LEPs; (6) VLEPs are more likely than LEPs to have difficulty understanding instructions (VLEPs: 42% sometimes, 15% usually; LEPs: 25% and 2%) and test results (VLEPs: 41% sometimes, 39% usually; LEPs: 49% and 8%), and more frequently require help from others to understand (VLEPs: 30% sometimes, 60% usually; LEPs 43% and 12%); and (7) VLEPs are less likely than LEPs to use email and Internet, and more likely to need help when doing so. **Conclusions:** Limited English Proficient Chinese patients face many difficulties related to language, literacy, and education in ability to receive and understand health-related communications.

Keywords: Limited English Proficiency (Chinese); Communication Barriers; Health Services Delivery

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PS2-35:

Adaptation of a Disease-Specific Research Instrument for Quality of Life Assessments in Emergency Department Patients with Atrial Fibrillation/Flutter

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Background/Aims: The Atrial Fibrillation Effect on Quality-of-life (AFEQT) is a novel disease-specific quality-of-life (QoL) instrument for patients with atrial fibrillation/flutter (AF/F). The AFEQT, which evaluates a patient's perception of their AF/F symptoms, physical function, and emotional health, can serve as a marker of quality of care. To date, there are no reports of its practical performance. We describe the feasibility of simplifying the AFEQT for short-term QoL assessments via phone within a diverse population of AF/F patients receiving Emergency Department (ED) care across seven community hospitals. **Methods:** As part of a multicenter observational study of ED management and short-term outcomes of AF/F patients, we adapted the AFEQT for use in one month phone follow-up in patients with newly diagnosed or recent-onset (less than or equal to 48 hours) AF/F. We kept the original 20-item AFEQT format, but condensed the 7-point Likert response scale to 5 for ease of interviewing. We added questions about health in weeks prior to the ED visit, effectiveness of ED treatment, and medication compliance. The instrument was piloted to assess length and clarity of wording. Patients were consented for participation by phone and excluded if: unable to discriminate between AF/F and other comorbidities; unable to recall diagnosis; too ill to talk; deceased; non-English speaking. **Results:** Among 1013 patients with newly diagnosed or recent-onset AF/F, 722 (76%) were eligible for an interview. Of these, 620 (86%) were interviewed. Twenty-two (3%) refused to participate; 80 (11%) were lost to follow-up or unreachable. Reasons for refusal included discomfort with discussing health and informed choice not to participate in research. The average time per call in a sample of 106 patients was 11.2 minutes (interquartile range [IQR] 6). **Conclusions:** These interim results suggest that our modified AFEQT is a practical and feasible research tool for QoL assessments within a diverse subpopulation of AF/F patients. Additional analyses will evaluate QoL scores with relation to patient and treatment factors. Future investigations utilizing this and other disease-specific tools may consider modifications, such as adaptation to phone interview, to match the instrument to the study population and survey modality.

Keywords: Atrial Fibrillation; Atrial Flutter; Quality of Life

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PS2-36:

HMO Research Network Rural Health SIG: First Report

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Background/Aims: The HMORN Rural Health SIG aims to facilitate rural health research by providing a forum to discuss ideas, determine needs, and identify investigators and resources that lead to research proposals, sponsored projects, and published manuscripts in peer-reviewed scientific literature.

Rural areas have about 25% of the USA population (75 million people). Their health status and needs are distinctly different from non-rural populations and have been disproportionately understudied, but yet have great health disparities. At least 7 HMORN member organizations have substantial rural populations that provide compelling research opportunities. **Methods:** The Rural Health SIG has been convened using similar methods as the 11 other SIGs, including monthly teleconference meetings, annual face-to-face meetings, and several subgroups working on various projects. Our goals: 1) implement and sustain this SIG, 2) leverage other HMORN SIGs and funded research networks, 3) determine rural research studies done or in progress by HMORN investigators, 4) produce research grant applications, 5) publish results of our research, and 6) assemble rural health-focused investigators and resources to achieve these goals. **Results:** We currently have 29 active members from 7 HMORN member organizations that have contributed to collaborative and innovative rural health research. To date, the Rural Health SIG has one manuscript under review, 3 manuscripts in process, and several initiatives that may lead to collaborative research grant applications over the next year or two. **Conclusions:** Much has been accomplished since the HMORN Rural Health SIG was formed in early 2012. We will present our work completed through April 2013, our short- and long-term goals, and encourage other HMORN organizations and investigators to join in this effort.

Keywords: Rural Health; Scientific Interest Group

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PS2-46:

Examining Post-Discharge Medication Adherence and Gender in a Medical Aid Population

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Background/Aims: After hospital discharge, low-income populations are at risk for adverse events, partly due to poor medication adherence. HIV and CHF studies suggest that men are more likely than women to take medications properly; however, little knowledge exists regarding medication adherence in low-income populations. If gender differences also exist in adherence after discharge, those differences could potentially be addressed by tailoring interventions to meet each group's needs. The purpose of this study was to compare medication adherence by gender following hospital discharge in patients receiving medical aid. **Methods:** Adults (n = 90) completed in-person surveys within 15 days of hospital discharge from one hospital. All were members of the hospital's medical aid program or were Medicaid beneficiaries, and they were hospitalized for reasons other than labor/delivery. Surveys assessed demographics, health literacy (REALM-SF), depressive symptoms (CES-D), motivation for following discharge instructions, and several self-care measures including Morisky's self-reported adherence. We employed the Chi-square test to test the hypothesis that medication adherence levels (poor, moderate, and high) differed between men and women on the Morisky scale. **Results:** The majority of the sample was female (62%), with a mean age of 50.4 (SD = 13.5). Most (56%) of the population was White; one-fifth (20%) reported Hispanic ethnicity and 26% were African-American. Most reported medium (37.8%) or high adherence (48.9%) following discharge. The level of medication adherence did not differ between genders following hospital discharge for medical aid program members (Chi-square = .180, df = 2, P = .914). **Conclusions:** We observed no gender differences in medication adherence following hospital discharge among medical aid program members. However, several other behavioral or psychosocial factors conducive to appropriate adherence may differ between men and women, such as patient-activation or levels of depression. Future analyses will focus on testing for other equity issues that may warrant special attention in low-income populations.

Keywords: Medication Adherence; Low-Income Population; Gender

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