

selecting Web site content, images, and colors. Using this feedback, the TRI Recruitment Unit (RU), in conjunction with UAMS Communications and the Center for Health Literacy, developed the materials and crafted comprehensive communication and recruitment strategies. The UAMS Center for Pacific Islander Health, Hispanic faculty, and CAB members translated materials. UAMS IT programmed the user-friendly site to allow registration from smartphones and i-Pads and linked to UAMS patient electronic health messages. RESULTS/ANTICIPATED RESULTS: The RU committee implemented successful innovative strategies, including recruiting at the Arkansas State Fair and ballgames, attended by people of all races, ages, and socio-economic levels. Using i-Pads at the sites, recruitment took <5 minutes/registrant. Within 8 months, >2400 participants from across Arkansas had joined the registry: 14% African-Americans, 8% Pacific Islanders, 5% Hispanic, and 3% Native American. DISCUSSION/SIGNIFICANCE OF IMPACT: Involving CAB multi-disciplinary input to design and implement recruitment materials was highly successful. Despite challenges of recruiting under-represented groups, the registry includes 30% minorities. By tracking registrants' demographics with Lime Survey software, the RU will prioritize future recruitment events to maximize diversity of registrants.

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Are atrial fibrillation patient-reported outcomes associated with person and environment characteristics?

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OBJECTIVES/SPECIFIC AIMS: (1) Determine person (sex, age, education level), environment (marital status, living alone, insurance), and health and illness (BMI, type of AF, comorbidities) characteristics that are associated with outcomes (QOL, symptom severity, and emotional and functional status). (2) Determine the association of symptom management strategies (ablation, cardioversion, and rate and rhythm control medications) and outcomes (QOL, symptom severity, and emotional and functional status). (3) Test person (sex, age, and education level) and environment (marital status, living alone, insurance) characteristics as moderators of the effect of symptom management strategies (ablation, cardioversion, and rate and rhythm control medications) on outcomes (QOL, symptom severity, and emotional and functional status). METHODS/STUDY POPULATION: AF patients (≥ 18 years of age) already enrolled in the PaTH study will be included. To date, 1026 total participants have been enrolled. Based on the enrolled participants, 92% (945) of our study population are Caucasian and 36% (362) are female. The age range of the enrolled participants is: 2% (16) 18–39, 4% (42) 40–49, 11% (108) 50–59, 33% (343) 60–69, 34% (353) 70–79, and 16% (162) 80+. Participants are recruited through in-person, email, phone, patient portal messaging and post mail techniques to ensure a representative sample. The PaTH study integrates electronic health record and insurance claims data with patient-reported outcome measures collected through online surveys. RESULTS/ANTICIPATED RESULTS: We hypothesize that sex, older age, low education level, living alone, absence of partner, absence of insurance coverage, high BMI, and a high number of comorbidities will be associated with lower QOL, high symptom severity, and low emotional and functional status. We further hypothesize that symptom management strategies will be associated with higher QOL, low symptom severity, and high emotional and functional status, and that these associations will be moderated by person and environment characteristics. DISCUSSION/SIGNIFICANCE OF IMPACT: The proposed research is an important first step in determining potential causes of person and environment differences in symptom severity. It will lead to tailored symptom management interventions for individuals most at risk for experiencing high symptom severity.

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Prevalence, associated characteristics, and diagnostic and treatment process experiences of women seeking emergency department care after being strangled: A mixed methods study

