

the two codebooks developed from (1) the focus group data and (2) qualitative analysis of community voice during public meetings and events. Synthesize this information into a framework of core theories, concepts and rebuilding strategies for Flint, Michigan. RESULTS/ANTICIPATED RESULTS: It is important to note many undocumented immigrant populations in Flint fear deportation and other consequences, hampering their ability to obtain service and provide community voice. Through our purposive sampling approach, we will hear from community voices not often included in narratives (i.e., seniors, youth, Hispanic/Latino residents). The presentation will present findings documenting levels of trust and mistrust in the city of Flint; and a framework of recommendations, core theories and concepts on ways to reduce, rebuild and eliminate stress that will be helpful to other communities experiencing distress. DISCUSSION/SIGNIFICANCE OF IMPACT: To our knowledge, levels of trust and mistrust in Flint have not been documented thus far. We will compare and contrast common themes presented by the community at public meetings and events with themes presented in our focus group effort on trust. Faith and community-based providers were among the first responders to the Flint Water Crisis. The effort will also share perceptions on changes in public health service delivery, and observations on preparedness for these roles that occurred among community and faith-based providers. Finally, the effort will (1) support the design of a research agenda, (2) define a framework of core theories, concepts and recommendations developed by the community to help rebuild trust in Flint, Michigan; and (3) support other communities addressing environmental distress.

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Community-informed adaptation of Group Well Child visits for limited English proficiency Latino families

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OBJECTIVES/SPECIFIC AIMS: We propose to adapt a curriculum for group well-child care in order to (1) improve the experience of care for Latino immigrant families, (2) better address maternal psychosocial concerns impacting parenting and (3) teach parenting practices that promote healthy behaviors, and (4) improve LEP parent health literacy, engagement, and self-management in care. METHODS/STUDY POPULATION: This study is composed of a series of focus groups with 4 target populations: (1) The Johns Hopkins Bayview Children's Medical Practice Latino Family Advisory Board (LFAB) (multiple meetings). The LFAB has been in existence since 2011, and has experience in iteratively adapting educational materials, both written and video, and in providing input on social work services and healthcare utilization. We will meet with the LFAB over the course of up to 8 meetings. During these meetings, the following themes will be discussed: (A) The concept of Group Well Child Care will be discussed and LFAB members will be asked about potential benefits and drawbacks of this format. (B) LFAB members will also be asked about group discussion topics that should be prioritized. Study staff will both bring up a list of topics (feeding, sleep, development, behavior, parent stress) and ask for input on additional items that should be discussed. (C) Core components of the mothers and babies course, a group perinatal depression intervention originally developed with Latina mothers, will be presented and discussed with board members, who will be asked to prioritize the components for salience and perceived helpfulness as well as inclusion in the Group Visit Curriculum. Potential benefits and drawbacks of including components of this program will also be asked of LFAB members. Members will not be asked about their depressive symptoms. (2) Pediatric providers (including social workers, MDs, NPs, and RNs) (1 focus group) who agree to participate will also be asked about perceived benefits and drawbacks of the group well-child care model, topics that should be prioritized in the educational components, and the benefits and drawbacks of including components of a perinatal depression prevention program in the group well child visit curriculum. (3) Obstetric group visit providers—Obstetric providers of group prenatal care to LEP Latinas at JHBMC will be asked about the benefits and drawbacks of group prenatal care with their patient population, as well as topics perceived to be of relevance to the patient population based on their experience with group prenatal care and discussions that emerged during the course of the facilitated groups. (4) Obstetric group visit patients (3 focus groups) LEP Latina patients who have participated in at least 3 group prenatal visits will be invited to participate in focus groups exploring the aforementioned topics. The experience of discussing psychosocial issues, including maternal depressive symptoms, in the group visit format will be emphasized. RESULTS/ANTICIPATED RESULTS: One focus group with obstetric providers and has thus far been conducted. Obstetric providers reported that patients were very open in discussing prior experiences with postpartum depression, and discussed feelings of loneliness with their peers in this setting. Anxiety was also frequently discussed. History of domestic violence was discussed more frequently than current domestic violence. DISCUSSION/SIGNIFICANCE OF IMPACT: Group visits may represent an opportunity to more effectively address psychosocial concerns in Latinas. Work needs to be done to understand which topics are most effectively and appropriately addressed in the group Versus individual format.

