Primary care doctors’ practice in the management of adult asthma patients. *Singapore Med J*. 2002 Feb;43(2):061-6. PMID: 11993891. **X-2, X-3, X-4, X-6**
3746. Tan NC, Khin LW, Pagi R. Home blood-pressure monitoring among hypertensive patients in an Asian population. *J Hum Hypertens*. 2005 Jul;19(7):559-64. PMID: 15944723. **X-2, X-3, X-4**
3747. T’ Ang J, Chan C, Chan NF, et al. A survey of elderly diabetic patients attending a community clinic in Hong Kong. *Patient Educ Couns*. 1999 Mar;36(3):259-70. PMID: 14528561. **X-2, X-3, X-4, X-6**
3748. Tang TS, Brown MB, Funnell MM, et al. Social support, quality of life, and self-care behaviors among African Americans with type 2 diabetes. *The Diabetes Educator*. 2008 Mar-Apr;34(2):266-76. PMID: 18375776. **X-2, X-4**
3749. Tang TS, Funnell MM, Brown MB, et al. Self-management support in “real-world” settings: an empowerment-based intervention. *Patient Educ Couns*. 2010 May;79(2):178-84. PMID: 19889508. **X-4, X-9**

3750. Tang TS, Gillard ML, Funnell MM, et al. Developing a new generation of ongoing: Diabetes self-management support interventions: a preliminary report. *Diabetes Educ.* 2005 Jan-Feb;31(1):91-7. PMID: 15779250. **X-4, X-9**
3751. Tang TS, Stansfield RB, Oh M, et al. Patient-provider perceptions of diabetes and its impact on self-management: a comparison of African-American and White patients. *Diabet Med.* 2008 Mar;25(3):341-8. PMID: 18307461. **X-2, X-4**
3752. Tang YH, Pang SM, Chan MF, et al. Health literacy, complication awareness, and diabetic control in patients with type 2 diabetes mellitus. *J Adv Nurs.* 2008 Apr;62(1):74-83. PMID: 18352966. **X-2, X-3, X-4**
3753. Tangri N, Moorthi R, Tighiouart H, et al. Variation in fistula use across dialysis facilities: is it explained by case-mix? *Clin J Am Soc Nephrol.* 2010 Feb;5(2):307-13. PMID: 20056763. **X-2, X-4, X-6**
3754. Tanihara S, Ojima T, Nakamura Y, et al. Association between health-related knowledge and the awareness of blood pressure readings. Japan Lifestyle Monitoring Study Group. *J Epidemiol.* 1999 Aug;9(4):245-53. PMID: 10510582. **X-2, X-3, X-4**
3755. Tanjasiri SP, Sablan-Santos L, Merrill V, et al. Promoting breast cancer screening among Chamorro women in Southern California. *Journal of Cancer Education.* 2008 Jan;23(1):10-7. PMID: 18444041. **X-6, X-9**
3756. Tanjasiri SP, Tran JH, Kagawa-Singer M, et al. Exploring access to cancer control services for Asian-American and Pacific Islander communities in Southern California. *Ethn Dis.* 2004 Summer;14(3 Suppl 1):S14-9. PMID: 15682767. **X-2, X-4**
3757. Tanjasiri SP, Tran JH, Palmer PH, et al. Network analysis of an organizational collaboration for Pacific Islander cancer control. *J Health Care Poor Underserved.* 2007 Nov;18(4 Suppl):184-96. PMID: 18065859. **X-2, X-4, X-5**
3758. Tao LS, Hart P, Edwards E, et al. Treatment of difficult-to-control blood pressure in a multidisciplinary clinic at a public hospital. *J Natl Med Assoc.* 2003 Apr;95(4):263-9. PMID: 12749616. **X-6**
3759. Taplin SH, Haggstrom D, Jacobs T, et al. Implementing colorectal cancer screening in community health centers: addressing cancer health disparities through a regional cancer collaborative. *Med Care.* 2008 Sep;46(9 Suppl 1):S74-83. PMID: 18725837. **X-6, X-9, X-11**
3760. Taplin SH, Ichikawa L, Buist DS, et al. Evaluating organized breast cancer screening implementation: the prevention of late-stage disease? *Cancer Epidemiol Biomarkers Prev.* 2004 Feb;13(2):225-34. PMID: 14973097. **X-2, X-4, X-6**
3761. Tara S, Agrawal CS, Agrawal A. Validating breast self examination as screening modalities for breast cancer in eastern region of Nepal: a population based study. *Kathmandu Univ Med J (KUMJ).* 2008 Jan-Mar;6(1):89-93. PMID: 18604121. **X-2, X-3**
3762. Tatis V, Remache D, DiMango E. Results of a culturally directed asthma intervention program in an inner-city Latino community. *Chest.* 2005 Sep;128(3):1163-7. PMID: 16162702. **X-4, X-9**

3763. Tatum C, Wilson A, Dignan M, et al. Development and implementation of outreach strategies for breast and cervical cancer prevention among African American women. FoCaS Project. Forsyth County Cancer Screening. *J Cancer Educ.* 1997 Spring;12(1):43-50. PMID: 9095440. **X-4, X-9, X-10**
3764. Tavis D, Shoaibi A, Chen AY, et al. Gender differences in the treatment of non-ST-segment elevation myocardial infarction. *Clin Cardiol.* 2010 Feb;33(2):99-103. PMID: 20186991. **X-2**
3765. Taylor JY, Washington OGM, Artinian NT, et al. Urban hypertensive African American grandparents: stress, health, and implications of child care. *Clinical Gerontologist.* 2007;30(4):39-54. PMID: 20514351. **X-2, X-4**
3766. Taylor V, Thompson B, Lessler D, et al. A clinic-based mammography intervention targeting inner-city women. *J Gen Intern Med.* 1999 Feb;14(2):104-11. PMID: 10051781. **X-6, X-9**
3767. Taylor VM, Nguyen TT, Jackson JC, et al. Cervical Cancer Control Research in Vietnamese American Communities. *Cancer Epidemiology Biomarkers & Prevention.* 2008 Nov;17(11):2924-30. PMID: 18990732. **X-1, X-2, X-4, X-5**
3768. Tedesco MA, Di Salvo G, Caputo S, et al. Educational level and hypertension: how socioeconomic differences condition health care. *J Hum Hypertens.* 2001 Oct;15(10):727-31. PMID: 11607804. **X-2, X-3, X-4, X-6**
3769. Tejada S, Thompson B, Coronado GD, et al. Celebremos la Salud: a community-based intervention for Hispanic and non-Hispanic white women living in a rural area. *J Community Health.* 2009 Feb;34(1):47-55. PMID: 18821000. **X-9, X-10**
3770. Telonidis JS, Lund DA, Caserta MS, et al. The effects of widowhood on disabled older women (the Women's Health and Aging Study). *Omega: Journal of Death & Dying.* 2004;50(3):217-35. **X-2, X-5, X-6**
3771. TenHave TR, VanHorn B, Kumanyika S, et al. Literacy assessment in a cardiovascular nutrition education setting. *Patient Education and Counseling.* 1997 Jun;31(2):139-50. PMID: 9216355. **X-2, X-4**
3772. Teti DM, Black MM, Viscardi R, et al. Intervention with African American premature infants: four-month results of an early intervention program. *Journal of Early Intervention.* 2009;31(2):146-66. **X-5**
3773. Thackeray R, Merrill RM, Neiger BL. Disparities in diabetes management practice between racial and ethnic groups in the United States. *Diabetes Educ.* 2004 Jul-Aug;30(4):665-75. PMID: 15669782. **X-2, X-4**
3774. Thamer M, Ray NF, Richard C, et al. Excluded from universal coverage: ESRD patients not covered by Medicare. *Health Care Financ Rev.* 1995 Winter;17(2):123-46. PMID: 10157372. **X-1, X-2, X-4, X-6**
3775. Thanasilp S, Rujkorakarn D, Hanucharunkul S, et al. Effectiveness of a symptom management program on symptom status and quality of life among persons with pneumocystis carinii pneumonia. *Thai Journal of Nursing Research.* 2002;6(2):1-10. **X-3, X-4, X-5, X-6**

3776. Theisen V, Duquette D, Kardia S, et al. Blood Pressure Sunday: introducing genomics to the community through family history. *Prev Chronic Dis*. 2005 Apr;2(2):A23. PMID: 15888234. **X-4, X-8, X-9, X-10**
3777. Thind A, Hoq L, Diamant A, et al. Satisfaction with care among low-income women with breast cancer. *Journal of Women's Health*. 2010 Jan;19(1):77-86. PMID: 20088662. **X-2, X-4**
3778. Thom DH, Tirado MD, Woon TL, et al. Development and evaluation of a cultural competency training curriculum. *BMC Med Educ*. 2006;6:38. PMID: 16872504. **X-7, X-9**
3779. Thomas B, Stamler LL, Lafreniere KD, et al. Breast health educational interventions. Changes in beliefs and practices of working women. *AAOHN J*. 2002 Oct;50(10):460-7. PMID: 12400230. **X-4, X-6**
3780. Thomas EA. Diabetes at work: a grounded-theory pilot study. *AAOHN J*. 2011 May;59(5):213-20. PMID: 21534493. **X-2, X-4**
3781. Thomas KL, Hernandez AF, Dai D, et al. Association of race/ethnicity with clinical risk factors, quality of care, and acute outcomes in patients hospitalized with heart failure. *Am Heart J*. 2011 Apr;161(4):746-54. PMID: 21473975. **X-6, X-7, X-9**
3782. Thomas LA, Supiano KP, Chasco EE, et al. Smoking cessation programs for seniors: a group model that works. *Clinical Gerontologist*. 2009;32(1):118-25. **X-4, X-5, X-6**
3783. Thomas PD, Miceli R. Evaluation of the "Know Your Health" program for type 2 diabetes mellitus and hypertension in a large employer group. *Am J Manag Care*. 2006 Dec;12 Spec no.:SP33-9. PMID: 17173490. **X-6**
3784. Thomas SB, Sansing VV, Davis A, et al. Racial differences in the association between self-rated health status and objective clinical measures among participants in the BARI 2D trial... Bypass Angioplasty Revascularization Investigation 2 Diabetes. *American Journal of Public Health*. 2010;100(S1):S269-76. **X-2**
3785. Thombs BD, Arthurs E, El-Baalbaki G, et al. Risk of bias from inclusion of patients who already have diagnosis of or are undergoing treatment for depression in diagnostic accuracy studies of screening tools for depression: systematic review. *British Medical Journal*. 2011 Aug;343PMID: 21852353. **X-1, X-2, X-4, X-6**
3786. Thompson AL, Collins MA, Downey MC, et al. Prevalence and severity of hypertension in a dental hygiene clinic. *J Contemp Dent Pract*. 2007;8(3):13-20. PMID: 17351677. **X-2, X-4, X-6**
3787. Thompson BL, O'Connor P, Boyle R, et al. Measuring clinical performance: comparison and validity of telephone survey and administrative data. *Health Serv Res*. 2001 Aug;36(4):813-25. PMID: 11508641. **X-2, X-4, X-6**
3788. Thompson DR, Cordle CJ. Support of wives of myocardial infarction patients. *J Adv Nurs*. 1988 Mar;13(2):223-8. PMID: 3372897. **X-2, X-4, X-6**
3789. Thompson DR, Meddis R. Wives' responses to counselling early after myocardial infarction. *J Psychosom Res*. 1990;34(3):249-58. PMID: 2341994. **X-4, X-6**

3790. Thompson HS, Edwards T, Erwin DO, et al. Training lay health workers to promote post-treatment breast cancer surveillance in African American breast cancer survivors: development and implementation of a curriculum. *J Cancer Educ.* 2009;24(4):267-74. PMID: 19838883. **X-2, X-3, X-4**
3791. Thompson HS, Wahl E, Fatone A, et al. Enhancing the readability of materials describing genetic risk for breast cancer. *Cancer Control.* 2004 Jul-Aug;11(4):245-53. PMID: 15284716. **X-2, X-4, X-6**
3792. Thompson JR, Horton C, Flores C. Advancing diabetes self-management in the Mexican American population: a community health worker model in a primary care setting. *Diabetes Educ.* 2007 Jun;33 Suppl 6:159S-65S. PMID: 17620396. **X-4, X-9**
3793. Thompson VL, Kalesan B, Wells A, et al. Comparing the use of evidence and culture in targeted colorectal cancer communication for African Americans. *Patient Educ Couns.* 2010 Dec;81 Suppl:S22-33. PMID: 20702056. **X-9**
3794. Thompson VLS, Cavazos-Rehg P, Tate KY, et al. Cancer information seeking among African Americans. *Journal of Cancer Education.* 2008 Apr-Jun;23(2):92-101. PMID: 18569244. **X-2, X-4**
3795. Thompson W, Wang H, Xie M, et al. Assessing Quality of Diabetes Care by Measuring Longitudinal Changes in Hemoglobin A1c in the Veterans Health Administration. *Health Services Research.* 2005 Dec;40(6,part1):1818-35. PMID: 16336550. **X-2, X-4, X-6**
3796. Thomson MD, Hoffman-Goetz L. Cancer information comprehension by English-as-a-second-language immigrant women. *J Health Commun.* 2011 Jan;16(1):17-33. PMID: 21120740. **X-2, X-3, X-4**
3797. Thongsuksai P, Chongsuvivatwong V, Sriplung H. Delay in breast cancer care: a study in Thai women. *Med Care.* 2000 Jan;38(1):108-14. PMID: 10630725. **X-2, X-3, X-4, X-6**
3798. Thoolen B, de Ridder D, Bensing J, et al. Beyond Good Intentions: the development and evaluation of a proactive self-management course for patients recently diagnosed with type 2 diabetes. *Health Educ Res.* 2008 Feb;23(1):53-61. PMID: 17289660. **X-6**
3799. Thoolen B, De Ridder D, Bensing J, et al. Effectiveness of a self-management intervention in patients with screen-detected type 2 diabetes. *Diabetes Care.* 2007 Nov;30(11):2832-7. PMID: 17666461. **X-6**
3800. Thoonen BP, Schermer TR, Akkermans RP, et al. Willingness of patients to perform self-management of asthma and the role of inhaled steroids. *Scand J Prim Health Care.* 2002 Mar;20(1):60-4. PMID: 12086288. **X-9, X-10**
3801. Thornhill-Joynes M, Moore M. Minorities and ESRD. Early identification of renal disease among African-Americans: a continuing problem. *Nephrol News Issues.* 1995 Nov;9(11):16-8. PMID: 8538798. **X-1, X-2, X-4**
3802. Thorup OA, Jr., Bodkin CJ, Pinkerton JV, et al. Medical Center Hour: teenage pregnancy. *Va Med.* 1988 Feb;115(2):71-5. PMID: 3348052. **X-13**
3803. Thrasher JF, Cummings KM, Michalek AM, et al. Colorectal cancer screening among individuals with and without a family history. *J Public Health Manag Pract.* 2002 Mar;8(2):1-9. PMID: 11889847. **X-2, X-6**

