

We identified five priority topics: construction site emissions; noise; outdoor nocturnal lighting; neighborhood changes; and relocation. Long-term construction is associated with environmental and psychosocial consequences with greater negative impacts on vulnerable populations. Current NYC mitigation policies are based on general population and need revisions to consider impacts for the most vulnerable, e.g. older adults and children, to mitigate adverse health outcomes. Findings were shared with City Council members and resulted in enacting specific recommended mitigation strategies, e.g. double paned windows, etc. Seniors are highly susceptible to the effects of air pollution, noise, and environmental changes, with exposure associated with higher morbidity, mortality, and social isolation. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Long-term construction may pose serious health implications for seniors residing near construction sites. Standards and guidelines for the general population may not protect them. Community-driven coalitions, like community-academic partnerships, can successfully advance community priorities and inform strategies to protect the elderly.

21771

HIV Prevention among HIV-Negative Latino Males: Identifying Sociocultural Factors Associated with Pre-exposure Prophylaxis

Juan Pablo Zapata and Ed de St. Aubin PhD
Marquette University

ABSTRACT IMPACT: The broad goal of this investigation is to inform the development of culturally sensitive HIV prevention strategies to reduce specific challenges pertaining to PrEP uptake and utilization for Latino men. **OBJECTIVES/GOALS:** HIV is a significant public health concern affecting Latinos in the U.S. Daily use of pre-exposure prophylaxis (PrEP) effectively prevents HIV infection and has the potential to curb HIV epidemics. The objective of this study is to examine how sociocultural variables impact PrEP-related services among HIV-negative Latinxs. **METHODS/STUDY POPULATION:** The current study is a mixed-method investigation. Participants will include Latinx adult patients seeking services at an HIV community clinic. Approximately 150 participants will be recruited for the study. Participants who are eligible will complete sociocultural, mental health and PrEP-related measures. For the applied aim, community stakeholders will be recruited who serve the Latinx community. Upon completion of data collection, the data analytic plan is as follows: Aim 1, to establish the relationship between each sociocultural variable and PrEP uptake/utilization, preliminary analyses (i.e., correlations and regression analyses considering co-variables) will be conducted. Aim 2, grounded theory techniques will be conducted to establish community-informed practices to increase the use of PrEP. **RESULTS/ANTICIPATED RESULTS:** Relatively little is known about cultural factors that may impede PrEP uptake among Latinx MSM. Several researchers have identified specific factors such as language, acculturation, familismo, and similar cultural norms as significant barriers to care (Page et al., 2017). It is expected that each of these variables will contribute significant variance to willingness to use PrEP. Specifically, negative relationships are expected between fatalism and machismo and lower stages on the PrEP Contemplation Ladder. Comparably, a negative relationship is expected between the Hispanic acculturation subscale and lower stages on the PrEP Contemplation Ladder. It is however, hypothesized that there will be a positive relationship between familism and the non-Hispanic acculturation sub-scale. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Despite important advances in

health to prevent HIV infection, HIV rates among Latinx MSM continue to rise. This investigation will have the potential to inform the development of culturally sensitive prevention strategies. By collecting qualitative data from key community stakeholders, this project will also directly inform a CBPR prevention.

22533

Marshalllese Mothers' and Maternal Health Care Providers' Perspectives of the Structural and Socio-Cultural Barriers to Prenatal Care: A Comparison Article

Britni Ayers, Lauren Haggard-Duff, Pearl McElfish
University of Arkansas for Medical Sciences Northwest

