Let's talk about sex: Does language create a barrier to women reporting and receiving treatment for dyspareunia in the Spanish-speaking community?
Natalie Eisenach, Kimberly Swan and Dani Zoorob
University of Kansas Frontiers

OBJECTIVES/SPECIFIC AIMS: Dyspareunia is a type of female sexual dysfunction estimated to affect 8%–22% of women of all ages. There is concern that these statistics do not reflect the true prevalence, because it frequently goes undiagnosed and untreated. By 2050, Latinos will make up 30% of the total population in the United States. As our patient population becomes more diverse, we need to ensure that our healthcare practices accommodate the changes. Our goals are to determine the prevalence of dyspareunia within our patient population and to identify if language impacts patients reporting symptoms of sexual dysfunction to their healthcare provider. METHODS/STUDY POPULATION: Our study is a convenience sample, cross-sectional survey of English and Spanish-speaking women, ages 18–45, who present to university-affiliated clinics. In total, 100 women from each language group will be studied. The survey will be completed in REDCap and will include the validated questionnaires for the Female Sexual Function Index (FSFI), Visual Analog Scales for pain, and Patient Global Impression of Severity and Improvement. Additional data on demographics and patient discussion of pain with their healthcare provider will be collected. RESULTS/ANTICIPATED RESULTS: The demographic and pain discussion questions will identify reporting rates. The FSFI score will be used to identify patients with sexual dysfunction and dyspareunia and calculate the prevalence in each language group. The domains will be analyzed to assess variations between populations. DISCUSSION/SIGNIFICANCE OF IMPACT: Dyspareunia has a great impact on patients’ quality of life when untreated. This study will allow us to identify barriers to diagnosing and treating cases of dyspareunia. If we detect differences in reporting rates between the language groups, future research could be tailored and conducted to identify the specific problems in communication. With this knowledge, we can improve how we discuss sexual health in clinic and ultimately improve quality of care for all patients.
perspectives on factors that affect their participation during family centered rounds and (2) resource preference (tablet, computer on wheels, paper notes) used by trainees and the reasons for that preference. METHODS/STUDY POPULATION: We performed a cross-sectional study with English-speaking parents who were present for multidisciplinary family centered rounds and whose children were admitted to the inpatient pediatric unit at a tertiary care academic medical center. Parents were surveyed after rounds to ascertain their opinions on factors affecting their participation in rounds, preferences in respect to the resource used by trainee, and whether they believed the resource used on rounds that day affected their understanding or participation in rounds. Parents were also asked to articulate the reasons behind their preferred resource. Responses were analyzed using descriptive statistics, and qualitative responses were analyzed for themes. RESULTS/ANTICIPATED RESULTS: In total, 40 parents enrolled. Common responses regarding factors affecting parental participation included: information was explained in a way that was easy to understand (90%), parents' understanding of the medical information (85%), eye contact with the medical team (78%), if the medical team asks for parent input (75%), and the health of the child (70%). Fewer parents (23%) believed that the type of resource used affected their participation. Tablets were the preferred technology resource (33%) due to their portability, ease of accessing information, and that they encouraged interaction with the patient. Fewer preferred computers on wheels (27%) and paper notes (5%). In total, 35% of parents reported no preferred resource. No parents said that tablets were their least preferred resource. Reasons computers on wheels were least preferred (13% of parents) included their large size and that they limited eye contact, whereas, parents stated that paper notes were least preferred (13% of parents) because they were old-fashioned, easy to lose, and not accurate; 68% of parents stated the resource used did not affect their understanding on rounds that day, and 83% asserted the resource had no effect on participation. DISCUSSION/SIGNIFICANCE OF IMPACT: Clear and engaging communication during family centered rounds is most important to parents' participation. The type of technology resource used is less relevant, but parents favor the use of tablets when they report a preference. Given the convenience for providers, tablet utilization as part of a family centered, trainee based rounding process has potential benefit.

psychological mechanisms linking food insecurity and obesity

Candice A. Myers, Stephanie T. Broyles, Corby K. Martin and Peter T. Katzmarzyk
Pennington Biomedical Research Center – LA CaTS

OBJECTIVES/SPECIFIC AIMS: The current pilot study will use a mixed methods approach to investigate the role of psychological mechanisms in the relationship between food insecurity and obesity. We will be the first to assess 4 key psychological constructs (delay discounting, grit, future time perspective, and subjective social status) in a sample of food secure and food insecure adults with and without obesity. The specific aims are: (1) Examine associations among psychological mechanisms, food security status, and body mass index (BMI); and (2) Collect qualitative data on psychological mechanisms linking food insecurity and BMI. METHODS/STUDY POPULATION: This is a cross-sectional, observational pilot study that will be conducted in the local Baton Rouge community. The target study sample is 56 food secure and food insecure women and men aged 18–49 years with a BMI of 20.0 kg/m2 or greater. Independent (grouping) variables are food security status and BMI. Primary endpoints are 4 psychological constructs measured via questionnaires: (1) delay discounting, (2) grit, (3) future time perspective, and (4) subjective social status. We will also assess a number of key covariates, including health literacy, sociodemographics, food assistance use, and dietary quality. Semi-structured, in-depth interviews will be conducted in a subsample of 12 participants. RESULTS/ANTICIPATED RESULTS: For quantitative data, we will test for significant associations between food insecurity, obesity, and selected psychological mechanisms via bivariate correlations and linear and logistic regression models. Qualitative data will be analyzed using thematic analysis, then compared to the aforementioned psychological mechanisms to food insecurity and obesity. Analyzed qualitative data will be triangulated with quantitative findings. DISCUSSION/SIGNIFICANCE OF IMPACT: This pilot study will examine the role of psychological mechanisms in the relationship between food insecurity and subjective social status, and identify potentially new intervention targets that will be used to develop intervention strategies aimed at reducing health disparities by effectively promoting weight management among low socioeconomic populations.