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