3804. Thuler LC, Freitas HG. Evaluation of a community-based intervention to enhance breast cancer screening practices in Brazil. *J Eval Clin Pract.* 2008 Dec;14(6):1012-7. PMID: 18759754. **X-3, X-4, X-6**
3805. Thyne SM, Rising JP, Legion V, et al. The Yes We Can Urban Asthma Partnership: a medical/social model for childhood asthma management. *J Asthma.* 2006 Nov;43(9):667-73. PMID: 17092847. **X-6, X-7, X-9**
3806. Tiddens HA. Introduction: striving for excellence: optimising CF patient care today. *J Cyst Fibros.* 2009 Jun;8 Suppl 1:S1. PMID: 19460680. **X-1, X-2, X-3, X-4, X-6**
3807. Tiernan J, Briggs CD, Irving GR, et al. Evaluation of the introduction of a standardised protocol for the staging and follow-up of colorectal cancer on resection rates for liver metastases. *Ann R Coll Surg Engl.* 2010 Apr;92(3):225-30. PMID: 20223052. **X-2, X-3, X-4, X-6**
3808. Tieu Y, Konnert C, Wang J. Depression literacy among older Chinese immigrants in Canada: a comparison with a population-based survey. *Int Psychogeriatr.* 2010 Dec;22(8):1318-26. PMID: 20813076. **X-2, X-3, X-4**
3809. Tighe M, Molassiotis A, Morris J, et al. Coping, meaning and symptom experience: a narrative approach to the overwhelming impacts of breast cancer in the first year following diagnosis. *Eur J Oncol Nurs.* 2011 Jul;15(3):226-32. PMID: 21511530. **X-2, X-3, X-4, X-6**
3810. Tilbury F. Ethical dilemmas: principles and practice in research with African refugees. *Monash Bioeth Rev.* 2006 Jan;25(1):75-84. PMID: 16832950. **X-1, X-2, X-3, X-4, X-5, X-6**
3811. Tillmann V, Adojaan B, Shor R, et al. Physical development in Estonian children with type 1 diabetes. *Diabet Med.* 1996 Jan;13(1):97-101. PMID: 8741820. **X-2, X-3, X-4**
3812. Tinkelman DG, McClure DL, Lehr TL, et al. Relationships between self-reported asthma utilization and patient characteristics. *J Asthma.* 2002 Dec;39(8):729-36. PMID: 12507193. **X-2, X-4**
3813. Tjia J, Briesacher BA. Prescription drug benefits and use of guideline recommended medications by elderly Medicare beneficiaries with diabetes mellitus. *J Am Geriatr Soc.* 2008 Oct;56(10):1879-86. PMID: 18771456. **X-2, X-4, X-6**
3814. Tluczek A, Orland KM, Nick SW, et al. Newborn screening: an appeal for improved parent education. *J Perinat Neonatal Nurs.* 2009 Oct-Dec;23(4):326-34. PMID: 19915416. **X-2, X-4, X-5, X-6**
3815. To T, Wang C, Dell S, et al. Risk factors for repeat adverse asthma events in children after visiting an emergency department. *Ambul Pediatr.* 2008 Sep-Oct;8(5):281-7. PMID: 18922500. **X-2, X-3, X-4**
3816. Tobe SW, Pylypchuk G, Wentworth J, et al. Effect of nurse-directed hypertension treatment among First Nations people with existing hypertension and diabetes mellitus: the Diabetes Risk Evaluation and Microalbuminuria (DREAM 3) randomized controlled trial. *CMAJ.* 2006 Apr 25;174(9):1267-71. PMID: 16595786. **X-7, X-9**

3817. Tobin CT. Highlights from the salary survey of diabetes educators 2008. *Diabetes Educ.* 2009 Nov-Dec;35(6):931-3. PMID: 19915090. **X-1, X-2, X-3, X-4, X-6**
3818. Tod AM, Read C, Lacey A, et al. Barriers to uptake of services for coronary heart disease: qualitative study. *BMJ.* 2001 Jul 28;323(7306):214. PMID: 11473916. **X-2, X-3, X-4, X-6**
3819. Todd L, Harvey E, Hoffman-Goetz L. Predicting breast and colon cancer screening among English-as-a-second-language older Chinese immigrant women to Canada. *J Cancer Educ.* 2011 Mar;26(1):161-9. PMID: 20625870. **X-2, X-3, X-4**
3820. Todd L, Hoffman-Goetz L. Predicting health literacy among English-as-a-second-Language older Chinese immigrant women to Canada: comprehension of colon cancer prevention information. *J Cancer Educ.* 2011 Jun;26(2):326-32. PMID: 20852979. **X-2, X-3, X-4**
3821. Tokkaya S, Karayurt O. Adaptation of the Information and Support Needs Questionnaire into Turkish to use in women with primary relatives with breast cancer. *Cancer Nurs.* 2010 Mar-Apr;33(2):119-26. PMID: 20142747. **X-2, X-3, X-4, X-6**
3822. Tomio J, Toyokawa S, Tanihara S, et al. Quality of care for diabetes patients using National Health Insurance claims data in Japan. *Journal of Evaluation in Clinical Practice.* 2010 Dec;16(6):1164-9. PMID: 20698921. **X-2, X-3, X-4, X-6**
3823. Toobert DJ, Strycker LA, Barrera M, Jr., et al. Outcomes from a multiple risk factor diabetes self-management trial for Latinas: inverted exclamation mark Viva Bien! *Ann Behav Med.* 2011 Jun;41(3):310-23. PMID: 21213091. **X-9**
3824. Toobert DJ, Strycker LA, Glasgow RE, et al. If you build it, will they come? Reach and Adoption associated with a comprehensive lifestyle management program for women with type 2 diabetes. *Patient Education and Counseling.* 2002 Oct-Nov;48(2):99-105. PMID: 12401412. **X-1, X-2, X-4, X-6**
3825. Toussaint C. Socioeconomic problems of chronic renal failure: general conclusions. *Contrib Nephrol.* 1989;71:172-7. PMID: 2805697. **X-1, X-2, X-6**
3826. Trapp M, Barton S, Morgan H, et al. Self-administration of drugs for cystic fibrosis. *Prof Nurse.* 1998 Dec;14(3):199-203. PMID: 10095691. **X-1, X-2, X-4, X-6**
3827. Tregonning PB, Simmons D, Fleming C. A community diabetes educator course for the unemployed in South Auckland, New Zealand. *Diabetes Educ.* 2001 Jan-Feb;27(1):94-100. PMID: 11912620. **X-3, X-4, X-6**
3828. Trento M, Passera P, Bajardi M, et al. Lifestyle intervention by group care prevents deterioration of Type II diabetes: a 4-year randomized controlled clinical trial. *Diabetologia.* 2002 Sep;45(9):1231-9. PMID: 12242455. **X-3, X-4, X-6**
3829. Trento M, Passera P, Tomalino M, et al. Group visits improve metabolic control in type 2 diabetes: a 2-year follow-up. *Diabetes Care.* 2001 Jun;24(6):995-1000. PMID: 11375359. **X-6**
3830. Trento M, Trinetta A, Kucich C, et al. Carbohydrate counting improves coping ability and metabolic control in patients with Type 1 diabetes managed by Group Care. *J Endocrinol Invest.* 2011 Feb;34(2):101-5. PMID: 20440106. **X-4**

3831. Trevena LJ, Irwig L, Barratt A. Randomized trial of a self-administered decision aid for colorectal cancer screening. *J Med Screen*. 2008;15(2):76-82. PMID: 18573775. **X-3, X-6, X-7, X-9, X-10**
3832. Trevino RP, Pugh JA, Hernandez AE, et al. Bienestar: a diabetes risk-factor prevention program. *J Sch Health*. 1998 Feb;68(2):62-7. PMID: 9571575. **X-5, X-9**
3833. Trief PM, Morin PC, Izquierdo J, et al. Marital quality and diabetes outcomes: the IDEATel Project. *Families, Systems & Health: The Journal of Collaborative Family HealthCare*. 2006;24(3):318-31. **X-2, X-6**
3834. Trief PM, Ploutz-Snyder R, Britton KD, et al. The relationship between marital quality and adherence to the diabetes care regimen. *Ann Behav Med*. 2004 Jun;27(3):148-54. PMID: 15184090. **X-2, X-4, X-6**
3835. Trinacty CM, Adams AS, Soumerai SB, et al. Racial differences in long-term self-monitoring practice among newly drug-treated diabetes patients in an HMO. *J Gen Intern Med*. 2007 Nov;22(11):1506-13. PMID: 17763913. **X-2, X-4**
3836. Trinacty CM, Adams AS, Soumerai SB, et al. Racial differences in long-term adherence to oral antidiabetic drug therapy: a longitudinal cohort study. *BMC Health Serv Res*. 2009;9:24. PMID: 19200387. **X-2, X-4**
3837. Trinh LT, Michael John D, Byles J. Antenatal care adequacy in three provinces of Vietnam: Long An, Ben Tre, and Quang Ngai. *Public Health Rep*. 2006 Jul-Aug;121(4):468-75. PMID: 16827450. **X-2, X-3, X-5, X-6**
3838. Tripathy P, Nair N, Barnett S, et al. Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial. *Lancet*. 2010 Apr 3;375(9721):1182-92. PMID: 20207411. **X-3**
3839. Trivedi AN, Grebla RC, Wright SM, et al. Despite improved quality of care in the Veterans Affairs health system, racial disparity persists for important clinical outcomes. *Health Aff (Millwood)*. 2011 Apr;30(4):707-15. PMID: 21471492. **X-11**
3840. Trivedi AN, Zaslavsky AM, Schneider EC, et al. Trends in the quality of care and racial disparities in Medicare managed care. *N Engl J Med*. 2005 Aug 18;353(7):692-700. PMID: 16107622. **X-2, X-4**
3841. Trivedi MH, Daly EJ, Kern JK, et al. Barriers to implementation of a computerized decision support system for depression: an observational report on lessons learned in "real world" clinical settings. *Bmc Medical Informatics and Decision Making*. 2009 Jan;9PMID: 19159458. **X-2, X-4, X-5, X-6**
3842. Trobs M, Renner T, Scherer G, et al. Nutrition, antioxidants, and risk factor profile of nonsmokers, passive smokers and smokers of the Prevention Education Program (PEP) in Nuremberg, Germany. *Prev Med*. 2002 Jun;34(6):600-7. PMID: 12052020. **X-2, X-3, X-6**
3843. Trock B, Rimer BK, King E, et al. Impact of an HMO-based intervention to increase mammography utilization. *Cancer Epidemiol Biomarkers Prev*. 1993 Mar-Apr;2(2):151-6. PMID: 8467250. **X-9**

3844. Tromp M, Eskes M, Reitsma JB, et al. Regional perinatal mortality differences in the Netherlands---care is the question. *Neonatal Intensive Care*. 2009;22(5):51-6. PMID: 19366460. **X-2, X-3, X-4, X-5**
3845. Trotman BW, Boyce JG, Dajani EZ, et al. Highlights of the 14th Annual Scientific Meeting of the Association for Academic Minority Physicians, 2000. *J Assoc Acad Minor Phys*. 2001 Mar;12(1-2):95-7. PMID: 11851198. **X-1, X-2, X-3, X-4, X-5, X-6**
3846. Troxell H, Anderson J, Auld G, et al. Omega-3 for baby and me: material development for a WIC intervention to increase DHA intake during pregnancy. *Matern Child Health J*. 2005 Jun;9(2):189-97. PMID: 15965625. **X-2, X-4, X-6**
3847. Truncali A, Dumanovsky T, Stollman H, et al. Keep on Track: A Volunteer-Run Community-Based Intervention to Lower Blood Pressure in Older Adults. *Journal of the American Geriatrics Society*. 2010 Jun;58(6):1177-83. PMID: 20722849. **X-4, X-6, X-8, X-9**
3848. Tsai YF, Wong TK, Tsai HH, et al. Self-worth therapy for depressive symptoms in older nursing home residents. *J Adv Nurs*. 2008 Dec;64(5):488-94. PMID: 19146517. **X-3, X-4, X-6**
3849. Tseng CL, Sambamoorthi U, Rajan M, et al. Are there gender differences in diabetes care among elderly Medicare enrolled veterans? *J Gen Intern Med*. 2006 Mar;21 Suppl 3:S47-53. PMID: 16637945. **X-2, X-4**
3850. Tseng CW, Tierney EF, Gerzoff RB, et al. Race/ethnicity and economic differences in cost-related medication underuse among insured adults with diabetes: the Translating Research Into Action for Diabetes Study. *Diabetes Care*. 2008 Feb;31(2):261-6. PMID: 18000177. **X-2, X-4**
3851. Tseng WH, Stevenson TR, Canter RJ, et al. Sacramento area breast cancer epidemiology study: use of postmastectomy breast reconstruction along the rural-to-urban continuum. *Plast Reconstr Surg*. 2010 Dec;126(6):1815-24. PMID: 21124121. **X-2, X-4, X-6**
3852. Tu SP, Taylor V, Yasui Y, et al. Promoting culturally appropriate colorectal cancer screening through a health educator: a randomized controlled trial. *Cancer*. 2006 Sep 1;107(5):959-66. PMID: 16865681. **X-7, X-9**
3853. Tu SP, Taylor V, Yasui Y, et al. Promoting culturally appropriate colorectal cancer screening through a health educator - A randomized controlled trial. *Cancer*. 2006 Sep;107(5):959-66. PMID: 16865681. **X-14**
3854. Tu SP, Yip MP, Chun A, et al. Development of intervention materials for individuals with limited English proficiency: lessons learned from "Colorectal Cancer Screening in Chinese Americans". *Med Care*. 2008 Sep;46(9 Suppl 1):S51-61. PMID: 18725834. **X-1, X-2, X-4**
3855. Tuchsien F, Endahl LA. Increasing inequality in ischaemic heart disease morbidity among employed men in Denmark 1981-1993: the need for a new preventive policy. *Int J Epidemiol*. 1999 Aug;28(4):640-4. PMID: 10480690. **X-2, X-3, X-4**

3856. Tudiver F, Wolff LT, Morin PC, et al. Primary care providers' perceptions of home diabetes telemedicine care in the IDEATel project. *J Rural Health*. 2007 Winter;23(1):55-61. PMID: 17300479. **X-2, X-4, X-6**
3857. Tumiel-Berhalter L, Zayas LE. Lay experiences and concerns with asthma in an urban Hispanic community. *J Natl Med Assoc*. 2006 Jun;98(6):875-80. PMID: 16775908. **X-2, X-4**
3858. Tumiel-Berhalter LM, McLaughlin-Diaz V, Vena J, et al. Building community research capacity: process evaluation of community training and education in a community-based participatory research program serving a predominantly Puerto Rican community. *Prog Community Health Partnersh*. 2007 Spring;1(1):89-97. PMID: 19649164. **X-1, X-2, X-4, X-5, X-6**
3859. Turenne MN, Hirth RA, Pan Q, et al. Using knowledge of multiple levels of variation in care to target performance incentives to providers. *Medical Care*. 2008 Feb;46(2):120-6. PMID: 18219239. **X-2, X-4, X-5, X-6**
3860. Turnin MC, Bourgeois O, Cathelineau G, et al. Multicenter randomized evaluation of a nutritional education software in obese patients. *Diabetes Metab*. 2001 Apr;27(2 Pt 1):139-47. PMID: 11353880. **X-3, X-5, X-6**
3861. Turpin R, Jungkind K, Salvucci L. The HEDIS performance NAVIGATOR for controlling high blood pressure: a resource to assist health plans improve patient adherence. *Dis Manag*. 2003 Spring;6(1):43-51. PMID: 12899567. **X-1, X-2, X-4, X-6**
3862. Two Feathers J, Kieffer EC, Palmisano G, et al. Racial and Ethnic Approaches to Community Health (REACH) Detroit partnership: improving diabetes-related outcomes among African American and Latino adults. *Am J Public Health*. 2005 Sep;95(9):1552-60. PMID: 16051927. **X-4, X-9**
3863. Ucan O, Ovayolu N. Relationship between diabetes mellitus, hypertension and obesity, and health-related quality of life in Gaziantep, a central south-eastern city in Turkey. *Journal of Clinical Nursing*. 2010;19(17/18):2511-9. PMID: 20920079. **X-2, X-3, X-4**
3864. Udayaraj UP, Ben-Shlomo Y, Roderick P, et al. Ethnicity, socioeconomic status, and attainment of clinical practice guideline standards in dialysis patients in the United Kingdom. *Clin J Am Soc Nephrol*. 2009 May;4(5):979-87. PMID: 19357243. **X-2, X-3, X-4**
3865. Udell JA, Juurlink DN, Kopp A, et al. Inequitable distribution of implantable cardioverter defibrillators in Ontario. *Int J Technol Assess Health Care*. 2007 Summer;23(3):354-61. PMID: 17579939. **X-2, X-3, X-4**
3866. Uebelacker LA, Courtnage ES, Whisman MA. Correlates of depression and marital dissatisfaction: perceptions of marital communication style. *Journal of Social & Personal Relationships*. 2003;20(6):757-69. **X-2, X-4, X-6**
3867. Ueland AS, Hornung PA, Greenwald B. Colorectal cancer prevention and screening: a Health Belief Model-based research study to increase disease awareness. *Gastroenterol Nurs*. 2006 Sep-Oct;29(5):357-63. PMID: 17038836. **X-2, X-4**