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Culture meets person-centered care: An empirical study of mental health and care planning among Latinx and Asian communities

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OBJECTIVES/SPECIFIC AIMS: This poster will present preliminary results from a study examining whether person-centered care planning—a new innovation in community mental health care—responds to the culture of, and helps reduce health disparities among, Latinx and Asian populations. METHODS/STUDY POPULATION: The study was funded by an NIMH/NIH Administrative Supplement for Minority Health and Mental Health Disparities Research and approved by the Institutional Review Board of the authors' university. Participants included 26 mental health clients and 12 mental health providers of diverse backgrounds. The study employed empirical qualitative methods to explore client understandings of mental health, client experiences of culture and discrimination, and the process of care engagement and care planning from both client and provider perspectives. The analysis team itself included people of Latinx and Asian background, as well as a person with lived experience of mental health recovery. RESULTS/ANTICIPATED RESULTS: We anticipate that the results will show ways in which person-centered care successfully incorporates clients' goals, but that there will also be evidence of ways in which the clinical encounter struggles to incorporate more social, collective, and cultural values and approaches. DISCUSSION/SIGNIFICANCE OF IMPACT: The poster will present up-to-date findings on this project, which speaks to pressing issues of health equity and community engagement for 2 of the fastest growing populations in the country.

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Current efforts to increase adolescent human papillomavirus vaccination rates using school-based setting in Starr County, Texas

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OBJECTIVES/SPECIFIC AIMS: Improving human papillomavirus (HPV) vaccination rates ultimately decreases the morbidity and mortality of HPV-associated diseases. A school-based program was piloted in the Rio Grande City Consolidated Independent School District (RGCCISD) to increase HPV vaccination. METHODS/STUDY POPULATION: We assessed baseline HPV vaccination; surveyed 622 parents of eligible children aged ≥ 9 years; and piloted and developed a school-based HPV education and vaccination program in 1 middle school in 2017 and 4 additional middle schools in 2018. The parent survey included (1) demographic information, (2) an assessment of parental knowledge about the HPV vaccine, and (3) information about their children and HPV vaccine experience. Results of the parent survey and pilot program are in progress. RESULTS/ANTICIPATED RESULTS: As of 9/1/2016, 20.4% of the 7527 RGCCISD eligible students (≥ 9 years) had completed the HPV vaccine. Baseline completion rates were higher for RGCCISD students aged 12–14 years compared with students aged 9–11 and ≥ 15 years (28.4% vs. 16.5%). Baseline completion rates for RGCCISD adolescents were substantially lower than those reported in NIS-Teen and for Texas (42% females and 28% males for NIS-Teen vs. 41% and 24% for the state of Texas). DISCUSSION/SIGNIFICANCE OF IMPACT: Initial results show that engagement with key stakeholders is important and schools are a great venue for delivering and increasing HPV vaccination.

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Determining the prevalence and associated multilevel characteristics of undiagnosed diabetic retinopathy

