respondents is warranted in assessing patient satisfaction across providers. **Methods:** We used 2011-12 patient satisfaction data from a large ambulatory care organization (116,516 surveys for 1,022 providers). Surveys were mailed to patients after randomly selected clinic visits. Using the scoring scheme used by survey organization, answers to each question (on a 5-point Likert scale) were converted to a 0-100 scale. The overall score for each visit was an average of 6 section scores: Access, Moving through the visit, Nurse/assistant, Care provider, Personal issues, and Overall assessment. The overall visit score was aggregated at provider, clinic and region levels. We focus on overall and section scores across 4 regions of the organization. **Results:** R/E differences were substantial, from 90.7 (NHW) to 85.2 (Asian). Regional scores ranged from 88.2 (region A) to 90.1 (region D). The ranking was not consistent, however, within R/E groups; Region A scored highest among Latino and 2nd among NHW patients, while region D scored lowest among Latino and 3rd among NHW patients. True differential treatment by R/E should be most apparent in "Care provider" and "Personal issues", and less so in "Access" and "Moving through the visit". In fact, the R/E difference (NHW vs. Asian) was smallest for "Care provider" (4.3) and largest for "Moving through the visit" (7.0) scores. R/E differences were much less pronounced if the top 2 Likert categories were combined. **Conclusions:** Patient satisfaction ratings are influenced by patient R/E in that similar experiences may not be rated equally. When R/E composition varies across providers or regions, scores need to be adjusted to account for this effect or scales less sensitive to differential 'top box' scoring may be appropriate.

Keywords: Patient satisfaction; Cultural difference

doi:10.3121/cmr.2014.1250.d3-3

D3-4:

The Intersection of Ageism and Heterosexism: LGBT Older Adults' Perspectives on Aging-in-Place

Jennifer Boggs¹; Jennifer Dickman Portz²; Leslie Wright¹; Diane King²; Cathy Grimm³; Jessica Retrum⁴; Wendolyn Gozansky¹

¹Kaiser Permanente Colorado; ²University of Alaska Anchorage; ³Jewish Family Service; ⁴Metropolitan State University of Denver

Background/Aims: Successful aging in place models promote independence, include older adults in decision-making, create an environment of personal and physical safety, facilitate social support, and provide services to enhance the health and quality of life of older adults within the communities in which they live. The applicability of aging in place models for disenfranchised groups is an important consideration. The current study, undertaken as part of a larger community-research partnership, examined the adequacy of this approach with older LGBT adults in a metropolitan neighborhood. **Methods:** This qualitative study used focus groups (n = 14), interviews (n = 29), and a town hall (n = 30) to assess barriers and supports for LGBT persons to age in place. **Results:** Most of the 73 participants identified as lesbian or gay, were aged 50-69, and lived with a partner. Discrimination and dual stigmatization (ageism plus heterosexism) emerged as cross-cutting themes that negatively impacted the aging in place categories of healthcare, housing, social support, home assistance and legal services. Establishing welcoming social spaces, disseminating knowledge resources, and promoting self-advocacy were suggested solutions. **Conclusions:** This study provides a unique contribution to knowledge about the needs of LGBT older adults pertaining to aging in place. While resilience and coping skills developed at younger ages during the "coming out" process can continue to be leveraged in later years, LGBT seniors who are less "out" are likely particularly vulnerable to the challenges presented by the intersection of ageism and heterosexism. This research offers recommendations for tailoring current aging in place models to better suit the needs of LGBT older adults.

Keywords: Aging in place; Community-research partnership

doi:10.3121/cmr.2014.1250.d3-4

D3-5:

The Role of Community Engagement in Increasing Translational Health Research Participation by Hispanics in the WWAMI Region

Leo Morales¹; Nora Coronado¹

¹Group Health Research Institute

Background/Aims: Increasingly, community engagement is used to increase the participation by minority communities in health research and to address health disparities. The CDC defines community engagement as "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people". The goal of the Institute for Translational Health Science's (ITHS) Hispanic Community Outreach Program (HCOP) is to increase participation by Hispanics in translational health research conducted by ITHS in the WWAMI region (Washington, Wyoming, Alaska, Montana, Idaho). **Methods:** The HCOP has conducted outreach to investigators, community-based organizations (CBOs) and clinics serve Hispanics in the WWAMI region since August 2012. The HCOP's outreach activities have included phone calls, site visits, and participation in community events and conferences, resulting in a growing network of potential research partners. This network has evolved over time through personal contacts and referrals, reflecting the importance of interpersonal relationships and trust when engaging communities. To track its work, the HCOP maintains a database with the following elements: name, address, phone, email, agency affiliation and department, title, degrees, region, and level of engagement (LOE). The LOE is scored on a graded scale of 1-5 where 1 indicates a minimal LOE and 5 indicates a high LOE. **Results:** To date, the HCOP has made contact with over 840 stakeholders of whom 42% were investigators; 54% were in CBOs; and 6% were in government health agencies. The majority of HCOP's initial contacts had LOE scores in the 1-2 level. Over time, LOE scores have increased, including one partnership that received grant funding to disseminate a diabetes self-management program in Spanish. The HCOP was also awarded a NIH small conference grant for a regional conference on Latino health. In addition, the HCOP has awarded pilot funding for community engaged research. **Conclusions:** Community engagement appears to be an effective strategy for increasing the participation of Hispanics in translational health research. More research is needed to develop tools and methods for assessing the effectiveness of community engagement and its impacts on the health of communities.