3868. Ueunten A, Shovic A. Patient education. Improving albumin levels in peritoneal dialysis patients. *J Ren Nutr.* 2003 Apr;13(2):105-8. PMID: 12671827. **X-1, X-6, X-7, X-9**
3869. Ugarriza DN, Schmidt L. Telecare for women with postpartum depression. *J Psychosoc Nurs Ment Health Serv.* 2006 Jan;44(1):37-45. PMID: 16475443. **X-4, X-6**
3870. Uitewaal PJ, Voorham AJ, Bruijnzeels MA, et al. No clear effect of diabetes education on glycaemic control for Turkish type 2 diabetes patients: a controlled experiment in general practice. *Neth J Med.* 2005 Dec;63(11):428-34. PMID: 16397311. **X-3**
3871. Ulbricht C, Chao W, Costa D, et al. An evidence-based systematic review of green-lipped mussel (*Perna canaliculus*) by the Natural Standard Research Collaboration. *Journal of Dietary Supplements.* 2009;6(1):54-90. **X-1, X-2, X-3, X-4, X-5, X-6**
3872. Underwood SM. African-American women and breast cancer. *Nurs Spectr (Wash D C).* 1998 Feb 23;8(4):14-5. PMID: 10542686. **X-1, X-2, X-3, X-4**
3873. Underwood SM. Breast cancer screening among African American women: addressing the needs of African American women with known and no known risk factors. *J Natl Black Nurses Assoc.* 1999 Spring;10(1):46-55. PMID: 10188430. **X-2**
3874. Underwood SM, Canales M, Powe BD, et al. Expanding and strengthening research focused on breast cancer in African American women: building upon what is known. *JOCEPS: The Journal of Chi Eta Phi Sorority.* 2005;51(1):2-24. **X-1, X-2, X-4**
3875. Underwood SM, Dobson A. Promoting breast health among African American women in community-based settings: identifying good, better and best practices. *JOCEPS: The Journal of Chi Eta Phi Sorority.* 2004;50(1):1-8. **X-1, X-2, X-4**
3876. Underwood SM, Richards K, Bradley PK, et al. Pilot study of the breast cancer experiences of African American women with a family history of breast cancer: implications for nursing practice. *ABNF J.* 2008 Summer;19(3):107-13. PMID: 18717210. **X-2, X-7, X-10**
3877. Unruh HK, Bowen DJ, Meischke H, et al. Women's approaches to the use of new technology for cancer risk information. *Women Health.* 2004;40(1):59-78. PMID: 15778132. **X-2, X-4, X-6**
3878. Urbán R, Kugler G, Oláh A, et al. Smoking and education: Do psychosocial variables explain the relationship between education and smoking behavior? *Nicotine & Tobacco Research.* 2006 Aug;8(4):565-73. PMID: 16920654. **X-2, X-4, X-6**
3879. Urbanus-van Laar JJ, de Koning JS, Klazinga NS, et al. Suboptimal asthma care for immigrant children: results of an audit study. *BMC Health Serv Res.* 2008;8:22. PMID: 18218104. **X-2, X-3, X-4**
3880. Ussher M, Ibrahim S, Reid F, et al. Psychosocial correlates of health literacy among older patients with coronary heart disease. *J Health Commun.* 2010 Oct;15(7):788-804. PMID: 21104506. **X-2, X-4**
3881. Utz SW, Steeves RH, Wenzel J, et al. "Working hard with it": self-management of type 2 diabetes by rural African Americans. *Fam Community Health.* 2006 Jul-Sep;29(3):195-205. PMID: 16775469. **X-2, X-4**

3882. Utz SW, Williams IC, Jones R, et al. Culturally tailored intervention for rural African Americans with type 2 diabetes. *The Diabetes Educator*. 2008 Sep-Oct;34(5):854-65. PMID: 18832290. **X-4, X-9, X-10**
3883. Uwakwe R, Ibeh CC, Modebe AI, et al. The epidemiology of dependence in older people in Nigeria: prevalence, determinants, informal care, and health service utilization. A 10/66 dementia research group cross-sectional survey. *J Am Geriatr Soc*. 2009 Sep;57(9):1620-7. PMID: 19682135. **X-2, X-3, X-4, X-5, X-6**
3884. Uziel Y, Friedland O, Jaber L, et al. Living with children with growing pains: how does it affect the parents? *Journal of Musculoskeletal Pain*. 2007;15(2):19-23. **X-2, X-4, X-5, X-6**
3885. Uzun S, Kara B, Yokusoglu M, et al. The assessment of adherence of hypertensive individuals to treatment and lifestyle change recommendations. *Anadolu Kardiyol Derg*. 2009 Apr;9(2):102-9. PMID: 19357051. **X-2, X-4**
3886. Vaananen MH, Lyles A, Airaksinen M. The symptom mitigation path of mobile community residents: Community pharmacy's role. *Health Policy*. 2009 Jan;89(1):14-25. PMID: 18534711. **X-2, X-3, X-4, X-5, X-6**
3887. Vadaparampil ST, Quinn G, Malo TL, et al. Knowledge about hereditary colorectal cancer among colorectal cancer survivors. *Genet Test Mol Biomarkers*. 2010 Oct;14(5):603-9. PMID: 20722496. **X-2, X-4, X-6**
3888. Vadheim LM, McPherson C, Kassner DR, et al. Adapted diabetes prevention program lifestyle intervention can be effectively delivered through telehealth. *Diabetes Educ*. 2010 Jul-Aug;36(4):651-6. PMID: 20534873. **X-4, X-6**
3889. Vahabi M. Knowledge of breast cancer and screening practices. *Health Education Journal*. 2005;64(3):218-28. **X-2, X-3, X-4, X-6**
3890. Vahabi M. Verbal versus numerical probabilities: does format presentation of probabilistic information regarding breast cancer screening affect women's comprehension? *Health Education Journal*. 2010;69(2):150-63. **X-6, X-7, X-9**
3891. Valdez A, Banerjee K, Ackerson L, et al. A multimedia breast cancer education intervention for low-income Latinas. *J Community Health*. 2002 Feb;27(1):33-51. PMID: 11845940. **X-7, X-9**
3892. Valdez A, Banerjee K, Fernandez M, et al. Impact of a multimedia breast cancer education intervention on use of mammography by low-income Latinas. *J Cancer Educ*. 2001 Winter;16(4):221-4. PMID: 11848671. **X-9**
3893. van Bruggen R, Gorter KJ, Stolk RP, et al. Implementation of locally adapted guidelines on type 2 diabetes. *Fam Pract*. 2008 Dec;25(6):430-7. PMID: 18718886. **X-3, X-6, X-9**
3894. van de Sande M, Dippenaar H, Rutten GE. The relationship between patient education and glycaemic control in a South African township. *Prim Care Diabetes*. 2007 Jun;1(2):87-91. PMID: 18632025. **X-2, X-3, X-4**
3895. van Dellen QM, van Aalderen WM, Bindels PJ, et al. Asthma beliefs among mothers and children from different ethnic origins living in Amsterdam, the Netherlands. *BMC Public Health*. 2008;8:380. PMID: 18980690. **X-2, X-3, X-4**

3896. van den Hazel P, Zuurbier M, Babisch W, et al. Today's epidemics in children: possible relations to environmental pollution and suggested preventive measures. *Acta Paediatr Suppl.* 2006 Oct;95(453):18-25. PMID: 17000565. **X-1, X-2, X-3, X-4, X-6**
3897. van den Nieuwenhof L, Schermer T, Heins M, et al. Tracing uncontrolled asthma in family practice using a mailed asthma control questionnaire. *Ann Fam Med.* 2008 Jan-Feb;6 Suppl 1:S16-22. PMID: 18195302. **X-2, X-3, X-4, X-6**
3898. van der Pol M, Cairns J. Predicting attendance for breast screening using routinely collected data. *Health Care Manag Sci.* 2003 Nov;6(4):229-36. PMID: 14686629. **X-2, X-4**
3899. Van Hoof TJ, Ho SY, Curry M, et al. Opportunities to improve colorectal cancer screening in Connecticut through Medicare claims data. *Conn Med.* 2011 Feb;75(2):69-82. PMID: 21476376. **X-2, X-4, X-6**
3900. Van Hoof TJ, Mahier SE, Barr JK, et al. The Equity and Quality (EQual) Health-Care Project: A Connecticut Health Foundation initiative with Qualidigm. *Conn Med.* 2010 May;74(5):295-7. PMID: 20509420. **X-1, X-6, X-7, X-9**
3901. van Ittersum MW, van Wilgen CP, Hilberdink WK, et al. Illness perceptions in patients with fibromyalgia. *Patient Educ Couns.* 2009 Jan;74(1):53-60. PMID: 18815004. **X-2, X-3, X-4, X-5, X-6**
3902. van Loon A, van Schaik DJ, Dekker JJ, et al. Effectiveness of an intercultural module added to the treatment guidelines for Moroccan and Turkish patients with depressive and anxiety disorders. *BMC Psychiatry.* 2011;11:13. PMID: 21247455. **X-3**
3903. Van Minnen K, Davis WA, Bruce DG, et al. Accuracy, determinants, and consequences of body weight self-perception in type 2 diabetes: the Fremantle Diabetes Study. *J Diabetes Complications.* 2011 Jan-Feb;25(1):1-6. PMID: 20045657. **X-2, X-3, X-4, X-6**
3904. Van Rooijen AJ, Rheeder P, Eales CJ, et al. Effect of exercise versus relaxation on health-related quality of life in black females with type 2 diabetes mellitus. *South African Journal of Physiotherapy.* 2005;61(3):7. **X-3**
3905. Van Scoyoc EE, DeWalt DA. Interventions to improve diabetes outcomes for people with low literacy and numeracy: a systematic literature review. *Diabetes Spectrum.* 2010;23(4):228-37. **X-1, X-2, X-3, X-4, X-6**
3906. Van Servellen G, Brown JS, Lombardi E, et al. Health literacy in low-income Latino men and women receiving antiretroviral therapy in community-based treatment centers. *Aids Patient Care and Stds.* 2003 Jun;17(6):283-98. PMID: 12880492. **X-2, X-4, X-5**
3907. Van Voorhees BW, Walters AE, Prochaska M, et al. Reducing health disparities in depressive disorders outcomes between non-Hispanic Whites and ethnic minorities: a call for pragmatic strategies over the life course. *Med Care Res Rev.* 2007 Oct;64(5 Suppl):157S-94S. PMID: 17766647. **X-1, X-2, X-3, X-4**
3908. van Vuuren PAC, Kagan SH, Chalian AA. Geriatric otolaryngology toolbox: What you and your nurse can do to improve outcomes for older adults. *Ent-Ear Nose & Throat Journal.* 2009 Oct;88(10):1162-+. PMID: 19826998. **X-1, X-2, X-4, X-5, X-6**

3909. Van Winter JT, Harmon MC, Atkinson EJ, et al. Young Moms' Clinic: a multidisciplinary approach to pregnancy education in teens and in young single women. *J Pediatr Adolesc Gynecol*. 1997 Feb;10(1):28-33. PMID: 9061632. **X-6, X-9**
3910. Vannoy SD, Fancher T, Meltvedt C, et al. Suicide Inquiry in Primary Care: Creating Context, Inquiring, and Following Up. *Annals of Family Medicine*. 2010 Jan-Feb;8(1):33-9. PMID: 20065276. **X-2, X-4, X-6**
3911. Vargas PA, Robles E, Harris J, et al. Using information technology to reduce asthma disparities in underserved populations: a pilot study. *J Asthma*. 2010 Oct;47(8):889-94. PMID: 20846082. **X-2, X-4**
3912. Varma R, Aronow WS, Gandelman G, et al. Prevalence of adequate control of increased serum low-density lipoprotein cholesterol in self-pay or Medicare patients versus Medicaid or private insurance patients followed in a University General Medicine Clinic. *Am J Cardiol*. 2005 Jan 15;95(2):269-70. PMID: 15642567. **X-2, X-4**
3913. Vasconcelos FF, de Araujo TL, Moreira TMM, et al. Association among nursing diagnoses, demographic variables, and clinical characteristics of patients with high blood pressure. *Acta Paulista de Enfermagem*. 2007;20(3):326-32. **X-2, X-3, X-4, X-6**
3914. Vassiliadou A, Toulia G, Stamatopoulou E, et al. Sexual activity cardiological survey among Greek cardiologists. *Health Science Journal*. 2008 2008 Jan-Mar;2(1):25-32. **X-2, X-3, X-4, X-5, X-6**
3915. Vaughan C, Reddy P, Dunbar J. From rural beginnings to statewide roll-out: Evaluation of facilitator training for a group-based diabetes prevention program. *Aust J Rural Health*. 2010 Apr;18(2):59-65. PMID: 20398045. **X-4, X-6**
3916. Vedavanam S, Steel N, Broadbent J, et al. Recorded quality of care for depression in general practice: an observational study. *Br J Gen Pract*. 2009 Feb;59(559):e32-7. PMID: 19192365. **X-2, X-3, X-4, X-6**
3917. Vederhus BJ, Markestad T, Eide GE, et al. Health related quality of life after extremely preterm birth. *Neonatal Intensive Care*. 2010;23(7):35-40. PMID: 20492724. **X-2, X-3, X-4, X-5, X-6**
3918. Vehko T, Manderbacka K, Arffman M, et al. Increasing resources effected equity in access to revascularizations for patients with diabetes. *Scand Cardiovasc J*. 2010 Aug;44(4):237-44. PMID: 20586656. **X-2, X-3, X-4**
3919. Vehko T, Manderbacka K, Arffman M, et al. Changing patterns of secondary preventive medication among newly diagnosed coronary heart disease patients with diabetes in Finland: a register-based study. *Scand J Public Health*. 2010 May;38(3):317-24. PMID: 20228159. **X-2, X-3, X-4**
3920. Velsor-Friedrich B, Pigott T, Srof B. A practitioner-based asthma intervention program with African American inner-city school children. *J Pediatr Health Care*. 2005 May-Jun;19(3):163-71. PMID: 15867832. **X-4, X-6**
3921. Velsor-Friedrich B, Pigott TD, Louloudes A. The effects of a school-based intervention on the self-care and health of African-American inner-city children with asthma. *J Pediatr Nurs*. 2004 Aug;19(4):247-56. PMID: 15308974. **X-7, X-9**

3922. Velsor-Friedrich B, Pigott TD, Srof B, et al. The asthma belief survey: development and testing. *J Nurs Meas*. 2004 Spring-Summer;12(1):7-19. PMID: 15916316. **X-2, X-4, X-6**
3923. Venkatappa S, Oehlert WH, Nguyen L, et al. Screening mammography for Oklahoma Medicare beneficiaries: a national priority for quality improvement. *J Okla State Med Assoc*. 2002 Oct;95(10):655-60. PMID: 12420415. **X-2, X-4**
3924. Venkataraman V, Nolph KD. Socioeconomic aspects of peritoneal dialysis in North America: role of non medical factors in the choice of dialysis. *Perit Dial Int*. 1999;19 Suppl 2:S419-22. PMID: 10406557. **X-1, X-2, X-3, X-4, X-6**
3925. Vergili JM, Wolf RL. Nutrition practices of renal dietitians in hemodialysis centers throughout the United States: a descriptive study. *J Ren Nutr*. 2010 Jan;20(1):8 e1-8 e16. PMID: 19796966. **X-2, X-4, X-6**
3926. Verma A, Birger R, Bhatt H, et al. Ethnic disparities in diabetes management: a 10-year population-based repeated cross-sectional study in UK primary care. *J Public Health (Oxf)*. 2010 Jun;32(2):250-8. PMID: 20064875. **X-2, X-3, X-4**
3927. Vermeire PA, Rabe KF, Soriano JB, et al. Asthma control and differences in management practices across seven European countries. *Respir Med*. 2002 Mar;96(3):142-9. PMID: 11905548. **X-2, X-3, X-4, X-6**
3928. Vernon SW, Myers RE, Tilley BC, et al. Factors associated with perceived risk in automotive employees at increased risk of colorectal cancer. *Cancer Epidemiol Biomarkers Prev*. 2001 Jan;10(1):35-43. PMID: 11205487. **X-2, X-4, X-6**
3929. Vickrey BG, Strickland TL, Fitten LJ, et al. Ethnic variations in dementia caregiving from focus groups. *Journal of Human Behavior in the Social Environment*. 2007;15(2-3):233-49. **X-2, X-4, X-5**
3930. Vidovich MI, Vasaiwala S, Cannon CP, et al. Association of insurance status with inpatient treatment for coronary artery disease: findings from the Get With the Guidelines program. *Am Heart J*. 2010 Jun;159(6):1026-36. PMID: 20569716. **X-11**
3931. Vidyullatha B. A study to assess the knowledge of mothers about risk factors of low birth weight. *Nurs J India*. 2003 Nov;94(11):249-50. PMID: 15318845. **X-2, X-4**
3932. Vileikyte L, Gonzalez JS, Leventhal H, et al. Patient Interpretation of Neuropathy (PIN) questionnaire: an instrument for assessment of cognitive and emotional factors associated with foot self-care. *Diabetes Care*. 2006 Dec;29(12):2617-24. PMID: 17130194. **X-2, X-3, X-4, X-6**
3933. Villanueva EV, Jones S, Nehill C, et al. The 2003 Australian Breast Health Survey: survey design and preliminary results. *BMC Public Health*. 2008;8:13. PMID: 18194528. **X-2, X-3, X-4, X-6**
3934. Vincent D. Culturally tailored education to promote lifestyle change in Mexican Americans with type 2 diabetes. *J Am Acad Nurse Pract*. 2009 Sep;21(9):520-7. PMID: 19845810. **X-4**
3935. Vincent D, Clark L, Zimmer LM, et al. Using focus groups to develop a culturally competent diabetes self-management program for Mexican Americans. *Diabetes Educ*. 2006 Jan-Feb;32(1):89-97. PMID: 16439497. **X-2, X-4**