ABSTRACT IMPACT: This study will be used to culturally tailor interventions to reduce maternal and infant health disparities in a Marshalllese community. **OBJECTIVES/GOALS:** Inadequate prenatal care is associated with adverse birth outcomes including preterm births, low birth weight infants, and neonatal mortality. Marshalllese Pacific Islanders are less likely to receive early and consistent prenatal care compared to other racial/ethnic groups and are thus at a higher risk for maternal and infant health disparities. **METHODS/STUDY POPULATION:** This article used a qualitative comparative analysis method to compare and contrast the perceived barriers to prenatal care for the prospective of Marshalllese mothers and Maternal Health Care Providers (MHCPs). **RESULTS/ANTICIPATED RESULTS:** Marshalllese mothers and MHCPs identified the same structural barriers to prenatal care: health insurance, transportation, and language. The socio-cultural barriers to prenatal care were depicted quite differently by Marshalllese mothers versus MHCPs. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** While the description of structural barriers were consistent among Marshalllese mothers and MHCPs, the socio-cultural barriers and the value assigned to those barriers was quite different. Understanding the perspectives from both lenses is an important step towards addressing the barriers to prenatal care among Marshalllese.

30004

Examining Opioid Technical Assistance (TA) Requests for Hard-to-Reach Populations

Holly Hagle¹, Michael Knabel¹, Michele Baker¹, Laurie Krom¹, Aimee Campbell², Frances Levin² and Kathryn Cates-Wessel³

¹University of Missouri - Kansas City (UMKC), ²Columbia University and ³American Academy of Addiction Psychiatry (AAAP)

ABSTRACT IMPACT: Analyzing the types of technical assistance (basic, targeted or intensive) provided by the Opioid Response Network (ORN) to unique and hard-to-reach populations (UHRP) informs addiction health services and translational research by identifying technical assistance needs in these populations which may require a higher level of intensity. **OBJECTIVES/GOALS:** To improve ORN dissemination and implementation efforts, the project classifies TA requests into one of three categories: basic, targeted, and intensive. This TA Framework assists the ORN project team in understanding the level of TA required in the delivery of evidence-based practices to address opioids with communities with respect to UHRP. **METHODS/STUDY POPULATION:** TA requests from April 1, 2019, to April 1, 2020, were selected. The ORN classifies TA requests in one of three categories: basic (dissemination & brief consultation), targeted (services to enhance readiness and capacity), and intensive (full incorporation of innovation considering context,

culture, and linguistics) (Fixsen, et. al., 2009; Becker, et al., 2020). Unique and hard-to-reach populations (UHRP) are defined based on physical location (i.e., remote or isolated), social position, or other vulnerabilities (i.e. member of an ethnic or racial minority group) (Thurman, & Harrison, 2020). ORN classifies 26 types of UHRP these types are not mutually exclusive. A frequency analysis of the UHRP types was conducted. Bivariate correlations between UHRP types that had a minimum of 30 cases were performed. RESULTS/ANTICIPATED RESULTS: Among 746 TA requests selected, 226 had missing information about UHRP types and 29 had missing information TA levels. These requests were excluded from the frequency analysis. The three most common UHRP types were people living in rural or remote areas (n=262, 50%), people who are uninsured or underinsured (n=162, 31%), and people who inject drugs (n=158, 30%). Most TA requests were targeted (69%), 23% were intensive, and 9% were basic. Bivariate correlations were performed between 21 UHRP types. Moderate (Pearson's $r=0.4-0.6$) or strong correlations ($r>0.6$) were found for 11 occurrences for the UHRP type of 'LGBT', 8 for 'Mental Illness', and 7 for 'Veterans'. Strong correlations were found between 'Justice Involved' and 'Incarcerated' ($r=0.645$), and between 'Disabilities' and 'Chronic Pain' ($r=0.603$). DISCUSSION/SIGNIFICANCE OF FINDINGS: There were more TA requests at targeted and intensive levels than basic levels suggesting the need for services to enhance readiness and build capacity. The moderate/strong correlations indicate that UHRP types were likely to coexist with other types. Future research can explore combining UHRP types that have moderate/strong correlations.

