such as stress management, heathy eating habits, and exercise; meal preparation of affordable, culturally centered dishes with recipes provided; and a basic exercise plan. Metrics included height, weight, and waist circumference; validated surveys; and a physical fitness assessment measured at the beginning of the program and at the end.

Results: No data had been gathered at the time of project presentation.

Conclusion: No conclusions can be withdrawn from the study yet. However, barriers encountered during the study process are worth mentioning: the financial limitations that inhibit patients' ability to purchase healthy food, the limited free time of the participants, and the cultural fact that the Hispanic population tends to center social events and gatherings around food. According to the literature, no single intervention will have a great impact on obesity in this study population, so this project included a combination of motivational, activity, and food-based interventions within social groups.

PROJECT MANAGEMENT PLAN – Obesity in the Hispanic Population

Vision Statement	Our vision is to promote obesity awareness and provide education that impacts the local Hispanic population by collaborating with the community and GME.
Team Objectives	Our main objective was to decrease the prevalence of obese and overweight individuals in the local Hispanic community, thereby hopefully narrowing the disparity of the local Hispanic population having more obese and overweight individuals than other ethnic groups. Stakeholders included the Hispanic community, GME residents and faculty, local Hispanic churches, and other healthcare personnel from Baylor Scott & White.
Success Factors	The most successful part of our work was pairing with leaders in the community to gather information and help develop the protocol. We were inspired by all the groups' continuing efforts to move their projects forward. This was an eye-opening experience for some of us and sometimes equated to moving mountains.
Barriers	The largest barrier encountered was organizing and obtaining the resources to actually allow us to begin the project. We worked to overcome this challenge by collaborating with a research designer to help us fine-tune the protocol, get grant approval, and make the process more efficient.
Lessons Learned	We learned to start from day 1 with a research expert who has done this type of population research. While developing our protocol and applying for the grant, we were working with papers from our literature review as our main source of design information. Consequently, we missed some key elements in the design process that led to significant delays in grant approval and IRB approval.

Baylor University Medical Center, Dallas, TX

Hospital-Acquired Pressure Ulcer: Association With Population Disparities

S Khan, BA; M Krol, MD; J Dale, MD; D Nicewander, MS; G Ogola, PhD; M Lankford, MNA, BSN, RN; W Sutker, MD; C Columbus, MD

Background: The hospital-acquired conditions (HACs) rate was 121 per 1,000 hospital discharges, and hospital-acquired pressure ulcers (HAPUs) occurred at a rate of 32.5 per 1,000 hospital discharges, accounting for 26.9% of the total HACs. A 2010 study suggested older patients and African American patients had a higher incidence of HAPUs. This project was designed to examine whether factors such as race, ethnicity, socioeconomic status, or gender could potentially contribute to the development of HAPUs.

Methods: The Midas/Datavision database was queried for the incidence of HAPUs (all stages) in inpatients >15 years from October 1, 2012 through September 30, 2015. Variables examined include self-reported demographics (age,

gender, race [African American vs Caucasian], ethnicity [Hispanic vs non-Hispanic]), insurance status (insured vs self-pay), median income by ZIP code, length of stay (LOS), medical vs surgical diagnosis-related group (DRG), risk of mortality (ROM), and certain comorbidities: congestive heart failure, obesity, weight loss, diabetes with complications, coagulopathy, paralysis, chronic pulmonary disease, and fluid/electrolyte abnormalities. Logistic regression was used to assess the effect of the variables of interest on the odds of developing HAPUs. Odds ratios and 95% confidence intervals were derived for each of the covariates in the logistic module.

Results: Overall, the risk of HAPU in the population studied was less than the national average. On initial statistical analysis, the HAPU incidence was associated with increased age, diabetes with complications, weight loss, fluid and electrolyte disorders, coagulopathy, surgical DRG, increased LOS, and increased ROM. On subanalysis, subtle differences emerged in the data based on demographic factors and DRG. HAPUs were statistically associated on subset analysis with race, gender, and medical diagnoses. There was an increased risk of HAPU in African American patients compared with Caucasian patients in the medical population based on DRG, as well as a decreased risk of HAPU in females in the medical population based on DRG. There was an increased risk of HAPU development in females in the surgical population based on DRG. There was no difference in HAPU incidence in Hispanics vs non-Hispanics, self-pay vs insured, or median income based on ZIP code data.

Conclusion: Disparities in the incidence of HAPUs were seen on subanalysis of demographic and DRG data points, with an increased risk of HAPU in African American vs Caucasian patients in medical DRGs and in females with surgical DRGs. At-risk populations can potentially be targeted for further interventions for HAPU prevention.

PROJECT MANAGEMENT PLAN – Hospital-Acquired Pressure Ulcer: Association with Population Disparities

Vision Statement	This project will attempt to identify and mitigate demographic risk factors for development of hospital-acquired pressure ulcers (HAPUs) in certain populations.
Team Objectives	Our objectives were as follows: • Establish an executive sponsor and resident team • Design a project in collaboration with Healthcare Improvement • Examine the Midas database for the incidence of HAPU • Compare with certain demographic factors and comorbidities • Conduct statistical analysis of variables
Success Factors	The most successful component of our project was teamwork between the Healthcare Improvement Department and the Division of STEEEP (safe, timely, effective, efficient, equitable, and patient-centered) Analytics to mine data and determine potential disparities in the development of pressure ulcers.
Barriers	The largest barriers encountered were the graduation of the senior internal medicine residents involved with this project and the difficulty in recruiting residents to continue with the project.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to engage residents at an earlier level of training.

Christiana Care Health System, Newark-Wilmington, DE

"A-HA!" Advancing Health Advocacy Through Resident Education

Arlene Smalls, MD; Renee Kottenhahn, MD; Michael Maguire, MD, MPH; Loretta Consiglio-Ward, MSN; David Paul, MD

Background: Christiana Care Health System (CCHS) provides the clinical learning environment for more than 280 residents in 13 residency programs. CCHS residency program directors confirmed that there is currently no