3936. Vincent D, Hastings-Tolsma M, Park JH. Down the rabbit hole: examining outcomes of nurse midwifery care. *J Nurs Care Qual.* 2004 Oct-Dec;19(4):361-7. PMID: 15535542. **X-6, X-7, X-9**
3937. Vincent D, McEwen MM, Pasvogel A. The validity and reliability of a Spanish version of the summary of diabetes self-care activities questionnaire. *Nurs Res.* 2008 Mar-Apr;57(2):101-6. PMID: 18347481. **X-2, X-4, X-6**
3938. Vincent D, Pasvogel A, Barrera L. A feasibility study of a culturally tailored diabetes intervention for Mexican Americans. *Biol Res Nurs.* 2007 Oct;9(2):130-41. PMID: 17909165. **X-4**
3939. Vivian EM. Improving blood pressure control in a pharmacist-managed hypertension clinic. *Pharmacotherapy.* 2002 Dec;22(12):1533-40. PMID: 12495164. **X-4, X-6**
3940. Vivienne Wu SF, Courtney M, Edwards H, et al. Development and validation of the Chinese version of the Diabetes Management Self-efficacy Scale. *Int J Nurs Stud.* 2008 Apr;45(4):534-42. PMID: 17055509. **X-2, X-3, X-4, X-6**
3941. Voda SC. Improving diabetes education for minority-group members. *Nursing.* 2008 Jul;38(7):12-3. PMID: 18580634. **X-6, X-7, X-9, X-10**
3942. Vodoor M, Southwell YP, Grubin M, et al. The management of depression: the implications for managed care--roundtable discussion: Part 3. *Manag Care Interface.* 2000;Suppl B:26-32. PMID: 11183022. **X-1, X-2, X-3, X-4, X-6**
3943. Vogel DL, Wester SR, Larson LM, et al. An information-processing model of the decision to seek professional help. *Professional Psychology-Research and Practice.* 2006 Aug;37(4):398-406. **X-1, X-2, X-3, X-4, X-5, X-6**
3944. Vollrath ME, Landolt MA, Gnehm HE, et al. Child and parental personality are associated with glycaemic control in Type 1 diabetes. *Diabet Med.* 2007 Sep;24(9):1028-33. PMID: 17593242. **X-2, X-4, X-6**
3945. Volpp KG, Buckley E. The effect of increases in HMO penetration and changes in payer mix on in-hospital mortality and treatment patterns for acute myocardial infarction. *Am J Manag Care.* 2004 Jul;10(7 Pt 2):505-12. PMID: 15298238. **X-2, X-4, X-6**
3946. Volpp KG, Williams SV, Pauly MV. Market reform in New Jersey and quality of care: a cautionary tale. *LDI Issue Brief.* 2003 Apr;8(7):1-4. PMID: 12828171. **X-1, X-2, X-3, X-4, X-5, X-6**
3947. von Euler-Chelpin M, Olsen AH, Njor S, et al. Does educational level determine screening participation? *Eur J Cancer Prev.* 2008 Jun;17(3):273-8. PMID: 18414200. **X-2, X-3, X-4, X-6**
3948. von Goeler DS, Rosal MC, Ockene JK, et al. Self-management of type 2 diabetes: a survey of low-income urban Puerto Ricans. *Diabetes Educ.* 2003 Jul-Aug;29(4):663-72. PMID: 13677177. **X-2, X-3, X-4, X-6**
3949. von Wagner C, Semmler C, Good A, et al. Health literacy and self-efficacy for participating in colorectal cancer screening: The role of information processing. *Patient Educ Couns.* 2009 Jun;75(3):352-7. PMID: 19386461. **X-2, X-3, X-4**

3950. Vorderstrasse AA. Cultural issues in diabetes. Dietary counseling for black patients. *Adv NPs PAs*. 2010 Nov;1(3):26-9; quiz 30. PMID: 21291140. **X-1, X-2, X-3, X-4, X-6**
3951. Vulic D, Lee BT, Dede J, et al. Extent of control of cardiovascular risk factors and adherence to recommended therapies in US multiethnic adults with coronary heart disease: from a 2005-2006 national survey. *Am J Cardiovasc Drugs*. 2010;10(2):109-14. PMID: 20334448. **X-2, X-4**
3952. Wacharasin C, Barnard KE, Spieker SJ. Factors affecting toddler cognitive development in low-income families: implications for practitioners. *Infants & Young Children: An Interdisciplinary Journal of Special Care Practices*. 2003;16(2):175-81. **X-2, X-4, X-5**
3953. Wagner EH, Glasgow RE, Davis C, et al. Quality improvement in chronic illness care: a collaborative approach. *Jt Comm J Qual Improv*. 2001 Feb;27(2):63-80. PMID: 11221012. **X-4, X-6**
3954. Wagner EH, Grothaus LC, Sandhu N, et al. Chronic care clinics for diabetes in primary care: a system-wide randomized trial. *Diabetes Care*. 2001 Apr;24(4):695-700. PMID: 11315833. **X-6, X-9**
3955. Wagner J, Abbott G, Lacey K. Knowledge of heart disease risk among Spanish speakers with diabetes: The role of interpreters in the medical encounter. *Ethnicity & Disease*. 2005 Fal;15(4):679-84. PMID: 16259493. **X-2, X-4**
3956. Wagner J, Lacey K, Abbott G, et al. Knowledge of heart disease risk in a multicultural community sample of people with diabetes. *Ann Behav Med*. 2006 Jun;31(3):224-30. PMID: 16700635. **X-2, X-4**
3957. Wagner JA. Response shift and glycemic control in children with diabetes. *Health Qual Life Outcomes*. 2005;3:38. PMID: 15955236. **X-2, X-4, X-6**
3958. Wagner JA, Abbott GL, Heapy A, et al. Depressive symptoms and diabetes control in African Americans. *J Immigr Minor Health*. 2009 Feb;11(1):66-70. PMID: 18470617. **X-2, X-4**
3959. Wagner JA, Osborn CY, Mendenhall EA, et al. Beliefs about racism and health among African American women with diabetes: a qualitative study. *J Natl Med Assoc*. 2011 Mar;103(3):224-32. PMID: 21528110. **X-2, X-4**
3960. Wagner JA, Tennen H, Osborn CY. Lifetime depression and diabetes self-management in women with Type 2 diabetes: a case-control study. *Diabet Med*. 2010 Jun;27(6):713-7. PMID: 20546294. **X-2, X-4, X-6**
3961. Waite R, Calamaro C. Culture and depression: a case example of a young African American man. *Perspect Psychiatr Care*. 2009 Jul;45(3):232-8. PMID: 19566696. **X-1, X-2, X-3, X-4, X-6**
3962. Waite R, Killian P. Perspectives about depression: explanatory models among African-American women. *Arch Psychiatr Nurs*. 2009 Aug;23(4):323-33. PMID: 19631110. **X-2, X-4**
3963. Waitzfelder B, Gerzoff RB, Karter AJ, et al. Correlates of depression among people with diabetes: The Translating Research Into Action for Diabetes (TRIAD) study. *Prim Care Diabetes*. 2010 Dec;4(4):215-22. PMID: 20832375. **X-2, X-4, X-6**

3964. Walden CM, Still AT, Zinn B, et al. Perinatal effects of a pregnancy wellness program in the workplace. *MCN Am J Matern Child Nurs*. 1996 Nov-Dec;21(6):288-93. PMID: 8952282. **X-6, X-9**
3965. Waldkoetter RO, Sanders GO. Auditory brainwave stimulation in treating alcoholic depression. *Percept Mot Skills*. 1997 Feb;84(1):226. PMID: 9132712. **X-4, X-5, X-6**
3966. Walen HR, Oliver K, Groessl E, et al. Traumatic events, health outcomes, and health care use in patients with fibromyalgia. *Journal of Musculoskeletal Pain*. 2001;9(2):19-38. **X-2, X-4, X-5, X-6**
3967. Waljee JF, Rogers MAM, Alderman AK. Decision aids and breast cancer: Do they influence choice for surgery and knowledge of treatment options? *Journal of Clinical Oncology*. 2007 Mar;25(9):1067-73. PMID: 17369570. **X-1, X-2, X-3, X-4, X-6**
3968. Walker CC. An educational intervention for hypertension management in older African Americans. *Ethn Dis*. 2000 Spring-Summer;10(2):165-74. PMID: 10892822. **X-4**
3969. Walker D, Adebajo A, Heslop P, et al. Patient education in rheumatoid arthritis: the effectiveness of the ARC booklet and the mind map. *Rheumatology (Oxford)*. 2007 Oct;46(10):1593-6. PMID: 17767002. **X-4, X-5**
3970. Walker DR, Stern PM, Landis DL. Examining healthcare disparities in a disease management population. *Am J Manag Care*. 2004 Feb;10(2 Pt 1):81-8. PMID: 15011808. **X-8**
3971. Walker E, Holman T, Busby D. Childhood sexual abuse, other childhood factors, and pathways to survivors' adult relationship quality. *Journal of Family Violence*. 2009;24(6):397-406. **X-2, X-4, X-5, X-6**
3972. Walker EA. Characteristics of the adult learner. *Diabetes Educator*. 1999 Nov-Dec;25(6):16-24. PMID: 10711081. **X-1, X-2, X-3, X-4, X-5, X-6**
3973. Walker EA, Engel SS, Zybert PA. Dissemination of diabetes care guidelines: lessons learned from community health centers. *Diabetes Educ*. 2001 Jan-Feb;27(1):101-10. PMID: 11912611. **X-6, X-9**
3974. Walker EA, Stevens KA, Persaud S. Promoting diabetes self-management among African Americans: an educational intervention. *J Health Care Poor Underserved*. 2010 Aug;21(3 Suppl):169-86. PMID: 20675953. **X-7, X-9**
3975. Walker JG, Mackinnon AJ, Batterham P, et al. Mental health literacy, folic acid and vitamin B12, and physical activity for the prevention of depression in older adults: randomised controlled trial. *Br J Psychiatry*. 2010 Jul;197(1):45-54. PMID: 20592433. **X-6, X-9**
3976. Walker MS, Farria D, Schmidt M, et al. Educational intervention for women undergoing image-guided breast biopsy: results of a randomized clinical trial. *Cancer Control*. 2007 Oct;14(4):380-7. PMID: 17914338. **X-6, X-7, X-9**
3977. Wallace AS, Carlson JR, Malone RM, et al. The influence of literacy on patient-reported experiences of diabetes self-management support. *Nurs Res*. 2010 Sep-Oct;59(5):356-63. PMID: 20808193. **X-2, X-4**

3978. Wallace AS, Seligman HK, Davis TC, et al. Literacy-appropriate educational materials and brief counseling improve diabetes self-management. *Patient Educ Couns*. 2009 Jun;75(3):328-33. PMID: 19167857. **X-7, X-9, X-10, X-11**
3979. Wallace LS, Roskos SE, Weiss BD. Readability Characteristics of Consumer Medication Information for Asthma Inhalation Devices. *Journal of Asthma*. 2006 Jun-Jul;43(5):375-8. PMID: 16801142. **X-2, X-3, X-4, X-6**
3980. Wallen GR, Middleton KR, Rivera-Goba MV, et al. Validating English- and Spanish-language patient-reported outcome measures in underserved patients with rheumatic disease. *Arthritis Research & Therapy*. 2011;13(1)PMID: 21208400. **X-2, X-4, X-5, X-6**
3981. Waller B, Tzeng HM. Glycaemic index knowledge and use among African Americans with type 2 diabetes. *J Adv Nurs*. 2011 May;67(5):1102-8. PMID: 21480960. **X-2, X-4**
3982. Waller H, Eiser C, Knowles J, et al. Pilot study of a novel educational programme for 11-16 year olds with type 1 diabetes mellitus: the KICK-OFF course. *Arch Dis Child*. 2008 Nov;93(11):927-31. PMID: 18676435. **X-3, X-4, X-6**
3983. Waller J, McCaffery K, Wardle J. Measuring cancer knowledge: comparing prompted and unprompted recall. *Br J Psychol*. 2004 May;95(Pt 2):219-34. PMID: 15142303. **X-3, X-6**
3984. Wallhagen MI, Lacson M. Perceived control and psychosocial/physiological functioning in African American elders with type 2 diabetes. *Diabetes Educ*. 1999 Jul-Aug;25(4):568-75. PMID: 10614261. **X-2, X-4**
3985. Walsh JM, Salazar R, Nguyen TT, et al. Healthy colon, healthy life: a novel colorectal cancer screening intervention. *Am J Prev Med*. 2010 Jul;39(1):1-14. PMID: 20547275. **X-9**
3986. Walsh MN, Yancy CW, Albert NM, et al. Equitable improvement for women and men in the use of guideline-recommended therapies for heart failure: findings from IMPROVE HF. *J Card Fail*. 2010 Dec;16(12):940-9. PMID: 21111983. **X-7**
3987. Walter EB, Hellkamp AS, Goldberg KC, et al. Improving influenza vaccine coverage among asthmatics: a practice-based research network study. *Journal of Clinical Outcomes Management*. 2008;15(5):229-34. **X-6, X-9**
3988. Walton J. Can a one-hour presentation make an impact on cultural awareness? *Nephrol Nurs J*. 2011 Jan-Feb;38(1):21-30; quiz 1. PMID: 21469551. **X-5, X-7, X-9, X-10**
3989. Wang A, Wolf M, Carlyle R, et al. The North Carolina experience with the diabetes health disparities collaboratives. *Jt Comm J Qual Saf*. 2004 Jul;30(7):396-404. PMID: 15279504. **X-1, X-6, X-9**
3990. Wang CJ, McGlynn EA, Brook RH, et al. Quality-of-care indicators for the neurodevelopmental follow-up of very low birth weight children: Results of an expert panel process. *Pediatrics*. 2006 Jun;117(6):2080-92. PMID: 16740851. **X-2, X-4, X-5, X-6**
3991. Wang CY. The cross-cultural applicability of Orem's conceptual framework. *J Cult Divers*. 1997 Summer;4(2):44-8. PMID: 9287595. **X-2, X-3, X-4, X-6**

3992. Wang CY, Abbot L, Goodbody AK, et al. Ideal body image and health status in low-income Pacific Islanders. *J Cult Divers*. 2002 Spring;9(1):12-22. PMID: 12046317. **X-2, X-4**
3993. Wang CY, Chan SM. Culturally tailored diabetes education program for Chinese Americans: a pilot study. *Nurs Res*. 2005 Sep-Oct;54(5):347-53. PMID: 16224321. **X-4**
3994. Wang HH, Zhou J, Huang L, et al. Effects of nurse-delivered home visits combined with telephone calls on medication adherence and quality of life in HIV-infected heroin users in Hunan of China. *Journal of Clinical Nursing*. 2010 Feb;19(3-4):380-8. PMID: 20500277. **X-3, X-5, X-6**
3995. Wang J, Lai D. The relationship between mental health literacy, personal contacts and personal stigma against depression. *Journal of Affective Disorders*. 2008 Sep;110(1-2):191-6. PMID: 18261806. **X-2, X-3, X-4, X-6**
3996. Wang JH, Liang W, Schwartz MD, et al. Development and evaluation of a culturally tailored educational video: changing breast cancer-related behaviors in Chinese women. *Health Educ Behav*. 2008 Dec;35(6):806-20. PMID: 17602099. **X-7, X-9**
3997. Wang L, Li J. Role of educational intervention in the management of comorbid depression and hypertension. *Blood Press*. 2003;12(4):198-202. PMID: 14596355. **X-6, X-7, X-9**
3998. Wang LY, Zhong Y, Wheeler L. Asthma medication use in school-aged children. *J Asthma*. 2006 Sep;43(7):495-9. PMID: 16939988. **X-2, X-4**
3999. Wang PS, Patrick A, Avorn J, et al. The costs and benefits of enhanced depression care to employers. *Arch Gen Psychiatry*. 2006 Dec;63(12):1345-53. PMID: 17146009. **X-2, X-3, X-4, X-6**
4000. Wang TY, Chen AY, Roe MT, et al. Comparison of baseline characteristics, treatment patterns, and in-hospital outcomes of Asian versus non-Asian white Americans with non-ST-segment elevation acute coronary syndromes from the CRUSADE quality improvement initiative. *Am J Cardiol*. 2007 Aug 1;100(3):391-6. PMID: 17659915. **X-2, X-4**
4001. Wang XJ, Fang C, Tan Y, et al. Evidence-Based Intervention to Reduce Access Barriers to Cervical Cancer Screening Among Underserved Chinese American Women. *Journal of Womens Health*. 2010 Mar;19(3):463-9. PMID: 20156089. **X-5**
4002. Wang Y, Wang QJ. The prevalence of prehypertension and hypertension among US adults according to the new joint national committee guidelines: new challenges of the old problem. *Arch Intern Med*. 2004 Oct 25;164(19):2126-34. PMID: 15505126. **X-2, X-4**
4003. Wang Y, Wu D, Zhou Y, et al. Survey of blood pressure control status in patients with ischemic stroke or transient ischemic attack in China. *Neurol Res*. 2008 May;30(4):348-55. PMID: 18544250. **X-2, X-3, X-4, X-5, X-6**
4004. Wang Y, Zhang L, Li X, et al. Improvement of awareness, treatment and control of hypertension among chronic kidney disease patients in China from 1999 to 2005. *Hypertens Res*. 2009 Jun;32(6):444-9. PMID: 19494816. **X-2, X-3, X-4, X-6**