Keywords: Community engagement; Hispanic

doi:10.3121/cmr.2014.1250.d3-5

PS1-41:

Racial Disparities in Congestive Heart Failure: Age, Site of Care, and 30-day Readmission

Jia Pu¹; Joshua Thorpe²; Korey Kennelty³; Betty Chewing⁴

¹Palo Alto Medical Foundation Research Institute; ²University of Pittsburgh; ³William S. Middleton Memorial Veterans Hospital; ⁴University of Wisconsin

Background/Aims: Racial disparities of 30-day readmission rates have been found in Medicare beneficiaries with congestive heart failure (CHF); however, racial disparities in the younger age groups remained unknown. Further, the association between patient demographics, site of care and 30-day readmissions are understudied. Our study aims to identify racial disparities in CHF patients across age groups, site of care and 30-day readmission rate, and to explore potential contributing variables to the racial disparity in CHF. **Methods:** This study used the 2009 Florida State Healthcare Cost and Utilization Project State Inpatient Databases (HCUP-SID). Patients 18 years or older, hospitalized with a primary diagnosis of CHF were included in this study. Multi-level modeling examined if racial disparities in risk-adjusted 30-day readmission rate could be explained by patients' characteristics (age, gender, insurance, household income, rurality, length of stay, discharge status) and hospital characteristics (whether the site of care was a minority-serving hospital at their initial admission, defined as the top 10% of hospitals who served the highest proportion of non-white patients). **Results:** Racial disparities existed in CHF patients' age at discharge, site of care, and risk-adjusted 30-day readmission rate. African American CHF patients as a group were hospitalized on average 14 years younger than Whites, and 10 years younger than Hispanics (AA: 63 vs. White: 77 vs. Hispanics: 73, $P < 0.001$). Overall, Hispanic patients had the highest readmission rate (Hispanics: 27.7%, AA: 25.9%, White: 24%). Higher readmission rates were associated with race of minority, Medicare and Medicaid program enrollment, lower income, discharge status, minority-serving hospital, and younger age (age < 55: 29%, age 55-64: 27%, age 65-74: 25%, age 75-84: 24%, age > 84: 22%, $P < 0.001$). This age trend remained in

Medicare and Medicaid beneficiaries, but not in the private insurance or uninsured patient population. Minority-serving hospitals had a significantly higher 30-day readmission rate (minority-serving: 29.2% vs. non-minority-serving: 24.3%, $P < 0.001$). **Conclusions:** Minority patients were admitted for CHF at much younger ages and experienced a higher 30-day readmission rate. Minority-serving hospitals served more vulnerable patients and had a significantly higher 30-day readmission rate. There is a need to provide multifaceted approaches to reduce disparities in CHF, particularly for minority and vulnerable populations.

Keywords: 30-day readmission; Racial disparities

doi:10.3121/cmr.2014.1250.ps1-41

PS2-23:

Dual Purposing of Interpreters to Increase Colorectal Cancer Screening in Vietnamese-speaking Patients: Results from a Pilot Study

Leo Morales¹; Bri Dinoso-Ghods²; Britt Anderson-Sparks³; Jane Grafton⁴; Linda Hoang⁴; Carey Jackson⁵

¹University of Washington; ²Kaiser Permanente Northern California; ³Group Health; ⁴Group Health Research Institute; ⁵Harborview Medical Center

Background/Aims: Colorectal cancer screening rates for Vietnamese-speaking patients are below national benchmarks. To address this disparity, an eight-hour training program was developed for interpreters to provide counseling to patients in Vietnamese on colorectal cancer screening at the time of a primary care visit. A culturally-tailored counseling script was developed, approved by clinical care leaders, and its delivery was integrated into routine clinic flow. Following each counseling session, patients were invited to complete a brief survey about their satisfaction with the counseling session. **Methods:** Twenty four Vietnamese-speaking patients needing colorectal cancer screening were enrolled in this pilot study and 19 completed a 26-item phone survey for a response rate of 76%. Survey non-response was due to two refusals, two non-working numbers and one unavailable. The survey was administered by a bi-cultural bilingual interviewer. On average, the survey took 15 minutes to complete. **Results:** The mean age of participants was 60 years (range: 51 to 72 years). Fifty two percent were female. All but one participant had 12 or less years of education. All participants were born in Vietnam, spoke Vietnamese at home, and all but one participant had limited English proficiency. The mean years in the US was 18 years (range: 6 to 38 years). Eighteen participants were very satisfied with their counseling session and one participant was somewhat satisfied. All 19 participants felt very confident with the information provided by the interpreters. All 19 participants were told about stool cards, 13 about were told about sigmoidoscopy and 14 were told about colonoscopy. Ten participants reported that the interpreters spent 10 or less minutes providing counseling and nine reported more than 10 minutes. Fifteen participants had no additional questions about colon cancer screening after counseling. **Conclusions:** These results suggest that culturally-tailored counseling on colorectal cancer provided by trained interpreters is well received by patients and may be effective in increasing screening rates in limited-English speaking patient populations. Interpreters working in health care systems may be able to serve multiple purposes, including promoting cancer screening, with training. With growing numbers of limited speaking patients and limited resources, interpreters may be an underutilized resource.