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OBJECTIVES/SPECIFIC AIMS: Aim 1—estimate prevalence and associated characteristics of nonfatal, non-self-inflicted strangulation among women ages 18 and older who presented to a US emergency department between 2006 and 2013. Aim 2—explore care-seeking behaviors, the context of the care seeking, treatment expectations and perceived diagnosis in a sample of women ages 18 and older who present to a US emergency department and report being strangled by an intimate partner. Aim 3—merge and synthesize findings from

both the quantitative and qualitative strands to provide a more complete understanding of post-strangulation emergency care of women. METHODS/STUDY POPULATION: This mixed-methods study will use a convergent parallel design, with a single phase of concurrent and independent data collection. Analysis of quantitative and qualitative data will be performed separately then compared, with main findings integrated during the interpretation phase and presented in a merged data analysis display. IRB review and approval will be obtained before initiating this study. Aim 1 will include a cross-sectional analysis of 2006–2013 Nationwide Emergency Department Sample (NEDS) data, from the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP). NEDS is the US's largest all-payer emergency department (ED) database, providing national estimates of hospital-based ED visits from ~120 to 135 million ED visits/year (weighted). For this study, we will examine data from patients meeting inclusion criteria with an International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM; Medicode, 1996) code of strangulation. For this strand, females aged 18 years or older who presented to a US emergency department between 2006 and 2013 will be included. The outcome variable will be non-fatal, non-self-inflicted strangulation, defined using at least one of the ICD-9-CM codes for strangulation. These codes are: 994.7 ("asphyxiation and strangulation"), E963 ("assault by hanging and strangulation"), E983.8 ("strangulation or suffocation by other specified means undetermined whether accidentally or purposely inflicted"), and E983.9 ("strangulation or suffocation by unspecified means undetermined whether accidentally or purposely inflicted"). Patients with a concurrent ICD-9-CM code for suicide attempt (E953, "Suicide and self-inflicted injury by hanging, strangulation and suffocation") will be excluded, to minimize self-inflicted assault events. Aim 2 will employ a narrative descriptive approach, with semistructured individual interviews to gather more information about women's experiences when engaging the health care system after being strangled. Medical records related to the strangulation event will also be reviewed for diagnostic codes and other nursing and/or medical notes that may relate to diagnoses, treatment and referrals. For this strand, women aged 18 years or older who present for care to an urban, academic ED will be recruited, purposely sampling those reporting strangulation as a reason for their visit. We anticipate interviewing ~20–30 women to achieve saturation of information. RESULTS/ANTICIPATED RESULTS: Data from the NEDS from 2006 to 2013 will be analyzed for prevalence and associated characteristics of women seeking care after being strangled. Individual interviews and medical record reviews of a small sample of adult women will be conducted to explore women's in-depth experiences within the health care system. Results from both the quantitative and qualitative analyses will then be collectively compared and interpreted to better synthesize the evidence from this work. Convergent and divergent findings will be presented in a merged data analysis display (Creswell and Plano Clark, 2011). Qualitative data will be used to fill the knowledge gap remaining from the quantitative analysis, and to explain and contextualize some of the findings. Such integration will help expand the current limited evidence on care of strangled women, and will identify additional research questions that will guide future research in this area. DISCUSSION/SIGNIFICANCE OF IMPACT: To our knowledge, this study will be the first to explore this issue using a nationally representative sample of adult women who sought emergency medical care for strangulation analyzed in conjunction with a detailed qualitative analysis of strangled women's experiences with the health care system. The resulting knowledge will be critical to informing clinical assessment, intervention and prevention efforts for this vulnerable population, as well as public policy and future research regarding this specific violence tactic.

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Better Together Lebanon County: A collaboration to improve the health environment and reduce obesity through community-owned initiatives

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OBJECTIVES/SPECIFIC AIMS: Improving public health requires effective community-engaged approaches. The Better Together Lebanon County initiative plans to create opportunities for improved health and quality of life by aligning strategies of local organizations, previously working independently. METHODS/STUDY POPULATION: Better Together began with a 1-day summit, convening stakeholders with the goal of coordinating efforts and maximizing resources in the Lebanon community. Key stakeholders were identified using the socioecological model to assist with planning, goal setting, and developing outcomes for this initiative. Representation included community members, hospital systems, restaurants, school administrators, nonprofit organizations (including YMCA, American Heart Association), grocery stores and policy makers such as the mayor, health departments, and state representatives. RESULTS/ANTICIPATED RESULTS: The Better Together