4005. Wanitkun N, Batterham R, Vichathai C, et al. Building equity in chronic disease management in Thailand: a whole-system provincial trial of systematic, pro-active chronic illness care. *Chronic Illn.* 2011 Mar;7(1):31-44. PMID: 21343219. **X-1, X-2, X-3**
4006. Wannapornsiri C, Sindhu S, Phancharoenworakul K, et al. Caring process of Thai women with breast cancer receiving chemotherapy. *Thai Journal of Nursing Research.* 2005;9(2):121-32. **X-2, X-3, X-4, X-6**
4007. Wanzer MB, Wojtaszczyk AM, Schimert J, et al. Enhancing the oInformedo in Informed Consent: A Pilot Test of a Multimedia Presentation. *Health Communication.* 2010;25(4):365-74. PMID: 20512718. **X-4, X-5, X-6**
4008. Ward AJ, Coffey Kluhsman B, Lengerich EJ, et al. The impact of cancer coalitions on the dissemination of colorectal cancer materials to community organizations in rural Appalachia. *Prev Chronic Dis.* 2006 Apr;3(2):A55. PMID: 16539796. **X-6**
4009. Ward B, Bertera EM, Hoge P. Developing and evaluating a Spanish TEL-MED message on breast cancer. *J Community Health.* 1997 Apr;22(2):127-35. PMID: 9149954. **X-4**
4010. Wardle J, Williamson S, McCaffery K, et al. Increasing attendance at colorectal cancer screening: testing the efficacy of a mailed, psychoeducational intervention in a community sample of older adults. *Health Psychol.* 2003 Jan;22(1):99-105. PMID: 12558207. **X-6, X-7, X-9**
4011. Warren-Findlow J, Issel LM. Stress and coping in African American women with chronic heart disease: A cultural cognitive coping model. *Journal of Transcultural Nursing.* 2010 Jan;21(1):45-54. PMID: 19826059. **X-2, X-4**
4012. Warren-Findlow J, Seymour RB. Prevalence rates of hypertension self-care activities among African Americans. *J Natl Med Assoc.* 2011 Jun;103(6):503-12. PMID: 21830634. **X-2, X-4**
4013. Warren-Findlow J, Seymour RB, Shenk D. Intergenerational transmission of chronic illness self-care: results from the caring for hypertension in African American families study. *Gerontologist.* 2011 Feb;51(1):64-75. PMID: 20864590. **X-2, X-4**
4014. Warriar I, Du W, Natarajan G, et al. Patterns of drug utilization in a neonatal intensive care unit. *J Clin Pharmacol.* 2006 Apr;46(4):449-55. PMID: 16554453. **X-2, X-4, X-5**
4015. Washington EL, Shen JJ, Bell R, et al. Patterns of Hospital-Based Pediatric Care Across Diverse Ethnicities: The Case of Pneumonia. *Journal of Health Care for the Poor and Underserved.* 2004 Aug;15(3):462-73. PMID: 15453181. **X-2, X-4**
4016. Washington G, Wang-Letzkus MF. Self-care practices, health beliefs, and attitudes of older diabetic Chinese Americans. *J Health Hum Serv Adm.* 2009 Winter;32(3):305-23. PMID: 20099582. **X-2**
4017. Wasserfallen JB, Moinat M, Halabi G, et al. Satisfaction of patients on chronic haemodialysis and peritoneal dialysis. *Swiss Med Wkly.* 2006 Apr 1;136(13-14):210-7. PMID: 16633970. **X-2, X-3, X-4, X-6**
4018. Waterhouse D. Vascular access: a role for a renal nurse clinician. *EDTNA ERCA J.* 2002 Apr-Jun;28(2):64-6, 9. PMID: 12216845. **X-1, X-2, X-3, X-4, X-5, X-6**

4019. Watson WT, Gillespie C, Thomas N, et al. Small-group, interactive education and the effect on asthma control by children and their families. *CMAJ*. 2009 Sep 1;181(5):257-63. PMID: 19687105. **X-6, X-9**
4020. Watts KD, Schechter MS. Origins of outcome disparities in pediatric respiratory disease. *Pediatr Ann*. 2010 Dec;39(12):793-8. PMID: 21162488. **X-2**
4021. Watts M, Johnson IS. Screening for ischaemic heart disease risk factors at a health fair: low attendance by those at highest risk. *J Epidemiol Community Health*. 1989 Sep;43(3):234-6. PMID: 2607301. **X-2, X-3, X-4**
4022. Wearden AJ, TARRIER N, Davies R. Partners' expressed emotion and the control and management of type 1 diabetes in adults. *J Psychosom Res*. 2000 Aug;49(2):125-30. PMID: 11068056. **X-2, X-4, X-6**
4023. Webb KL, Dobson AJ, O'Connell DL, et al. Dietary compliance among insulin-dependent diabetics. *J Chronic Dis*. 1984;37(8):633-43. PMID: 6746853. **X-3, X-4, X-6**
4024. Webb M, Beckstead J, Meininger J, et al. Stress management for African American women with elevated blood pressure: a pilot study. *Biol Res Nurs*. 2006 Jan;7(3):187-96. PMID: 16552946. **X-4**
4025. Webber PA, Fox P, Zhang X, et al. An examination of differential follow-up rates in breast cancer screening. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*. 1996 Apr;21(2):123-32. PMID: 8728360. **X-2, X-4**
4026. Weber BE, Reilly BM. Enhancing mammography use in the inner city. A randomized trial of intensive case management. *Arch Intern Med*. 1997 Nov 10;157(20):2345-9. PMID: 9361575. **X-6, X-9**
4027. Webster J, Linnane JW, Dibley LM, et al. Improving antenatal recognition of women at risk for postnatal depression. *Aust N Z J Obstet Gynaecol*. 2000 Nov;40(4):409-12. PMID: 11194425. **X-3, X-4, X-5, X-6**
4028. Wee HL, Li SC. Sociodemographic factors influencing the effectiveness of public health education - a comparison of two studies in Singapore. *Ann Acad Med Singapore*. 2007 Nov;36(11):958-61. PMID: 18071609. **X-2, X-3**
4029. Wei W, Sambamoorthi U, Olfson M, et al. Use of psychotherapy for depression in older adults. *Am J Psychiatry*. 2005 Apr;162(4):711-7. PMID: 15800143. **X-2, X-4, X-6**
4030. Weiler DM, Crist JD. Diabetes self-management in a Latino social environment. *Diabetes Educ*. 2009 Mar-Apr;35(2):285-92. PMID: 19204101. **X-2, X-4**
4031. Weiner M, Quwatli Z, Perkins AJ, et al. Limitation of a Single Clinical Data Source for Measuring Physicians' Performance on Quality Indicators. *Journal of the American Geriatrics Society*. 2006 Aug;54(8):1256-60. PMID: 16913995. **X-2, X-4**
4032. Weinmann S, Janssen B, Gaebel W. Guideline adherence in medication management of psychotic disorders: an observational multisite hospital study. *Acta Psychiatr Scand*. 2005 Jul;112(1):18-25. PMID: 15952941. **X-2, X-4, X-5, X-6**
4033. Weinrich SP, Weinrich MC, Boyd MD, et al. Teaching older adults by adapting for aging changes. *Cancer Nurs*. 1994 Dec;17(6):494-500. PMID: 7529659. **X-6, X-9**

4034. Weinrich SP, Weinrich MC, Stromborg MF, et al. Using elderly educators to increase colorectal cancer screening. *Gerontologist*. 1993 Aug;33(4):491-6. PMID: 8375677. **X-6, X-9**
4035. Weinstock LM, Whisman MA. The self-verification model of depression and interpersonal rejection in heterosexual dating relationships. *Journal of Social and Clinical Psychology*. 2004 Apr;23(2):240-59. **X-2, X-4, X-6**
4036. Weinstock RS, Teresi JA, Goland R, et al. Glycemic control and health disparities in older ethnically diverse underserved adults with diabetes: five-year results from the Informatics for Diabetes Education and Telemedicine (IDEATel) study. *Diabetes Care*. 2011 Feb;34(2):274-9. PMID: 21270184. **X-7**
4037. Weiss BD, Francis L, Senf JH, et al. Literacy education as treatment for depression in patients with limited literacy and depression: a randomized controlled trial. *J Gen Intern Med*. 2006 Aug;21(8):823-8. PMID: 16881941. **X-4**
4038. Weiss BD, Reed RL, Kligman EW. LITERACY SKILLS AND COMMUNICATION METHODS OF LOW-INCOME OLDER PERSONS. *Patient Education and Counseling*. 1995 May;25(2):109-19. PMID: 7659623. **X-2, X-4, X-5**
4039. Weiss JJ, Mulder CL, Antoni MH, et al. Effects of a supportive-expressive group intervention on long-term psychosocial adjustment in HIV-infected gay men. *Psychother Psychosom*. 2003 May-Jun;72(3):132-40. PMID: 12707480. **X-4, X-5, X-6**
4040. Weiss KB, Shannon JJ, Sadowski LS, et al. The burden of asthma in the Chicago community fifteen years after the availability of national asthma guidelines: the design and initial results from the CHIRAH study. *Contemp Clin Trials*. 2009 May;30(3):246-55. PMID: 19470314. **X-6, X-7, X-9**
4041. Weiss RB, Rifkin RM, Stewart FM, et al. High-dose chemotherapy for high-risk primary breast cancer: an on-site review of the Bezwoda study. *Lancet*. 2000 Mar 18;355(9208):999-1003. PMID: 10768448. **X-2, X-3, X-4, X-6**
4042. Weissenberger C, Jonassen S, Beranek-Chiu J, et al. Breast cancer: patient information needs reflected in English and German web sites. *Br J Cancer*. 2004 Oct 18;91(8):1482-7. PMID: 15467771. **X-2, X-3, X-4, X-6**
4043. Weissman MM, Neria Y, Gameroff MJ, et al. Positive screens for psychiatric disorders in primary care: a long-term follow-up of patients who were not in treatment. *Psychiatr Serv*. 2010 Feb;61(2):151-9. PMID: 20123820. **X-2, X-4**
4044. Welch G, Schwartz CE, Santiago-Kelly P, et al. Disease-related emotional distress of Hispanic and non-Hispanic type 2 diabetes patients. *Ethnicity & Disease*. 2007 Sum;17(3):541-7. PMID: 17985511. **X-2**
4045. Welch JL, Siek KA, Connelly KH, et al. Merging health literacy with computer technology: self-managing diet and fluid intake among adult hemodialysis patients. *Patient Educ Couns*. 2010 May;79(2):192-8. PMID: 19796911. **X-1, X-2, X-4**
4046. Welch VL, Oster NV, Gazmararian JA, et al. Impact of a Diabetes Disease Management Program by Race and Ethnicity. *Disease Management & Health Outcomes*. 2006;14(4):245-52. **X-8**

4047. Welch VL, VanGeest JB, Caskey R. Time, Costs, and Clinical Utilization of Screening for Health Literacy: A Case Study Using the Newest Vital Sign (NVS) Instrument. *Journal of the American Board of Family Medicine*. 2011 May-Jun;24(3):281-9. PMID: 21551400. **X-2, X-5, X-6, X-9, X-10**
4048. Welkenhuysen M, Evers-Kiebooms G. The reactions of general practitioners, nurses and midwives in Flanders concerning breast cancer risks in a high-risk situation. *Community Genet*. 2003;6(4):206-13. PMID: 15331866. **X-2, X-3, X-4, X-6**
4049. Wells KB, Norquist G, Benjamin B, et al. Quality of antidepressant medications prescribed at discharge to depressed elderly patients in general medical hospitals before and after prospective payment system. *General Hospital Psychiatry*. 1994 Jan;16(1):4-15. PMID: 8039682. **X-2, X-4, X-6**
4050. Wells KB, Rogers WH, Davis LM, et al. Quality of care for depressed elderly pre-post prospective payment system: Differences in response across treatment settings. *Medical Care*. 1994 Mar;32(3):257-76. PMID: 8145602. **X-2, X-4, X-6**
4051. Wells KB, Rogers WH, Davis LM, et al. Quality of care for hospitalized depressed elderly patients before and after implementation of the Medicare Prospective Payment System. *The American Journal of Psychiatry*. 1993 Dec;150(12):1799-805. PMID: 8238633. **X-2, X-4, X-6**
4052. Wells KB, Schoenbaum M, Unutzer J, et al. Quality of care for primary care patients with depression in managed care. *Arch Fam Med*. 1999 Nov-Dec;8(6):529-36. PMID: 10575393. **X-2, X-4, X-6**
4053. Wells KB, Sherbourne C, Schoenbaum M, et al. Impact of disseminating quality improvement programs for depression in managed primary care: a randomized controlled trial. *JAMA*. 2000 Jan 12;283(2):212-20. PMID: 10634337. **X-6**
4054. Wells KB, Tang L, Miranda J, et al. The effects of quality improvement for depression in primary care at nine years: Results from a randomized, controlled group-level trial. *Health Services Research*. 2008 Dec;43(6):1952-74. PMID: 18522664. **X-6, X-9**
4055. Wells-Federman C, Arnstein P, Caudill-Slosberg M. Comparing patients with fibromyalgia and chronic low back pain participating in an outpatient cognitive-behavioral treatment program. *Journal of Musculoskeletal Pain*. 2003;11(3):5-12. **X-5, X-6**
4056. Wen LK, Parchman ML, Shepherd MD. Family support and diet barriers among older Hispanic adults with type 2 diabetes. *Fam Med*. 2004 Jun;36(6):423-30. PMID: 15181555. **X-2, X-4**
4057. Wen LK, Shepherd MD, Parchman ML. Family support, diet, and exercise among older Mexican Americans with type 2 diabetes. *Diabetes Educ*. 2004 Nov-Dec;30(6):980-93. PMID: 15641619. **X-2, X-4**
4058. Wendel CS, Shah JH, Duckworth WC, et al. Racial and ethnic disparities in the control of cardiovascular disease risk factors in Southwest American veterans with type 2 diabetes: the Diabetes Outcomes in Veterans Study. *BMC Health Serv Res*. 2006;6:58. PMID: 16716235. **X-2, X-4**