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OBJECTIVES/SPECIFIC AIMS: Diabetic retinopathy is the leading cause of blindness in adults aged 25–64 years. The prevalence of diabetic retinopathy is projected to increase 4-fold by 2050. Racial and ethnic minorities have a higher prevalence and greater severity of diabetic retinopathy. Over 50% of racial and

ethnic minorities are not screened for diabetic retinopathy per guidelines. With timely diagnosis and sight-saving treatment, blindness from diabetic retinopathy is largely preventable. The objective of this study is to identify racial and ethnic disparities in the population that do not know they have diabetic retinopathy and to compare those disparities to those in the population that do know they have diabetic retinopathy. **METHODS/STUDY POPULATION:** Specifically, we have identified a nationally representative survey and clinical examination data to estimate the prevalence of undiagnosed diabetic retinopathy, to identify racial and ethnic disparities in that population, and to compare those disparities in the population with known diabetic retinopathy. We hypothesize that racial and ethnic disparities will be higher in the population with undiagnosed diabetic retinopathy in comparison to the population with known diabetic retinopathy. **RESULTS/ANTICIPATED RESULTS:** We hypothesize that racial and ethnic disparities will be higher in the population with undiagnosed diabetic retinopathy in comparison to the population with known diabetic retinopathy. The results of that analysis will instruct qualitative interviews that will advance the understanding of the factors that contribute to the decision whether to be screened for diabetic retinopathy. A decision tree will be created to categorize the hierarchy of barriers and facilitators. **DISCUSSION/SIGNIFICANCE OF IMPACT:** A better understanding of the population with undiagnosed diabetic retinopathy and the factors that influence the decision to get screened will help us not only to address disparities in diabetic retinopathy, but also to prevent blindness from retinopathy.

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Developing a conceptual model of healthcare access for adolescent Latinas in the US South

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OBJECTIVES/SPECIFIC AIMS: Alabama (AL) experienced a 145% increase in its Latino population between 2000 and 2010; making it the state with the second fastest growing Latino population in the United States (US) during that time. Adolescent Latinas in the United States and in AL are disproportionately affected by sexual health disparities as evidenced by the disproportionate burden of HIV, STIs and early pregnancy compared with their non-Hispanic, White counterparts. In 2011, Alabama passed 1 of the harshest anti-immigration laws in the nation. Following the passing of this law, county health department visits among Latino adults decreased by 25% for STIs and 13% for family planning. Empirical data with adult Latinas in the Southeast suggest significant barriers to sexual healthcare access. However, to our knowledge, no other researchers have examined barriers and facilitators to sexual healthcare access for this subpopulation. Therefore, the goal of this 3-phase study is to: (a) better understand the factors underlying sexual health disparities and gaps in healthcare access among adolescent Latinas; (b) develop a conceptual model based on these data and the extant literature summarizing the theorized pathways through which factors at differing levels of the socioecological model of health (SEMH) impact sexual healthcare access for this group; and (c) develop community-driven, theory-based, culturally-relevant, multilevel intervention strategies to reduce sexual health disparities and increase sexual healthcare access for adolescent Latinas through a community-engaged, intervention mapping process. Community based participatory research (CBPR), which ensures equitable participation of stakeholder groups through partnerships, and the SEMH, which conceptualizes the individual as nested within a set of social structures, provide the philosophical and theoretical frameworks for the work. **METHODS/STUDY POPULATION:** From January of 2017 to December of 2017 we completed phase I of the study: conducting and analyzing 20 semi-structured qualitative interviews with adolescents who: self-identified as Latina, were between 15 and 20 years of age, had been in the United States for over 5 years, and lived in one of the counties of West AL and 15 semi-structured qualitative interviews with key stakeholders (healthcare providers, parents, policy makers, etc.) who regularly work with Latina adolescents. Interview participants were recruited through purposeful-convenience sampling. Two bilingual (in English and Spanish) coders used an iterative process (between independent coding and consensus building) to analyze the data using NVivo 11. Phase 2 of the study is currently underway: constructing a conceptual model on sexual healthcare access for young Latinas in Alabama. We have utilized an iterative process between qualitative interview data collected in phase I and review of the extant literature to draft a conceptual model of healthcare access among adolescent Latinas in the US South. This model will serve as the foundation of future studies including the development of intervention strategies through a CBPR process (phase 3), to commence in January 2018. **RESULTS/ANTICIPATED RESULTS:** PHASE I: Several barriers and facilitators to sexual healthcare access emerged from the semi-structured qualitative

