improving therapeutic trust building. The effectiveness of specific retention for this target population. Similarly, it will also facilitate inquiry into related trust on health outcomes, healthcare engagement, and treatment of psychometric healthcare-related trust scales in a population of women need for regular healthcare engagement in the setting of an increased risk of prior interpersonal trauma, co-occurring psychiatric diagnoses, and more serious physical health problems. Characteristics such as these highlight the need for regular healthcare engagement in the setting of an increased risk of decreased interpersonal or healthcare-related trust. Prior qualitative research demonstrates that trust building is seen as an essential component of care in ongoing substance abuse treatment for women in this population. Validation of psychometric healthcare-related trust scales in a population of women seeking substance abuse treatment in a community-based setting will provide a framework for future quantitative inquiry into the impact of healthcare-related trust on health outcomes, healthcare engagement, and treatment retention for this target population. Similarly, it will also facilitate inquiry into the effectiveness of specific treatment programs or interventions on improving therapeutic trust building.

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Views of African American parent-child dyads on the immunization neighborhood to improve HPV vaccination rates
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OBJECTIVES/SPECIFIC AIMS: To better understand African American (AA) parents and their adolescents perceptions towards the immunization neighborhood to improve HPV vaccination rates. METHODS/STUDY POPULATION: We conducted qualitative interviews among a purposive sample of 30 AA parent-child dyads. We engaged the community (community advisory boards, community organizations) in the design and implementation of this study. Before each interview, we provided participants a brief survey to assess acceptability of various vaccination settings (i.e., pharmacies, health departments, and schools). An inductive, qualitative content analysis approach was used to analyze the data, and a constant comparison method was used to compare codes for theme development. Descriptive (i.e., frequencies) were used to analyze survey data with the SPSS version 23 software. RESULTS/ANTICIPATED RESULTS: Findings demonstrate that many parents were willing to get their adolescents vaccinated at the health department (n = 19) followed by the pharmacy (n = 17). However, majority of parents were less willing to get their adolescent vaccinated at school (n = 21). Mixed results were found for children with many having positive attitudes towards alternative settings (health department = 21; pharmacy = 14; school = 16). Parents viewed the health department as being stigmatized and unclean for adolescent immunizations in general, while children were unsure of the difference between the health department and the medical home for the vaccine. Both parents and adolescents viewed the pharmacy as “too open” but would use it if a nurse administered the shot and had a good tracking system. Both also expressed strong feelings against school vaccinations, especially HPV vaccine shots. However, would consider for convenience or if administration was done by a nurse. DISCUSSION/SIGNIFICANCE OF IMPACT: Findings from this study provide intervention targets to improve access to HPV vaccination in alternative settings. It further demonstrates the importance of community engagement for the success of translational research, in which we will use it to disseminate this study’s findings. Ultimately, this study could play a role in shifting the traditional model of the HPV vaccine being provided solely in the medical home to improve HPV vaccination rates.
OBJECTIVES/SPECIFIC AIMS: To build a multiste de-identified database of female adolescents, aged 12–21 years (January 2011–December 2012), and their subsequent offspring through 24 months of age from electronic health records (EHRs) provided by participating Community Health. METHODS/STUDY POPULATION: We created a community-academic partnership that included New York City Community Health Centers (n = 4) and Hospitals (n = 4). The Rockefeller University, The Sackler Institute for Nutrition Science and Clinical Directors Network (CDN). We used the Community-Engaged Research Navigation model to establish a multiste de-identified database extracted from EHRs of female adolescents aged 12–21 years (January 2011–December 2012) and their offspring through 24 months of age. These patients received their primary care between 2011 and 2015. Clinical data were used to explore possible associations among specific measures. We focused on the preconception, prenatal, and perinatal periods, including pediatric visits up to 24 months of age. RESULTS/ANTICIPATED RESULTS: The analysis included all female adolescents (n = 122,556) and a subset of pregnant adolescents with offspring data available (n = 2917). Patients were mostly from the Bronx; 43% of all adolescent females were overweight (22%) or obese (21%) and showed higher systolic and diastolic blood pressure, blood glucose levels, hemoglobin A1c, total cholesterol, and triglycerides levels compared with normal-weight adolescent females (p < 0.05). This analysis was also performed looking at the nonpregnant females and the pregnant females separately. Overall, the pregnant females were older (mean age = 18.3) compared with the nonpregnant females (mean age = 16.5), there was a higher percentage of Hispanics among the pregnant females (58%) compared with the nonpregnant females (43.9%).