4059. Wenger RD. Does the U.S. have the best health care system in the world? *Bull Am Coll Surg*. 2009 Jul;94(7):8-15. PMID: 19718966. **X-1, X-2, X-3, X-4, X-5, X-6**
4060. Werner RM, Asch DA, Polsky D. Racial profiling: the unintended consequences of coronary artery bypass graft report cards. *Circulation*. 2005 Mar 15;111(10):1257-63. PMID: 15769766. **X-7**
4061. Werner RM, Bradlow ET, Asch DA. Does hospital performance on process measures directly measure high quality care or is it a marker of unmeasured care? *Health Services Research*. 2008;43(5 Part 1):1464-84. **X-6, X-7, X-9**
4062. West DS, Greene P, Pulley L, et al. Stepped-care, community clinic interventions to promote mammography use among low-income rural African American women. *Health Educ Behav*. 2004 Aug;31(4 Suppl):29S-44S. PMID: 15296690. **X-9**
4063. Wheeler K, Crawford R, McAdams D, et al. Inpatient to outpatient transfer of care in urban patients with diabetes: patterns and determinants of immediate postdischarge follow-up. *Arch Intern Med*. 2004 Feb 23;164(4):447-53. PMID: 14980997. **X-2, X-4, X-6**
4064. Wheeler LA, Wheeler ML, Ours P, et al. Evaluation of computer-based diet education in persons with diabetes mellitus and limited educational background. *Diabetes Care*. 1985 Nov-Dec;8(6):537-44. PMID: 3908024. **X-4**
4065. White AD, Folsom AR, Chambless LE, et al. Community surveillance of coronary heart disease in the Atherosclerosis Risk in Communities (ARIC) Study: methods and initial two years' experience. *J Clin Epidemiol*. 1996 Feb;49(2):223-33. PMID: 8606324. **X-2, X-4**
4066. White C, Gallagher P. Effect of patient coping preferences on quality of life following renal transplantation. *J Adv Nurs*. 2010 Nov;66(11):2550-9. PMID: 20722812. **X-2, X-3, X-4, X-5, X-6**
4067. White J, Gray R, Jones M. The development of the serious mental illness physical Health Improvement Profile. *J Psychiatr Ment Health Nurs*. 2009 Jun;16(5):493-8. PMID: 19538607. **X-1, X-2, X-3, X-4, X-5, X-6**
4068. White RO, DeWalt DA, Malone RM, et al. Leveling the field: addressing health disparities through diabetes disease management. *Am J Manag Care*. 2010 Jan;16(1):42-8. PMID: 20148604. **X-4, X-9**
4069. White RO, Osborn CY, Gebretsadik T, et al. Development and Validation of a Spanish Diabetes-Specific Numeracy Measure: DNT-15 Latino. *Diabetes Technology & Therapeutics*. 2011 Sep;13(9):893-8. PMID: 21714674. **X-2, X-4**
4070. White WB. Assessment of patients with office hypertension by 24-hour noninvasive ambulatory blood pressure monitoring. *Arch Intern Med*. 1986 Nov;146(11):2196-9. PMID: 3778049. **X-2, X-4, X-6**
4071. Whittaker R, Bramley D, Wells S, et al. Will a web-based cardiovascular disease (CVD) risk assessment programme increase the assessment of CVD risk factors for Maori? *N Z Med J*. 2006;119(1238):U2077. PMID: 16868574. **X-2, X-4, X-6**

4072. Whittimore R, Jaser S, Guo J, et al. A conceptual model of childhood adaptation to type 1 diabetes. *Nurs Outlook*. 2010 Sep-Oct;58(5):242-51. PMID: 20934079. **X-1, X-2, X-3, X-4, X-6**
4073. Whyte S, Penny C, Phelan M, et al. Quality of diabetes care in patients with schizophrenia and bipolar disorder: cross-sectional study. *Diabet Med*. 2007 Dec;24(12):1442-8. PMID: 18042084. **X-2, X-3, X-4, X-6**
4074. Widerman E. Knowledge, interests and educational needs of adults diagnosed with cystic fibrosis after age 18. *J Cyst Fibros*. 2003 Jun;2(2):97-104. PMID: 15463857. **X-2, X-4, X-5, X-6**
4075. Widga AC, Lewis NM. Defined, in-home, prenatal nutrition intervention for low-income women. *J Am Diet Assoc*. 1999 Sep;99(9):1058-62; quiz 63-4, 175. PMID: 10491673. **X-4**
4076. Wiehagen T, Caito NM, Thompson VS, et al. Applying projective techniques to formative research in health communication development. *Health Promot Pract*. 2007 Apr;8(2):164-72. PMID: 17003247. **X-2, X-4**
4077. Wierenga ME, Wuethrich KL. Diabetes program attrition: Differences between two cultural groups. *Health Values: The Journal of Health Behavior, Education & Promotion*. 1995 May-Jun;19(3):12-21. **X-10**
4078. Wigg DS, Shapiro J, Perley MJ, et al. Patient and spouse expectations of and reactions to continuous subcutaneous insulin infusion (CSII) therapy: case report. *Diabetes Educ*. 1986 Spring;12(2):141-4. PMID: 3634699. **X-1, X-2, X-3, X-4, X-6**
4079. Wiist WH, Flack JM. A church-based cholesterol education program. *Public Health Rep*. 1990 Jul-Aug;105(4):381-8. PMID: 2116640. **X-5, X-8, X-9**
4080. Wijeratne C, Harris P. Late life depression and dementia: a mental health literacy survey of Australian general practitioners. *Int Psychogeriatr*. 2009 Apr;21(2):330-7. PMID: 19138460. **X-2, X-3, X-4, X-6**
4081. Wilf-Miron R, Galai N, Gabali A, et al. Organisational efforts to improve quality while reducing healthcare disparities: the case of breast cancer screening among Arab women in Israel. *Qual Saf Health Care*. 2010 Oct;19(5):e36. PMID: 20558476. **X-3**
4082. Wilkin HA, Valente TW, Murphy S, et al. Does entertainment-education work with Latinos in the United States? Identification and the effects of a telenovela breast cancer storyline. *J Health Commun*. 2007 Jul-Aug;12(5):455-69. PMID: 17710596. **X-7, X-9**
4083. Wilkinson AV, Vasudevan V, Honn SE, et al. Sociodemographic characteristics, health beliefs, and the accuracy of cancer knowledge. *Journal of Cancer Education*. 2009 Jan;24(1):58-64. PMID: 19259867. **X-2, X-4**
4084. Wilkinson E, Randhawa G, Rehman T, et al. The impact of quality improvement initiatives on diabetes care among South Asian people. *Diabetes & Primary Care*. 2011;13(2):90. **X-3, X-7, X-9**
4085. Williams B, Mukhopadhyay S, Dowell J, et al. Problems and solutions: accounts by parents and children of adhering to chest physiotherapy for cystic fibrosis. *Disabil Rehabil*. 2007 Jul 30;29(14):1097-105. PMID: 17612996. **X-2, X-4, X-5, X-6**

4086. Williams CD, Adams-Campbell LL. Addictive behaviors and depression among African Americans residing in a public housing community. *Addict Behav.* 2000 Jan-Feb;25(1):45-56. PMID: 10708318. **X-2, X-4**
4087. Williams D. Acute bronchospasm from the patient's perspective: role of patient education. *Pharmacotherapy.* 2006 Sep;26(9 Pt 2):193S-9S. PMID: 16945066. **X-1, X-2, X-3, X-4, X-6**
4088. Williams GC, Freedman ZR, Deci EL. Supporting autonomy to motivate patients with diabetes for glucose control. *Diabetes Care.* 1998 Oct;21(10):1644-51. PMID: 9773724. **X-2, X-4, X-6**
4089. Williams IC, Utz SW, Jones R, et al. Recruitment of rural African Americans for research projects: lessons learned. *Southern Online Journal of Nursing Research.* 2011;11(1):17p. **X-4, X-5**
4090. Williams J, Klinepeter K, Palmes G, et al. Use of an electronic record audit to enhance mental health training for pediatric residents. *Teach Learn Med.* 2007 Fall;19(4):357-61. PMID: 17935465. **X-5, X-6**
4091. Williams JH, Auslander WF, de Groot M, et al. Cultural relevancy of a diabetes prevention nutrition program for African American women. *Health Promot Pract.* 2006 Jan;7(1):56-67. PMID: 16410421. **X-1, X-2, X-3, X-4, X-6**
4092. Williams JH, Belle GA, Houston C, et al. Process evaluation methods of a peer-delivered health promotion program for African American women. *Health Promotion Practice.* 2001;2(2):135-42. **X-4, X-5**
4093. Williams JW, Bhogte M, Flinn JF. Meeting the needs of primary care physicians: A guide to content for programs on depression. *International Journal of Psychiatry in Medicine.* 1998;28(1):123-36. PMID: 9617652. **X-1, X-2, X-4**
4094. Williams JW, Noel PH, Cordes JA, et al. Is this patient clinically depressed? *Jama-Journal of the American Medical Association.* 2002 Mar;287(9):1160-70. PMID: 11879114. **X-1, X-2, X-3, X-4, X-6**
4095. Williams KP, Mabiso A, Todem D, et al. Differences in knowledge of breast cancer screening among African American, Arab American, and Latina women. *Prev Chronic Dis.* 2011 Jan;8(1):A20. PMID: 21159232. **X-7, X-9, X-10**
4096. Williams KP, Mullan PB, Fletcher F. Working with African American women to develop a cancer literacy assessment tool. *J Cancer Educ.* 2007 Winter;22(4):241-4. PMID: 18067436. **X-2, X-4**
4097. Williams ML, Hill G, Jackson M. The impact of an acute myocardial infarction guideline and pathway on racial outcomes at a university hospital. *Ethn Dis.* 2006 Summer;16(3):653-8. PMID: 16937601. **X-11, X-12**
4098. Williams ML, Morris MT, 2nd, Ahmad U, et al. Racial differences in compliance with NCEP-II recommendations for secondary prevention at a Veterans Affairs medical center. *Ethn Dis.* 2002 Winter;12(1):S1-58-62. PMID: 11913623. **X-2, X-4, X-7**
4099. Williams MV, Baker DW, Honig EG, et al. Inadequate literacy is a barrier to asthma knowledge and self-care. *Chest.* 1998 Oct;114(4):1008-15. PMID: 9792569. **X-2, X-4**

4100. Williams MV, Baker DW, Parker RM, et al. Relationship of functional health literacy to patients' knowledge of their chronic disease. A study of patients with hypertension and diabetes. *Arch Intern Med*. 1998 Jan 26;158(2):166-72. PMID: 9448555. **X-2, X-4**
4101. Williams-Brown S, Baldwin DM, Bakos A. Storytelling as a method to teach African American women breast health information. *J Cancer Educ*. 2002 Winter;17(4):227-30. PMID: 12556061. **X-2, X-4**
4102. Willig JH, Westfall AO, Allison J, et al. Nucleoside reverse-transcriptase inhibitor dosing errors in an outpatient HIV clinic in the electronic medical record era. *Clin Infect Dis*. 2007 Sep 1;45(5):658-61. PMID: 17683005. **X-2, X-4, X-5**
4103. Willis MA, Davis M, Cairns NU, et al. Inter-agency collaboration: teaching breast self-examination to black women. *Oncol Nurs Forum*. 1989 Mar-Apr;16(2):171-7. PMID: 2928267. **X-1, X-2, X-4**
4104. Wilmoth MC, Coleman EA, Wahab HT. Initial validation of the symptom cluster of fatigue, weight gain, psychologic distress and altered sexuality. *Southern Online Journal of Nursing Research*. 2009;9(3):7p. **X-2, X-4, X-6**
4105. Wilson E, Wardle EV, Chandel P, et al. Diabetes education: an Asian perspective. *Diabet Med*. 1993 Mar;10(2):177-80. PMID: 8458197. **X-9**
4106. Wilson EA, Park DC, Curtis LM, et al. Media and memory: the efficacy of video and print materials for promoting patient education about asthma. *Patient Educ Couns*. 2010 Sep;80(3):393-8. PMID: 20688454. **X-6**
4107. Wilson EA, Wolf MS, Curtis LM, et al. Literacy, cognitive ability, and the retention of health-related information about colorectal cancer screening. *J Health Commun*. 2010;15 Suppl 2:116-25. PMID: 20845198. **X-2, X-4**
4108. Wilson FL, Baker LM, Nordstrom CK, et al. Using the teach-back and Orem's Self-care Deficit Nursing theory to increase childhood immunization communication among low-income mothers. *Issues in Comprehensive Pediatric Nursing*. 2008 Mar;31(1):7-22. PMID: 18300059. **X-4**
4109. Wilson N, Daley C. Staff development story. Health literacy: promoting the health professionals' role. *J Nurses Staff Dev*. 2009 Nov-Dec;25(6):319-20. PMID: 19955982. **X-1, X-2, X-3, X-4, X-5, X-6**
4110. Wilson SR, Scamagas P, Grado J, et al. The Fresno Asthma Project: a model intervention to control asthma in multiethnic, low-income, inner-city communities. *Health Educ Behav*. 1998 Feb;25(1):79-98. PMID: 9474501. **X-1, X-3, X-4, X-6**
4111. Wilson SR, Yamada EG, Sudhakar R, et al. A controlled trial of an environmental tobacco smoke reduction intervention in low-income children with asthma. *Chest*. 2001 Nov;120(5):1709-22. PMID: 11713157. **X-6, X-9**
4112. Wilson TE, Fraser-White M, Feldman J, et al. Hair salon stylists as breast cancer prevention lay health advisors for African American and Afro-Caribbean women. *Journal of Health Care for the Poor and Underserved*. 2008 Feb;19(1):216-26. PMID: 18263997. **X-7, X-9**

4113. Winget M, Hossain S, Yasui Y, et al. Characteristics of patients with stage III colon adenocarcinoma who fail to receive guideline-recommended treatment. *Cancer*. 2010 Oct 15;116(20):4849-56. PMID: 20578180. **X-2, X-3, X-4**
4114. Winkelmayr WC, Owen W, Jr., Glynn RJ, et al. Preventive Health Care Measures Before and After Start of Renal Replacement Therapy. *Journal of General Internal Medicine*. 2002 Aug;17(8):588-95. PMID: 12213139. **X-2, X-4**
4115. Winkelstein ML, Quartey R, Pham L, et al. Asthma education for rural school nurses: resources, barriers, and outcomes. *J Sch Nurs*. 2006 Jun;22(3):170-7. PMID: 16704287. **X-6**
4116. Winkleby MA, Flora JA, Kraemer HC. A community-based heart disease intervention: predictors of change. *Am J Public Health*. 1994 May;84(5):767-72. PMID: 8179046. **X-6, X-7, X-9**
4117. Winocour PH, Gosden C, Walton C, et al. Association of British Clinical Diabetologists (ABCD) and Diabetes-UK survey of specialist diabetes services in the UK, 2006. 1. The consultant physician perspective. *Diabet Med*. 2008 Jun;25(6):643-50. PMID: 18544101. **X-2, X-3, X-4, X-6**
4118. Winston CA, Mims AD, Leatherwood KA. Increasing pneumococcal vaccination in managed care through telephone outreach. *Am J Manag Care*. 2007 Oct;13(10):581-8. PMID: 17927463. **X-9**
4119. Winterfeld A, Longshore A. Diabetes: rising rates, disability and death. *NCSL Legisbrief*. 2006 Oct;14(41):1-2. PMID: 17044158. **X-1, X-2, X-3, X-4, X-6**
4120. Wintergerst KA, Hinkle KM, Barnes CN, et al. The impact of health insurance coverage on pediatric diabetes management. *Diabetes Res Clin Pract*. 2010 Oct;90(1):40-4. PMID: 20630611. **X-2, X-4**
4121. Wisdom K, Neighbors K, Williams VH, et al. Recruitment of African Americans with type 2 diabetes to a randomized controlled trial using three sources. *Ethn Health*. 2002 Nov;7(4):267-78. PMID: 12772546. **X-2, X-4, X-10**
4122. Wise M, Han JY, Shaw B, et al. Effects of using online narrative and didactic information on healthcare participation for breast cancer patients. *Patient Educ Couns*. 2008 Mar;70(3):348-56. PMID: 18201859. **X-7**
4123. Wise M, Pulvermacher A, Shanovich KK, et al. Using action research to implement an integrated pediatric asthma case management and eHealth intervention for low-income families. *Health Promot Pract*. 2010 Nov;11(6):798-806. PMID: 19515862. **X-1, X-2, X-4, X-10**
4124. Wisnivesky JP, Kattan M, Evans D, et al. Assessing the relationship between language proficiency and asthma morbidity among inner-city asthmatics. *Med Care*. 2009 Feb;47(2):243-9. PMID: 19169126. **X-2, X-4**
4125. Wisnivesky JP, Lorenzo J, Lyn-Cook R, et al. Barriers to adherence to asthma management guidelines among inner-city primary care providers. *Ann Allergy Asthma Immunol*. 2008 Sep;101(3):264-70. PMID: 18814449. **X-2, X-4**