33392

Investigating the relationship between placement instability, mental health, behavioral and justice-related outcomes among sex-trafficked youth

Mekeila Cook¹, Megan Rainock² and Breanna Thomas³

¹Meharry Medical College, ²Vanderbilt University and ³Indiana University

ABSTRACT IMPACT: This public health work contributes to the development and implementation of best practices for working with sex trafficked youth who experience placement instability and justice involvement. OBJECTIVES/GOALS: Youth removed from their home into foster care or a group home (i.e., placement instability) are vulnerable to sex trafficking. This study examines whether placement instability predicts mental health, behavioral and justice-related outcomes among sex-trafficked girls. METHODS/STUDY POPULATION: Placement instability occurs when children are temporarily or permanently removed from their home and placed in foster care or a group home. Domestic minor sex trafficking is exploitation and abuse of children for commercial sexual purposes in exchange for money or other goods/services. We hypothesize that sex trafficked girls who experience placement instability will report more mental health challenges, substance use, abuse history and justice involvement than those without placement instability. Data came from participant files in a specialty court program from 2012-2014 (N=184). Multiple sources contribute to the information contained court files; all data extracted by the research team come solely from the court files. Descriptive, bivariate, and logistic regression analyses were performed. RESULTS/ANTICIPATED RESULTS: All participants were (cis)/female, 74% were African American, 96% US citizens, with average age of 16 years. Three-quarters of participants had a documented mental health challenge,

such as depression and 88% reported substance use. Eighty-one percent of participants had been in a placement, with a group average of 4.5 placements. Girls with placement instability reported more mental health challenges ($p<.001$), substance use ($p<.001$), abuse ($p<.001$), running away ($p<.001$) and bench warrants ($p<.001$) than girls without placement instability. Logistic regression estimated housing instability was positively associated with mental health challenge, substance use, running away, number of bench warrants, and number of citations. DISCUSSION/SIGNIFICANCE OF FINDINGS: Among girls who have been trafficked, placement instability places them at greater risk for personal and behavioral challenges, including increased justice involvement. Comprehensive trauma-informed services should be provided to the family to help mitigate issues in the home.

41538

Characterizing Opioid Overdose Hotspots for Targeted Overdose Prevention and Treatment

Elizabeth A. Samuels, MD, MPH, MHS¹, William Goedel, PhD², Lauren Conkey, MPH³, Jennifer Koziol, MPH³, Sarah Karim³, Rachel P. Scagos, MPH³, Lee Ann Jordison Keeler¹, MSW, Rachel Yorlets², MPH, Neha Reddy⁴, MPH, Sara Becker, PhD², Roland Merchant⁵, MD PhD and Brandon D. L. Marshall², PhD

¹Brown Emergency Medicine, ²Brown University School of Public Health, ³Rhode Island Department of Health, ⁴Warren Alpert Medical School of Brown University and ⁵Brigham and Women's Hospital

ABSTRACT IMPACT: Identifying factors associated with opioid overdoses will enable better resource allocation in communities most impacted by the overdose epidemic. OBJECTIVES/GOALS: Opioid overdoses often occur in hotspots identified by geographic and temporal trends. This study uses principles of community engaged research to identify neighborhood and community-level factors associated with opioid overdose within overdose hotspots which can be targets for novel intervention design. METHODS/STUDY POPULATION: We conducted an environmental scan in three overdose hotspots "two in an urban center and one in a small city" identified by the Rhode Island Department of Health as having the highest opioid overdose burden in Rhode Island. We engaged hotspot community stakeholders to identify neighborhood factors to map within each hotspot. Locations of addiction treatment, public transportation, harm reduction programs, public facilities (i.e., libraries, parks), first responders, and social services agencies were converted to latitude and longitude and mapped in ArcGIS. Using Esri Service Areas, we will evaluate the service areas of stationary services. We will overlay overdose events and use logistic regression identify neighborhood factors associated with overdose by comparing hotspot and non-hotspot neighborhoods. RESULTS/ANTICIPATED RESULTS: We anticipate that there will be differing neighborhood characteristics associated with overdose events in the densely populated urban area and those in the smaller city. The urban area hotspots will have overlapping social services, addiction treatment, and transportation service areas, while the small city will have fewer community resources without overlapping service areas and reduced public transportation access. We anticipate that overdoses will occur during times of the day when services are not available. Overall, overdose hotspots will be associated with increased census block level unemployment, homelessness, vacant housing, and low food security. DISCUSSION/SIGNIFICANCE OF FINDINGS: Identifying factors associated with opioid overdoses will enable better resource