There was a statistically significant association between the BMI status of mothers and infants’ birth weight, with underweight/normal-weight mothers having more low birth weight (LBW) babies and overweight/obese mothers having more large babies. The odds of having a LBW baby was 0.61 (95% CI: 0.41, 0.89) lower in obese compared with normal-weight adolescent mothers. The risk of having a preterm birth before 37 weeks was found to be neutral in obese compared with normal-weight adolescent mothers (OR = 0.81, 95% CI: 0.53, 1.25). Preliminary associations are similar to those reported in the published literature. DISCUSSION/SIGNIFICANCE OF IMPACT: This EHR database uses available measures from routine clinical care as a “rapid assay” to explore potential associations, and may be more useful to detect the presence and direction of associations than the magnitude of effects. This partnership has engaged community clinicians, laboratory, and clinical investigators, and funders, in study design and analysis, as demonstrated by the collaborative development and testing of hypotheses relevant to service delivery. Furthermore, this research and learning collaborative is examining strategies to enhance clinical workflow and data quality as well as underlying biological mechanisms. The feasibility of scaling-up these methods facilitates studying similar populations in different Health Systems, advancing point-of-care studies of natural history and comparative effectiveness research to identify service gaps, evaluate effective interventions, and enhance clinical and data quality improvement.

A mixed-methods evaluation to improve sustainability of community health coalition partnerships, activities, and impact on county-level health
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OBJECTIVES/SPECIFIC AIMS: Community health coalitions (CHC) aim to improve local cultures of health, health behaviors, and health outcomes. However, challenges sustaining partnerships and activities limit CHC impact. Traditional CHC evaluations survey members about perceived effectiveness, failing to capture underlying network structures and community health outcomes. Thus, we applied a mixed-methods evaluation in eight rural Indiana CHC, triangulating social network analysis [SNA], conducted in 2017], funding, effectiveness, and Coaching-Assessment Survey (CASAS), 2016–2017, and latest county health statistics (2015–2016) to assess existing CHC building efforts, inform best practices, and facilitate the adoption of evidence-based programming. METHODS/STUDY POPULATION: Across the eight rural Indiana CHC, relationships between the three evaluation components were analyzed using Pearson’s correlations. We are now collaborating with Public Health–Nutrition and Coalition-Oriented Coaches to scale up evaluation efforts throughout Indiana. RESULTS/ANTICIPATED RESULTS: CHC effectiveness was positively correlated with the average number of connections CHC members held in the network (mean in-degree) and negatively correlated with the presence of a network broker (eigenvertex centrality). However, effective leadership was positively correlated with opioid deaths and treatment, food insecurity, smoking during pregnancy, lack of healthcare coverage, and fair/poor health status, and negatively correlated with prenatal care. Effective operating norms was positively correlated with smoking during pregnancy and preterm births, and negatively correlated with prenatal care. Effective action outcomes was positively correlated with opioid deaths and treatments, smoking during pregnancy, preterm births, and fair/poor health status, and negatively correlated with respondents reporting they had no personal doctor. DISCUSSION/SIGNIFICANCE OF IMPACT: Interestingly, CHC effectiveness was positively correlated with poor county health outcomes related to infant well-being. Thus, CHC may develop in counties with a high unmet need for effective pregnancy and infant services. Alternatively, the prevalent CHC focus on obesity prevention may eclipse programmatic efforts to improve infant well-being. Longitudinal evaluations and scaling up evaluation efforts across Indiana are being pursued to clarify trajectories and inform best practices, which in turn should provide recommendations for network structures to improve CHC effectiveness and county health.

An application of the payback framework to evaluate the outcomes of pilot projects supported by the Georgia Clinical and Translational Science Alliance from 2007 to 2014
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OBJECTIVES/SPECIFIC AIMS: We will use a structured evaluation framework, the payback framework, to document the outcomes of 15 case studies of pilot projects supported by Georgia CTSA from 2007 to 2014. METHODS/STUDY POPULATION: We will use a case study approach including bibliometric analyses of publications associated with the selected projects, document review (e.g., investigator curriculum vitae, biannual project reports) and investigator interviews. RESULTS/ANTICIPATED RESULTS: We will document outcomes in 5 “payback categories”: (1) knowledge, (2) research targeting, capacity...