approximately 3 quarters of a million people in the county remain uninsured. Regardless of insurance status, nearly a quarter of LA County residents reported having difficulty obtaining needed medical care, and among those making less than the poverty level, 43% had difficulties. There is still much to understand about barriers to obtaining insurance and accessing healthcare in Los Angeles in the post-ACA era. Our primary objective was to understand how safety net patients are obtaining, maintaining and using their insurance after the ACA. Specifically, we sought to understand the barriers and drivers of these three processes. RESULTS/ANTICIPATED RESULTS: Results from 3 sites (LAC + USC, a publicly funded county hospital, the Wellness Center (a resource center for safety net patients), and White Memorial Medical Center (a private safety net hospital). We approached patients in the ED and urgent care waiting rooms and obtained informed consent for this IRB-approved study. We excluded patients who were non-English and non-Spanish speaking or too ill to interview. We recorded interviews, which were then transcribed and translated into English by a contracted agency. We analyzed our interviews using a framework approach, which included a set of a priori codes from the literature as well as emerging codes from patient responses. We will check a sample of our transcripts for coding consistency (aiming for an inter-rater reliability of >80%). DISCUSSION/SIGNIFICANCE OF IMPACT: We recruited a diverse group of patients that were socioeconomically and ethnically representative of those who are uninsured under the ACA (childless adults making less than 138% of the Federal Poverty Level). Our preliminary results (based on 17 transcripts), suggest that patients, regardless of insurance type have difficulty accessing primary care. We identified seven domains under the broader theme of barriers to accessing primary care: finding a primary care clinician or physician (PCP), getting timely appointments, geography and transportation, continuity of care, using the Emergency Department (ED) or urgent care at a PCP, switching PCPs or clinics, and cost or coverage.

2206

Chicago Kids Advisory Board: A novel approach to engaging adolescent students in pediatric clinical research
Ferdynand Hebal and Susanna McColley
University of Chicago

OBJECTIVES/SPECIFIC AIMS: Stakeholder engagement has been proposed to help realign clinical and translational research with the needs of clinicians, patients, and policymakers. Increasingly, funders and researchers seek to partner with stakeholders to inform study design, execution and dissemination of results. Kids and families Impacting Disease through Science (KIDS) is a program of the American Academy of Pediatrics that seeks to engage youth in clinical research. United States stakeholders to inform study design, execution and dissemination of results. Kids policymakers. Increasingly, funders and researchers seek to partner with Ferdynand Hebal and Susanna McColley
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Chi2026

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Childhood adversity, attachment style, and home visiting engagement
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OBJECTIVES/SPECIFIC AIMS: This case-control study aims to determine the relationships among childhood adversity, attachment style, and the likelihood of accepting or declining a referral for HV. The study will serve as a pilot to inform the power analysis of a subsequently proposed full-scale study. METHODS/STUDY POPULATION: Using a case-control study design, 25 women who decline HV referral (cases) will be compared with 25 women who accept HV referral (controls) on their exposure to childhood adversity and attachment style. Women who are eligible for the study are English-speaking mothers who have been offered HV services by Health Care Access Maryland. Surveys are administered in-person, either in the participant’s home or at another location (e.g., public library), based on participant preference. The dependent variable is participant’s verbal response to the HV referral (accept/deny). The independent variable, childhood adversity, will be measured using the Philadelphia Urban Adverse Childhood Experiences (ACEs) Survey and the Attachment Style Questionnaire (ASQ). Control variables include demographics (i.e., age, race, education, employment, housing, marital status), obstetric history (i.e., previous preterm birth, miscarriage, fetal death, infant death, abortion), and current psychosocial risk factors (i.e., history of substance use, intimate partner violence, depression). Descriptive comparisons will be done for the independent and control variables in controls versus cases. Bivariate analysis will examine associations between the odds of being a case and ACE score and ASQ score. Multivariate logistic regression models will be used to examine the relationship between ACE total and ASQ score: exposure to ACE in cases versus controls; and the odds of an avoidant and anxious attachment styles in cases versus controls. RESULTS/ANTICIPATED RESULTS: We hypothesize that (a) higher ACE scores will be positively associated with a higher level of avoidance attachment; (b) higher ACE scores will be positively associated with declining a HV referral; and (c) higher levels of avoidant attachment will be associated with declining a HV referral. DISCUSSION/SIGNIFICANCE OF IMPACT: Racial inequities in birth outcomes are pervasive and unjust. Non-Hispanic Black women experience birth outcomes that result in infant mortality, fetal mortality, preterm birth, and low birth weight babies at more than double the rate of non-Hispanic White women in Baltimore and nationally. Prenatal and early childhood home visiting programs have been found to decrease maternal smoking and hypertension disorder which are associated with PTB, reduce closely spaced births which is associated with fetal and infant death, and improve women's long-term economic self-sufficiency, child health and social outcomes. However, as community-based programs, these services are not reaching the majority of eligible women in low-income urban settings—women who are also disproportionately burdened with poor pregnancy-related health outcomes. Considering the potential to improve outcomes, the impact of eliminating health disparities, and the national and local investment in HV services, it is vital to understand why some women are not enrolling in prenatal HV programs. The findings from this and subsequent studies will inform the translation of evidence-based HV program outreach efforts for women with complex social history. It will inform the design of enhanced outreach and engagement efforts of HV programs to more reliably engage women.