Keywords: Interpreters; Vietnamese

doi:10.3121/cmr.2014.1250.ps2-23

PS2-24:

Determining Unmet Healthcare Needs of an Under-served Population Through the use of Health Assessment Forms: A Quality Improvement Project

Trista Stankowski-Drengler¹; Darcy Vanden Elzen¹; Sam Evers¹; Lori Reimeika¹

¹Marshfield Clinic

Background/Aims: The St. Vincent de Paul Free Clinic in Marshfield, WI, opened in 1998 to serve the unmet healthcare needs of local patients. The clinic serves approximately 500 patients per year at bimonthly primary care clinics and a monthly diabetes-specific clinic. The purpose of this project was

to identify unmet healthcare needs as targets for new program development.

Methods: Health assessment forms from regional healthcare providers and free clinics were used to develop a 45 question patient survey regarding demographics, healthcare seeking behaviors, preventative health, lifestyle, diabetes care, employment, and health insurance. The survey was approved by the free clinic board and administered by intake staff to all patients presenting from 11/21/2012–7/3/2013. Surveys were anonymous and participation was optional. Data were manually entered into an electronic form registered with Qualtrics.com for statistical analysis. **Results:** Surveys were completed by 107 patients (43% male), 63% of whom were ages 40-59. Results indicated a need for improved preventative health care, including vaccinations, comprehensive physical examinations, eye examinations, dental examinations, cancer screening, and diabetic foot exams. Sixty-four percent of respondents had answers suggestive of depression via the PHQ2 screening tool. In terms of healthy habits, 40% of respondents reported low physical activity levels, 67% felt they needed to lose weight, and 93% indicated low fruit/vegetable intake. However, nearly two-thirds of respondents indicated interest in improving physical activity or weight loss. Though 24% of respondents' employers offered health insurance, reasons for uninsured status were cost (49%), insufficient coverage (8%), or others (43%), including part-time employment status. **Conclusions:** Our patient-centered healthcare assessment identified several areas of need to be addressed, including soliciting volunteer services from area dental health professionals, exploring mechanisms to address mental health needs and compiling a pamphlet of local low or no-cost mental health services, and implementing a 12-week weight loss program with gym access, dietary counseling, and group support. Cost of insurance will likely continue to be an issue for many patients despite mandatory coverage, stressing the importance of free clinic services. Future healthcare assessments will be conducted to determine program success, identify additional areas of need, and inform the design of future programs.

Keywords: Health assessment; Free medical clinics

doi:10.3121/cmr.2014.1250.ps2-24

HMORN Administrative and Technical

D1-1:

Processes that Accelerated Administrative and Regulatory Progress in Several Multi-site Institutional Research Studies

Andrea Paolino¹; Sherry Lauf²; Lisa Pieper¹

¹Kaiser Permanente Colorado; ²Group Health Research Institute

Background/Aims: Multi-site collaborations offer opportunities to engage diverse research expertise to answer important public health questions. Many of these collaborations have, at their core, large, robust data sources that are critical to achieving research goals. Before scientific work can begin, however, there is a complex maze of administrative and regulatory requirements that must be efficiently navigated in order to avoid project delays. As funders' interest in comparative effective research (CER), research networks, and 'big data' increases, funding periods appear to be shrinking, making administrative and regulatory efficiencies more critical than ever. The current effort documents best practices in these areas. **Methods:** The study team examined best practices that addressed common challenges for successful project implementation in three large HMO Research Network (HMORN) studies that included 7-16 institutions. We identified three processes that significantly increased administrative and regulatory efficiencies: umbrella institutional review board (IRB) structure (with ceding), reciprocal data use agreement (DUA) and the HMORN subcontract template. **Results:** An umbrella IRB structure enabled researchers to submit pilot studies and new hypotheses as modifications using the same data source and processes for human subjects' protections. These study modifications underwent expedited review; often with determinations received in fewer than 10 business days. The HMORN DUA template was modified to make it reciprocal. This allowed limited data sets to be shared among data contributing sites and allowed investigators from any site to lead an analysis, thus, increasing the amount and pace of research that could be achieved. The HMORN subcontract template was "field tested" and results tracked over a 5-year period. Use of the template resulted in a decrease in the average number of days for initial subcontract execution from 215 days to less than 60. **Conclusions:** We demonstrated that developing new processes