4126. Wissow LS, Kimel MBD. Assessing provider-patient-parent communication in the pediatric emergency department. *Ambulatory Pediatrics*. 2002 Jul-Aug;2(4):323-9. PMID: 12135407. **X-1, X-2, X-3, X-4, X-5, X-6**
4127. Wissow LS, Roter D, Bauman LJ, et al. Patient-provider communication during the emergency department care of children with asthma. The National Cooperative Inner-City Asthma Study, National Institute of Allergy and Infectious Diseases, NIH, Bethesda, MD. *Med Care*. 1998 Oct;36(10):1439-50. PMID: 9794338. **X-2, X-4, X-6**
4128. Witt K, Knudsen E, Ditlevsen S, et al. Academic detailing has no effect on prescribing of asthma medication in Danish general practice: a 3-year randomized controlled trial with 12-monthly follow-ups. *Fam Pract*. 2004 Jun;21(3):248-53. PMID: 15128684. **X-3, X-6**
4129. Wittich AR, Mangan J, Grad R, et al. Pediatric asthma: Caregiver health literacy and the clinician's perception. *Journal of Asthma*. 2007 Jan-Feb;44(1):51-5. PMID: 17365205. **X-2, X-4**
4130. Wofford JL, Smith ED, Miller DP. The multimedia computer for office-based patient education: a systematic review. *Patient Education and Counseling*. 2005 Nov;59(2):148-57. PMID: 16257619. **X-1, X-2, X-3, X-4, X-5, X-6**
4131. Wolever RQ, Dreusicke M, Fikkan J, et al. Integrative health coaching for patients with type 2 diabetes: a randomized clinical trial. *Diabetes Educ*. 2010 Jul-Aug;36(4):629-39. PMID: 20534872. **X-4, X-6**
4132. Wolff BG. "Latch on to the affirmative: don't mess with Mr. In-Between". *Dis Colon Rectum*. 2006 May;49(5):547-56. PMID: 16598406. **X-1, X-6, X-7, X-9**
4133. Wolff K, Cavanaugh K, Malone R, et al. The Diabetes Literacy and Numeracy Education Toolkit (DLNET): materials to facilitate diabetes education and management in patients with low literacy and numeracy skills. *Diabetes Educ*. 2009 Mar-Apr;35(2):233-6, 8-41, 44-5. PMID: 19240246. **X-1, X-2, X-3, X-4, X-6**
4134. Wolfklein GP. NEW ALZHEIMERS DRUG EXPANDS YOUR OPTIONS IN SYMPTOM MANAGEMENT. *Geriatrics*. 1993 Aug;48(8):26-&. PMID: 8339940. **X-1, X-2, X-3, X-4, X-5, X-6**
4135. Wolleswinkel-van den Bosch JH, Vredevoogd CB, Borkent-Polet M, et al. Substandard factors in perinatal care in The Netherlands: a regional audit of perinatal deaths. *Acta Obstet Gynecol Scand*. 2002 Jan;81(1):17-24. PMID: 11942882. **X-2, X-3, X-4, X-6**
4136. Wong FK, Lam YK, Poon A. Depression literacy among Australians of Chinese-speaking background in Melbourne, Australia. *BMC Psychiatry*. 2010;10:7. PMID: 20082724. **X-2, X-3, X-4**
4137. Wong GC, Bernaards CA, Berman BA, et al. Do children with asthma and their parents agree on household ETS exposure? Implications for asthma management. *Patient Educ Couns*. 2004 Apr;53(1):19-25. PMID: 15062900. **X-2, X-4, X-6**
4138. Wong J, Wong S, Weerasinghe S, et al. Viewpoint. Building community partnerships for diabetes primary prevention: lessons learned. *Clinical Governance: An International Journal*. 2005;10(1):6-14. **X-1, X-2, X-3, X-4, X-6**

4139. Wong ML, Ng TP, Hong CY, et al. Understanding asthma: patient survey. *Ann Acad Med Singapore*. 1994 Nov;23(6):861-5. PMID: 7741500. **X-2, X-3, X-4, X-6**
4140. Wong WS, Fielding R. A longitudinal analysis of patient satisfaction and subsequent quality of life in Hong Kong Chinese breast and nasopharyngeal cancer patients. *Med Care*. 2009 Aug;47(8):875-81. PMID: 19584760. **X-2, X-3, X-4, X-6**
4141. Wonghongkul T, Sawasdisingha P, Aree P, et al. Effect of educative -- supportive program on quality of life in breast cancer survivors. *Thai Journal of Nursing Research*. 2008;12(3):179-93. **X-3, X-4, X-6**
4142. Wong-Kim E, Chilton JA, Goh SS, et al. Breast health issues of undocumented women in California and Texas. *J Cancer Educ*. 2009;24 Suppl 2:S64-7. PMID: 20024832. **X-1, X-7, X-9**
4143. Wongpiriyayothar A, Pothiban L, Liehr P, et al. Effects of home-based care program on symptom alleviation and well-being among persons with chronic heart failure. *Thai Journal of Nursing Research*. 2008 2008 Jan-Mar;12(1):25-39. **X-4, X-6**
4144. Woo K, Farber A, Doros G, et al. Evaluation of the efficacy of the transposed upper arm arteriovenous fistula: a single institutional review of 190 basilic and cephalic vein transposition procedures. *J Vasc Surg*. 2007 Jul;46(1):94-9; discussion 100. PMID: 17543490. **X-2, X-4, X-6**
4145. Wood DM, Hill D, Gunasekera A, et al. Is cocaine use recognised as a risk factor for acute coronary syndrome by doctors in the UK? *Postgrad Med J*. 2007 May;83(979):325-8. PMID: 17488862. **X-2, X-3, X-4, X-5, X-6**
4146. Wood DM, Jones KD. Comparing NHANES data in the assessment of hypertension of African-Americans. Awareness, treatment and control of hypertension in an urban Maryland city. *Md Med*. 2002 Spring;3(2):57-9. PMID: 12056231. **X-2, X-4**
4147. Wood F, Jacobson S. Employee perceptions of diabetes education needs: a focus group study. *AAOHN J*. 2005 Oct;53(10):443-9. PMID: 16255527. **X-2, X-4, X-6**
4148. Wood FG, Jacobson S. Educating supervisors of employees with diabetes. *AAOHN J*. 2008 Jun;56(6):262-7. PMID: 18604922. **X-4, X-6**
4149. Wood MR, Price JH, Dake JA, et al. African American parents'/guardians' health literacy and self-efficacy and their child's level of asthma control. *J Pediatr Nurs*. 2010 Oct;25(5):418-27. PMID: 20816565. **X-2, X-4**
4150. Wood P, Tumiel-Berhalter L, Owen S, et al. Implementation of an asthma intervention in the inner city. *Ann Allergy Asthma Immunol*. 2006 Jul;97(1 Suppl 1):S20-4. PMID: 16892767. **X-4, X-7, X-10**
4151. Wood RY, Della-Monica NR. Promoting breast health: older women's perceptions of an innovative intervention to enhance screening. *International Journal of Older People Nursing*. 2006;1(2):75-84. PMID: 20925733. **X-4, X-6, X-7, X-9**
4152. Wood RY, Duffy ME. Video breast health kits: testing a cancer education innovation in older high-risk populations. *J Cancer Educ*. 2004 Summer;19(2):98-104. PMID: 15456666. **X-7**

4153. Wood RY, Duffy ME, Morris SJ, et al. The effect of an educational intervention on promoting breast self-examination in older African American and Caucasian women. *Oncol Nurs Forum*. 2002 Aug;29(7):1081-90. PMID: 12183756. **X-9**
4154. Woodard LD, Kressin NR, Petersen LA. Is lipid-lowering therapy underused by African Americans at high risk of coronary heart disease within the VA health care system? *Am J Public Health*. 2004 Dec;94(12):2112-7. PMID: 15569962. **X-2, X-4**
4155. Woods E, Bhaumik U, Nethersole S, et al. Quality Improvement Evaluation of Community Asthma Initiative: One Year Follow-Up, Adolescent Findings and Two Year Cost Analysis. *Journal of Adolescent Health*. 2010;46(2, Supplement 1):S9-S. **X-6**
4156. Woolfson P, Hood V, Secker-Walker R, et al. Mohawk English in the medical interview. *Med Anthropol Q*. 1995 Dec;9(4):503-9. PMID: 8748476. **X-1, X-2, X-4, X-5**
4157. Worden JK, Solomon LJ, Flynn BS, et al. A community-wide program in breast self-examination training and maintenance. *Prev Med*. 1990 May;19(3):254-69. PMID: 2377588. **X-6, X-9**
4158. Wray RJ, Buskirk TD, Jupka K, et al. Influenza vaccination concerns among older Blacks: A randomized controlled trial. *American Journal of Preventive Medicine*. 2009 May;36(5):429-34. PMID: 19269130. **X-5**
4159. Wray RJ, Jupka K, Ross W, et al. How can you improve vaccination rates among older African Americans? Patients want you to address their fear of drug interactions and allergic reactions. *The Journal of Family Practice*. 2007 Nov;56(11):925-9. PMID: 17976341. **X-2, X-4, X-5**
4160. Wright JA, Wallston KA, Elasy TA, et al. Development and results of a kidney disease knowledge survey given to patients with CKD. *Am J Kidney Dis*. 2011 Mar;57(3):387-95. PMID: 21168943. **X-2, X-4**
4161. Wright K, Jones L, Hogan V. A roadmap for authentic community/academic engagement for developing effective community preterm birth education. *Ethn Dis*. 2010 Winter;20(1 Suppl 2):S2-77-82. PMID: 20629249. **X-1, X-2, X-3, X-4, X-6**
4162. Wright RJ, Suglia SF, Levy J, et al. Transdisciplinary research strategies for understanding socially patterned disease: the Asthma Coalition on Community, Environment, and Social Stress (ACCESS) project as a case study. *Cien Saude Colet*. 2008 Nov-Dec;13(6):1729-42. PMID: 18833350. **X-1, X-2, X-3, X-4, X-6**
4163. Wu AC, Glauber J, Gay C, et al. Asthma self-assessment in a Medicaid population. *BMC Public Health*. 2009;9:244. PMID: 19607719. **X-6, X-9**
4164. Wu AC, Smith L, Bokhour B, et al. Racial/ethnic variation in parent perceptions of asthma. *Ambulatory Pediatrics*. 2008 Mar-Apr;8(2):89-97. PMID: 18355737. **X-2, X-4**
4165. Wu JR, Moser DK, Chung ML, et al. Predictors of medication adherence using a multidimensional adherence model in patients with heart failure. *J Card Fail*. 2008 Sep;14(7):603-14. PMID: 18722327. **X-2, X-4**
4166. Wu P, Hoven CW, Cohen P, et al. Factors associated with use of mental health services for depression by children and adolescents. *Psychiatr Serv*. 2001 Feb;52(2):189-95. PMID: 11157117. **X-2, X-4**

4167. Wu TY, Kao JY, Hsieh HF, et al. Effective colorectal cancer education for Asian Americans: a Michigan program. *J Cancer Educ.* 2010 Jun;25(2):146-52. PMID: 20094825. **X-7, X-9**
4168. Wu X, Richardson LC, Kahn AR, et al. Survival difference between non-Hispanic black and non-Hispanic white women with localized breast cancer: the impact of guideline-concordant therapy. *J Natl Med Assoc.* 2008 May;100(5):490-8. PMID: 18507201. **X-2, X-4**
4169. Wyatt G, Sikorskii A, Wills CE, et al. Complementary and alternative medicine use, spending, and quality of life in early stage breast cancer. *Nurs Res.* 2010 Jan-Feb;59(1):58-66. PMID: 20010046. **X-2, X-3, X-4, X-6**
4170. Wyatt SB, Akylbekova EL, Wofford MR, et al. Prevalence, awareness, treatment, and control of hypertension in the Jackson Heart Study. *Hypertension.* 2008 Mar;51(3):650-6. PMID: 18268140. **X-6, X-7, X-9**
4171. Wylie-Rosett J, Cypress M, Walker E, et al. Assessment of nutrition care provided to patients with diabetes in primary-care clinics. *J Am Diet Assoc.* 1992 Jul;92(7):854-6. PMID: 1497752. **X-2**
4172. Wylie-Rosett J, Engel S, D'Eramo G, et al. Delivery of diabetes care to low--income patients: assessment of a federally funded program. *Diabetes Educ.* 1989 Jul-Aug;15(4):366-9. PMID: 2791863. **X-6, X-7, X-9**
4173. Wynn TA, Taylor-Jones MM, Johnson RE, et al. Using community-based participatory approaches to mobilize communities for policy change. *Family & Community Health.* 2011;34 Suppl 1(S102):14. PMID: 21160326. **X-2, X-4**
4174. Xaba GL, Dewar SR. The health behaviour of Black insulin dependent diabetic patients. *Curationis.* 1991 Aug;14(2):17-9. PMID: 1845618. **X-2, X-4**
4175. Xu Y, Pan W, Liu H. Self-management practices of Chinese Americans with type 2 diabetes. *Nurs Health Sci.* 2010 Jun;12(2):228-34. PMID: 20602696. **X-2, X-4**
4176. Yaghoubian A, Lewis RJ, de Virgilio C. Can the National Kidney Foundation guidelines for first-time arteriovenous fistula creation be met in underserved end-stage renal disease patients? *Ann Vasc Surg.* 2008 Jan;22(1):5-10. PMID: 18083330. **X-2, X-4**
4177. Yamagishi M, Kobayashi T, Nagami M, et al. Effect of web-based assertion training for stress management of Japanese nurses. *J Nurs Manag.* 2007 Sep;15(6):603-7. PMID: 17688565. **X-3, X-4, X-5, X-6**
4178. Yamashita T, Kart CS. Is diabetes-specific health literacy associated with diabetes-related outcomes in older adults? *J Diabetes.* 2011 Jun;3(2):138-46. PMID: 21599867. **X-2, X-4**
4179. Yancy CW, Abraham WT, Albert NM, et al. Quality of care of and outcomes for African Americans hospitalized with heart failure: findings from the OPTIMIZE-HF (Organized Program to Initiate Lifesaving Treatment in Hospitalized Patients With Heart Failure) registry. *J Am Coll Cardiol.* 2008 Apr 29;51(17):1675-84. PMID: 18436120. **X-9**
4180. Yarnall KS, Rimer BK, Hynes D, et al. Computerized prompts for cancer screening in a community health center. *J Am Board Fam Pract.* 1998 Mar-Apr;11(2):96-104. PMID: 9542701. **X-2, X-4, X-6**

4181. Yates BC. The relationships among social support and short- and long-term recovery outcomes in men with coronary heart disease. *Res Nurs Health*. 1995 Jun;18(3):193-203. PMID: 7754090. **X-2, X-4, X-6**
4182. Yazdany J, Tonner C, Trupin L, et al. Provision of preventive health care in systemic lupus erythematosus: data from a large observational cohort study. *Arthritis Res Ther*. 2010;12(3):R84. PMID: 20462444. **X-2, X-4, X-5**
4183. Ye X, Gross CR, Schommer J, et al. Initiation of statins after hospitalization for coronary heart disease. *J Manag Care Pharm*. 2007 Jun;13(5):385-96. PMID: 17605510. **X-2, X-4, X-6**
4184. Yeates K, Houlden RL. Canadian Diabetes Association clinical practice guidelines for the treatment of diabetes mellitus and Native Canadians on Manitoulin Island. *Canadian Journal of Diabetes Care*. 1997;21(2):22-7. **X-2, X-3, X-4**
4185. Yeboah-Korang A, Kleppinger A, Fortinsky RH. Racial and ethnic group variations in service use in a national sample of Medicare home health care patients with type 2 diabetes mellitus. *J Am Geriatr Soc*. 2011 Jun;59(6):1123-9. PMID: 21649625. **X-2, X-4**
4186. Yelland MJ, Schluter PJ. Defining worthwhile and desired responses to treatment of chronic low back pain. *Pain Med*. 2006 Jan-Feb;7(1):38-45. PMID: 16533195. **X-2, X-4, X-5, X-6**
4187. Yeo SG, Parker G, Yap HL, et al. Mental health literacy beliefs. A comparison of psychiatric trained nurses and enrolled nurses in Singapore. *J Psychosoc Nurs Ment Health Serv*. 2003 Mar;41(3):34-41. PMID: 12643081. **X-2, X-3, X-4**
4188. Yeom HE, Heidrich SM. Effect of perceived barriers to symptom management on quality of life in older breast cancer survivors. *Cancer Nurs*. 2009 Jul-Aug;32(4):309-16. PMID: 19444083. **X-2, X-4, X-6**
4189. Yeung A, Kam R. Ethical and cultural considerations in delivering psychiatric diagnosis: reconciling the gap using MDD diagnosis delivery in less-aculturated Chinese patients. *Transcult Psychiatry*. 2008 Dec;45(4):531-52. PMID: 19091724. **X-1, X-2, X-4**
4190. Yeung A, Kung WW, Chung H, et al. Integrating psychiatry and primary care improves acceptability to mental health services among Chinese Americans. *Gen Hosp Psychiatry*. 2004 Jul-Aug;26(4):256-60. PMID: 15234819. **X-4, X-9**
4191. Yeung A, Kung WW, Murakami JL, et al. Outcomes of recognizing depressed Chinese American patients in primary care. *Int J Psychiatry Med*. 2005;35(3):213-24. PMID: 16480237. **X-4**
4192. Yeung A, Overstreet KM, Albert EV. Current practices in depression care. *J Contin Educ Health Prof*. 2007 Fall;27 Suppl 1:S9-17. PMID: 18085581. **X-1, X-2, X-4**
4193. Yi JK, Luong KN. Apartment-based breast cancer education program for low income Vietnamese American women. *J Community Health*. 2005 Oct;30(5):345-53. PMID: 16175957. **X-8**
4194. Yi JK, Swartz MD, Reyes-Gibby CC. English Proficiency, Symptoms, and Quality of Life in Vietnamese- and Chinese-American Breast Cancer Survivors. *Journal of Pain and Symptom Management*. 2011 Jul;42(1):83-92. PMID: 21227634 **X-2, X-4**