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Community-based research networks: Providing infrastructure for clinical and translational research in the State of Michigan
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OBJECTIVES/SPECIFIC AIMS: As the sole Clinical and Translational Science Award (CTSA) site in Michigan, the Michigan Institute for Clinical & Health Research (MICH) is a research network bringing together academic and industry researchers on the design and development of pediatric clinical research. This project engaged youth advisors in creation and evaluation of a video explaining clinical research and informed consent for Ann & Robert H. Lurie Children’s Hospital, a clinical partner of the Northwestern University Clinical and Translational Sciences Institute. METHODS/STUDY POPULATION: The Payton program advisory board sessions are 1.5 hr interactive seminars held on 1–2 school days each month. During the 2016–2017 school year, students participated in 3 stakeholder sessions, led by Lurie Children’s hospital researchers, to advise development of a script, storyboards, and ultimately representative of those who guide children and families about participation in clinical research to aid in the decision-making process. Qualitative research methods were used to examine attitudes, and engagement efforts of HV programs to more reliably engage women.
Community health workers as research advocates

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OBJECTIVES/SPECIFIC AIMS: Background: Failure to involve hard-to-reach populations in clinical research denies the potential benefits of research to the excluded groups, perpetuating health disparities. Employing community health workers (CHWs) may be an effective strategy to increase outreach and engagement of marginalized groups. CHWs are members of the target population: faith-based leaders, seniors, youth, Hispanic/Latino and African American stakeholders, and other experiencing environmental stress. METHODS/STUDY POPULATION: Study population: faith-based leaders, seniors, youth, Hispanic/Latino and African American stakeholders, and others experiencing inequities in the city of Flint. Convene 9 focus group sessions (recorded and transcribed) to learn community perceptions on trust and ways to address it. Validate accuracy of the transcriptions with community consultants to reconcile any inaccurate information. Through a community engaged research (CEnR) process, review and analyze qualitative data from the 9 focus group sessions, and quantitative data from 2 surveys documenting (1) demographic backgrounds of focus group participants, and (2) their perceptions on trust and mistrust. Prepare a codebook to qualitatively analyze the focus group data summarizing community input on trust, mistrust, changes in service delivery among community and faith-based organizations, and ways to rebuild trust in the city of Flint. Transcribe the community’s voice shared during 17 key events, identified by a team of community-academic stakeholders (i.e., UM Flint water course, congressional and community events, etc.), in which residents and other stakeholders discuss issues and concerns on the Flint Water Crisis, and recommend ways to address them. Develop a framework that defines core theories, concepts and strategies recommended by the community to help rebuild trust and the quality of life in Flint, Michigan, and support other communities experiencing environmental stress. METHODS/STUDY POPULATION: Study population: faith-based leaders, seniors, youth, Hispanic/Latino and African American stakeholders, and others experiencing inequities in the city of Flint. Convene 9 focus group sessions (recorded and transcribed) to learn community perceptions on trust and ways to address it. Validate accuracy of the transcriptions with community consultants to reconcile any inaccurate information. Through a community engaged research (CEnR) process, review and analyze qualitative data from the 9 focus group sessions, and quantitative data from 2 surveys documenting (1) demographic backgrounds of focus group participants, and (2) their perceptions on trust and mistrust. Prepare a codebook to qualitatively analyze the focus group data summarizing community input on trust, mistrust, changes in service delivery among community and faith-based organizations, and ways to rebuild trust in the city of Flint. Transcribe the community’s voice shared during 17 key events, identified by a team of community-academic stakeholders (i.e., UM Flint water course, congressional and community events, etc.), in which residents and other stakeholders discuss issues and concerns on the Flint Water Crisis, and recommend ways to address it. Qualitatively analyze the transcriptions, using a CEnR process, and prepare a codebook on key themes from the community’s voice shared at these events, and recommendations on ways to address it. Compare and contrast findings between