research interviews with young women. These included: (1) parental approval/disapproval and embarrassment (“pena”); (2) structural barriers/facilitators to care (e.g., lack of transportation, flexible clinic hours); and (3) negative/positive experiences with providers (e.g., perceived discrimination based on immigrant status). Key stakeholders identified the following barriers and facilitators to sexual healthcare access for adolescent Latinas in their interviews: (1) language barriers/need for interpreters and outreach workers to work with young Latina women; (2) need for better sexual health education across the state; (3) lack of knowledge among young women and their parents about institutions in general and sexual healthcare, in specific; and (4) perceived lack of “deservingness” and discrimination from providers/“not my patients” phenomenon. **PHASE 2:** This presentation will summarize the development of our conceptual model (see drafts attached). For ease of interpretation, we have created 2 sub-models (centering gender and immigration, respectively) which summarize theorized pathways through which policy, community, organizational, and family-level factors influence young Latina women’s access to sexual healthcare services. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The proposed research is significant because: (1) the state of AL experienced a dramatic increase in its Latino/a population over the last 15 years and adolescent Latinas in AL are disproportionately affected by sexual health disparities; (2) to our knowledge, this is the only study to examine the multilevel factors associated with sexual healthcare access for adolescent Latinas in the South and inform intervention strategies to promote sexual healthcare access in this population; (3) the work is being conducted under the philosophical lens of CBPR such that community members are involved in every step of the research process, resulting in culturally relevant and youth-specific intervention strategies.

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Developing a cultural adaptation of a telephone genetic counseling intervention for Latina women at-risk of hereditary breast and ovarian cancer

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OBJECTIVES/SPECIFIC AIMS: The overall goal of this project is to enhance the use of GCRA in Latina breast cancer survivors at high risk of hereditary breast and ovarian cancer to reduce disparities in GCRA uptake. The aims of the study are to (1) develop a cultural adaptation of an evidence-based TGC intervention that consists of phone genetic counseling and a booklet, (2) evaluate the impact of TGC Versus Usual Care, and (3) explore the communication patterns in TGC and genetic counseling sessions with an interpreter. **METHODS/STUDY POPULATION:** We are conducting a 2-phase, mixed methods study. In Phase I we will develop a cultural adaption of an evidence-based intervention (TGC) for high-risk Latina breast cancer survivors using the Learner Verification and Revision Framework (n = 15). In Phase II we will use a cluster randomized design with four community sites randomized to Spanish TGC (n = 2 sites) or usual care (n = 2 sites) (n = 60; 15 per site). The primary outcome is genetic counseling uptake. Among women who receive genetic counseling either through TGC (n ~ 30) or with an interpreter (n ~ 15), we will assess counseling quality by reviewing 20 randomly selected audiotaped sessions (10 TGC; 10 interpreters). We will evaluate women’s HBOC knowledge and satisfaction with counseling. Communication processes and outcomes will be assessed using gold standard RIAS quantitative coding system and qualitative discourse analysis. **RESULTS/ANTICIPATED RESULTS:** We elicited input from transdisciplinary team members to develop an initial adaptation of a TGC print booklet and intervention protocol for use with high-risk Latina breast cancer survivors with limited English proficiency. The booklet contains low-literacy information about HBOC, risk factors, pros and cons of testing, and management strategies. Based on these materials and prior work, we anticipate TGC will consist of one 1 hour or less TGC session by phone. Participants interested in pursuing testing will receive a saliva kit and will participate in a second TGC session (30 min) to discuss test results and management options. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Given access barriers and the shortage of Spanish-speaking genetic counselors, adapting and translating TGC intervention is a promising strategy that could reduce disparities by broadening the reach and accessibility to genetic counseling while enhancing the quality of the service for Latinas with limited English proficiency.