4195. Yildirim Y. Patterns of the use of complementary and alternative medicine in women with metastatic cancer. *Cancer Nurs.* 2010 May-Jun;33(3):194-200. PMID: 20357652. **X-2, X-4, X-6**
4196. Yin X, Savage C, Toobert D, et al. Adaptation and testing of instruments to measure diabetes self-management in people with type 2 diabetes in mainland China. *J Transcult Nurs.* 2008 Jul;19(3):234-42. PMID: 18579863. **X-2, X-3, X-4**
4197. Yoon DP, Lee EO. Religiousness/spirituality and subjective well-being among rural elderly Whites, African Americans, and Native Americans. *Journal of Human Behavior in the Social Environment.* 2004;10(1):191-211. **X-2, X-4, X-5**
4198. Yoon R, McKenzie DK, Miles DA, et al. Characteristics of attenders and non-attenders at an asthma education programme. *Thorax.* 1991 Dec;46(12):886-90. PMID: 1792635. **X-2, X-4**
4199. Yoos HL, Kitzman H, Henderson C, et al. The impact of the parental illness representation on disease management in childhood asthma. *Nurs Res.* 2007 May-Jun;56(3):167-74. PMID: 17495572. **X-2, X-4**
4200. Yoos HL, Kitzman H, McMullen A, et al. The language of breathlessness: do families and health care providers speak the same language when describing asthma symptoms? *J Pediatr Health Care.* 2005 Jul-Aug;19(4):197-205. PMID: 16010258. **X-2, X-4, X-6**
4201. Yoos HL, McMullen A. Symptom perception and evaluation in childhood asthma. *Nurs Res.* 1999 Jan-Feb;48(1):2-8. PMID: 10029396. **X-2, X-4**
4202. Yoos HL, McMullen A, Bezek S, et al. An asthma management program for urban minority children. *J Pediatr Health Care.* 1997 Mar-Apr;11(2):66-74. PMID: 9155350. **X-6, X-9**
4203. Yost SE, Srinivas T, Kaplan B. Ethical considerations regarding disparities pertaining to kidney transplant patients. *Clin Pharmacol Ther.* 2011 Aug;90(2):212-4. PMID: 21772298. **X-1, X-2, X-4**
4204. Young AH, Currie A. Physicians' knowledge of antidepressant withdrawal effects: a survey. *J Clin Psychiatry.* 1997;58 Suppl 7:28-30. PMID: 9219491. **X-2, X-4**
4205. Young AS, Klap R, Shoai R, et al. Persistent depression and anxiety in the united states: Prevalence and quality of care. *Psychiatric Services.* 2008 Dec;59(12):1391-8. PMID: 19033165. **X-2, X-4**
4206. Young GJ, Cohen BB. The process and outcome of hospital care for Medicaid versus privately insured hospital patients. *Inquiry.* 1992 Fall;29(3):366-71. PMID: 1398905. **X-2, X-4, X-5**
4207. Young GJ, Meterko M, Beckman H, et al. Effects of paying physicians based on their relative performance for quality. *J Gen Intern Med.* 2007 Jun;22(6):872-6. PMID: 17443360. **X-4, X-6, X-7**
4208. Young RF, Schwartz K, Booza J. Medical barriers to mammography screening of African American women in a high cancer mortality area: implications for cancer educators and health providers. *J Cancer Educ.* 2011 Jun;26(2):262-9. PMID: 21210272. **X-2, X-4**

4209. Young RF, Waller JB, Jr., Smitherman H. A breast cancer education and on-site screening intervention for unscreened African American women. *J Cancer Educ.* 2002 Winter;17(4):231-6. PMID: 12556062. **X-4**
4210. Youssef RM, Moubarak, II. Patterns and determinants of treatment compliance among hypertensive patients. *East Mediterr Health J.* 2002 Jul-Sep;8(4-5):579-92. PMID: 15603041. **X-2, X-4, X-6**
4211. Yu GC, Beresford R. Implementation of a chronic illness model for diabetes care in a family medicine residency program. *J Gen Intern Med.* 2010 Sep;25 Suppl 4:S615-9. PMID: 20737237. **X-4, X-6**
4212. Yu MY, Song L, Seetoo A, et al. Culturally competent training program: a key to training lay health advisors for promoting breast cancer screening. *Health Educ Behav.* 2007 Dec;34(6):928-41. PMID: 17965228. **X-2, X-4, X-10**
4213. Yuan ASV. Sibling relationships and adolescents' mental health: the interrelationship of structure and quality. *Journal of Family Issues.* 2009;30(9):1221-44. **X-2, X-4, X-5, X-6**
4214. Yuen HK, Burik JK, Krause JS. Physical and psychosocial well-being among adults with spinal cord injury: the role of volunteer activities. *Topics in Spinal Cord Injury Rehabilitation.* 2004;9(4):19-25. **X-2, X-4, X-5, X-6**
4215. Yuen HK, Huang P, Burik JK, et al. Impact of participating in volunteer activities for residents living in long-term-care facilities. *American Journal of Occupational Therapy.* 2008 Jan-Feb;62(1):71-6. PMID: 18254433. **X-5**
4216. Yun LS, Hassan Y, Aziz NA, et al. A comparison of knowledge of diabetes mellitus between patients with diabetes and healthy adults: a survey from north Malaysia. *Patient Educ Couns.* 2007 Dec;69(1-3):47-54. PMID: 17720351. **X-2, X-3, X-4, X-6**
4217. Yuval R, Halon DA, Lewis BS. Perceived disability and lifestyle modification following hospitalization for non-ST elevation versus ST elevation acute coronary syndromes: the patients' point of view. *Eur J Cardiovasc Nurs.* 2007 Dec;6(4):287-92. PMID: 17449324. **X-2, X-4**
4218. Zachariah R. Attachment, social support, life stress, and psychological well-being in pregnant low-income women: a pilot study. *Clinical Excellence for Nurse Practitioners.* 2004;8(2):60-7. **X-2, X-4, X-5**
4219. Zambroski CH. Qualitative analysis of living with heart failure. *Heart & Lung.* 2003 Jan-Feb;32(1):32-40. PMID: 12571546. **X-2, X-4, X-6**
4220. Zamora D, Gordon-Larsen P, He K, et al. Are the 2005 Dietary Guidelines for Americans Associated With reduced risk of type 2 diabetes and cardiometabolic risk factors? Twenty-year findings from the CARDIA study. *Diabetes Care.* 2011 May;34(5):1183-5. PMID: 21478463. **X-2, X-4**
4221. Zanetti ML, Otero LM, Biaggi MV, et al. Satisfaction of diabetes patients under follow-up in a diabetes education program. *Rev Lat Am Enfermagem.* 2007 Jul-Aug;15(4):583-9. PMID: 17923974. **X-2, X-3, X-4**

4222. Zapka JG, Chasan L, Barth R, et al. Emphasizing screening activities in a community health center: a case study of a breast cancer screening project. *J Ambul Care Manage.* 1992 Jan;15(1):38-47. PMID: 10115228. **X-1, X-6, X-7, X-9**
4223. Zapka JG, Harris DR, Hosmer D, et al. Effect of a community health center intervention on breast cancer screening among Hispanic American women. *Health Serv Res.* 1993 Jun;28(2):223-35. PMID: 8514501. **X-4, X-9**
4224. Zapka JG, Puleo E, Taplin SH, et al. Processes of care in cervical and breast cancer screening and follow-up--the importance of communication. *Preventive Medicine: An International Journal Devoted to Practice and Theory.* 2004 Jul;39(1):81-90. PMID: 15207989. **X-2, X-4**
4225. Zarb J. Correlates of depression in cognitively impaired hospitalized elderly referred for neuropsychological assessment. *J Clin Exp Neuropsychol.* 1996 Oct;18(5):713-23. PMID: 8941856. **X-2, X-3, X-4, X-6**
4226. Zayas LE, McLean D. Asthma patient education opportunities in predominantly minority urban communities. *Health Educ Res.* 2007 Dec;22(6):757-69. PMID: 16896054. **X-2, X-4**
4227. Zeh P. Delivering diabetes care to ethnic groups: a pilot general practice survey. *Diabetes & Primary Care.* 2010;12(5):11p. **X-2, X-3, X-4**
4228. Zeitler P. Approach to the obese adolescent with new-onset diabetes. *J Clin Endocrinol Metab.* 2010 Dec;95(12):5163-70. PMID: 21131537. **X-1, X-2, X-4, X-6**
4229. Zgibor JC, Simmons D. Barriers to blood glucose monitoring in a multiethnic community. *Diabetes Care.* 2002 Oct;25(10):1772-7. PMID: 12351476. **X-2, X-3, X-4**
4230. Zhang JX, Huang ES, Drum ML, et al. Insurance status and quality of diabetes care in community health centers. *Am J Public Health.* 2009 Apr;99(4):742-7. PMID: 18799773. **X-2, X-4**
4231. Zhang W, Ayanian JZ, Zaslavsky AM. Patient characteristics and hospital quality for colorectal cancer surgery. *Int J Qual Health Care.* 2007 Feb;19(1):11-20. PMID: 17000710. **X-2, X-4**
4232. Zhao J, Ang Q, Wang J, et al. A comparative efficacy of fluoxetine and trazodone in depression with remarkable retardation and loss of energy: a randomized open-label trial. *International Medical Journal.* 2006;13(1):25-30. **X-3, X-6, X-7**
4233. Zhao Y, Ash AS, Ellis RP, et al. Disease burden profiles: an emerging tool for managing managed care. *Health Care Manag Sci.* 2002 Aug;5(3):211-9. PMID: 12363048. **X-2, X-4**
4234. Zhong X, Tanasugarn C, Fisher EB, et al. Awareness and practices of self-management and influence factors among individuals with type 2 diabetes in urban community settings in Anhui Province, China. *Southeast Asian J Trop Med Public Health.* 2011 Jan;42(1):185-6, 4, 7-96. PMID: 21323182. **X-2, X-3, X-4, X-6**
4235. Zhou J, Enewold L, Peoples GE, et al. Colorectal, prostate, and skin cancer screening among Hispanic and White non-Hispanic men, 2000-2005. *J Natl Med Assoc.* 2011 Apr;103(4):343-50. PMID: 21805813. **X-7, X-9**

4236. Zickmund SL, Blasiolo JA, Brase V, et al. Congestive heart failure patients report conflict with their physicians. *J Card Fail.* 2006 Sep;12(7):546-53. PMID: 16952789. **X-2, X-4**
4237. Ziemer DC, Berkowitz KJ, Panayioto RM, et al. A simple meal plan emphasizing healthy food choices is as effective as an exchange-based meal plan for urban African Americans with type 2 diabetes. *Diabetes Care.* 2003 Jun;26(6):1719-24. PMID: 12766100. **X-6, X-7, X-9**
4238. Ziemer DC, Doyle JP, Barnes CS, et al. An intervention to overcome clinical inertia and improve diabetes mellitus control in a primary care setting: Improving Primary Care of African Americans with Diabetes (IPCAAD) 8. *Arch Intern Med.* 2006 Mar 13;166(5):507-13. PMID: 16534036. **X-6, X-9**
4239. Zikmund-Fisher BJ, Angott AM, Ubel PA. The benefits of discussing adjuvant therapies one at a time instead of all at once. *Breast Cancer Research and Treatment.* 2011 Aug;129(1):79-87. PMID: 20945090. **X-6, X-7, X-9, X-10**
4240. Zikmund-Fisher BJ, Fagerlin A, Ubel PA. Risky feelings: Why a 6 risk of cancer does not always feel like 6. *Patient Education and Counseling.* 2010 Dec;81:S87-S93. PMID: 20739135. **X-1, X-2, X-4, X-5, X-6**
4241. Zikmund-Fisher BJ, Fagerlin A, Ubel PA. A Demonstration of “Less Can Be More” in Risk Graphics. *Medical Decision Making.* 2010 Nov-Dec;30(6):661-71. PMID: 20375419. **X-5, X-8, X-10**
4242. Zikmund-Fisher BJ, Ubel PA, Smith DM, et al. Communicating side effect risks in a tamoxifen prophylaxis decision aid: The debiasing influence of pictographs. *Patient Education and Counseling.* 2008 Nov;73(2):209-14. PMID: 18602242. **X-6, X-7, X-10**
4243. Zima BT, Hurlburt MS, Knapp P, et al. Quality of Publicly-Funded Outpatient Specialty Mental Health Care for Common Childhood Psychiatric Disorders in California. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2005 Feb;44(2):130-44. PMID: 15689726. **X-2, X-4, X-5**
4244. Zimmerman BJ, Bonner S, Evans D, et al. Self-regulating childhood asthma: a developmental model of family change. *Health Educ Behav.* 1999 Feb;26(1):55-71. PMID: 9952052. **X-2, X-4, X-6**
4245. Zimmerman RK, Mieczkowski TA, Wilson SA. Immunization rates and beliefs among elderly patients of inner city neighborhood health centers. *Health Promotion Practice.* 2002;3(2):197-206. **X-2, X-4**
4246. Zimmerman RK, Nowalk MP, Raymund M, et al. Tailored interventions to increase influenza vaccination in neighborhood health centers serving the disadvantaged. *Am J Public Health.* 2003 Oct;93(10):1699-705. PMID: 14534225. **X-5**
4247. Zimmerman RK, Nowalk MP, Tabbarah M, et al. Predictors of colorectal cancer screening in diverse primary care practices. *BMC Health Serv Res.* 2006;6:116. PMID: 16970813. **X-2, X-4**

4248. Zimmerman RK, Silverman M, Janosky JE, et al. A comprehensive investigation of barriers to adult immunization: a methods paper. *J Fam Pract.* 2001 Aug;50(8):703. PMID: 11509165. **X-1, X-2, X-4, X-5**
4249. Zink MR. Social support and knowledge level of the older adult homebound person with diabetes. *Public Health Nurs.* 1996 Aug;13(4):253-62. PMID: 8828386. **X-2, X-4, X-6**
4250. Zittel-Palamara K, Rockmaker JR, Schwabel KM, et al. Desired assistance versus care received for postpartum depression: access to care differences by race. *Arch Womens Ment Health.* 2008 Jun;11(2):81-92. PMID: 18463943. **X-2, X-4, X-5**
4251. Zook PM, Jordan C, Adams B, et al. Retention strategies and predictors of attrition in an urban pediatric asthma study. *Clin Trials.* 2010 Aug;7(4):400-10. PMID: 20571137. **X-2, X-4**
4252. Zorc JJ, Chew A, Allen JL, et al. Beliefs and barriers to follow-up after an emergency department asthma visit: a randomized trial. *Pediatrics.* 2009 Oct;124(4):1135-42. PMID: 19786448. **X-6, X-9**
4253. Zucker TL, Samuelson KW, Muench F, et al. The effects of respiratory sinus arrhythmia biofeedback on heart rate variability and posttraumatic stress disorder symptoms: a pilot study. *Appl Psychophysiol Biofeedback.* 2009 Jun;34(2):135-43. PMID: 19396540. **X-4, X-5, X-6**
4254. Zuckerman IH, Stuart B, Magder LS, et al. Adherence to asthma treatment guidelines among children in the Maryland Medicaid Program. *Current Therapeutic Research.* 2000;61(12):912-24. **X-2, X-4**
4255. Zuidgeest MG, van Dijk L, Spreeuwenberg P, et al. What drives prescribing of asthma medication to children? A multilevel population-based study. *Ann Fam Med.* 2009 Jan-Feb;7(1):32-40. PMID: 19139447. **X-2, X-3, X-4**
4256. Zuniga GC, Hernandez T, Kirk S, et al. On linkages: a multi-institutional collaboration to develop asthma education for school settings in south Texas. *Public Health Rep.* 2011 Jan-Feb;126(1):139-44. PMID: 21337940. **X-8**
4257. Zust BL. Meaning of INSIGHT participation among women who have experienced intimate partner violence. *Issues Ment Health Nurs.* 2006 Aug-Sep;27(7):775-93. PMID: 16849263. **X-2, X-4, X-5**
4258. Zweifler M, Rodriguez E, Reilly J, et al. Breast reconstruction among inner city women with breast carcinoma. *Ann Plast Surg.* 2001 Jul;47(1):53-9. PMID: 11756804. **X-2, X-4, X-5**