

their own providers, and that there are an array of problems that could be targeted. Intervening with parents of young children has the potential to affect multiple child outcomes. A group intervention may target poor social support, though this format is not universally preferred. Next steps for this project include assessing the acceptability of and preference for various content components (ie, depression, parenting stress, legal issues) and linking parent data with child data (including developmental screening results, weight, feeding problems, and behavior problems).

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Community engagement in clinical and translational research: A framework for research institutions

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OBJECTIVES/SPECIFIC AIMS: Community engagement is a commonly used term, but is complex in both meaning and application. In order to help academic institutions and administrators develop infrastructure to promote and support community engagement and to help investigators work productively with communities, this analysis discusses the major components of community engagement in research on both the institutional and individual project levels as well as the interplay between them. **METHODS/STUDY POPULATION:** A literature synthesis conducted by a community engagement in research committee at 1 CTSA institution that examined the myriad factors related to effective community engagement in research identified across multiple disciplines was used to distill the major factors identified, assesses the interplay of the identified factors, and produce a conceptual model to help administrators and investigators apply best practices in engaging communities in clinical and translational research. **RESULTS/ANTICIPATED RESULTS:** This work takes a concept—community engagement in research—that is often stated and discussed, but is highly complex and challenging to implement—and identifies and discusses the multiple, interrelated factors germane to it. The model illustrates that while community engagement in research is implemented in the context of individual projects, a deep and continual interplay between individual projects and the goals, capacity, and policies of research institutions is needed for rigorous, ethical, and effective community engagement. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Results are presented through a conceptual framework which displays the major components needed for rigorous, ethical, and effective community engagement in clinical and translational research. In addition, the conceptual framework presented will provide assistance to those developing approaches to measure and evaluate institutional readiness for community engagement in research as well as the effectiveness of individual community engagement efforts.

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Examination of barriers and facilitators to sexual healthcare access among adolescent Latinas in Alabama

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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 US 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. 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 purpose of this study is to examine adolescent Latinas' sexual healthcare needs through in-depth qualitative interviews. These qualitative interviews (phase 1 of a 3-phase study) will inform the development of community-driven, theory-based, culturally-relevant, multi-level intervention strategies to reduce sexual health disparities and increase sexual healthcare access for this group. Community-based participatory research (CBPR), which ensures equitable participation of stakeholder groups through partnerships, and the socioecological model of health, which conceptualizes the individual as nested within a set of social structures, provide the philosophical and theoretical frameworks for the work. **METHODS/STUDY POPULATION:** Between January and March of 2017, we will conduct 30 qualitative interviews with eligible adolescents who: self-identify as Latina, are between 15 and 19 years old, have been in the US for over 5 years, and live west AL. We will use venue-

based, purposeful convenience sampling to recruit participants. We will manage and analyze the data with the qualitative software NVivo 10. We will use a multi-step, consensus-based process to code and analyze the interviews in the language in which they were conducted (ie, Spanish or English). We will maintain detailed audit trails during the analysis process and seek an inter-rater reliability of 0.85. **RESULTS/ANTICIPATED RESULTS:** We expect to identify barriers and facilitators to sexual healthcare services at distinct levels of the socioecological model of health. Study results and implications for practice in clinical settings will be discussed in detail. **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 will be the first study to examine the multi-level 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 will be conducted under the philosophical lens of CBPR such that community members will be involved in every step of the research process, resulting in culturally relevant intervention strategies.

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How interruptions affect the triage process in the emergency department

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OBJECTIVES/SPECIFIC AIMS: The aim of this study was to determine how interruptions affect the triage process. **METHODS/STUDY POPULATION:** Prospective, observational study, where 118 triage interviews were observed. **RESULTS/ANTICIPATED RESULTS:** In total, 57% of triage interviews were interrupted. The most common interruption was by other nurses; however, 7% of the interruptions were by the triage nurse themselves. When an interruption occurred during the triage process, 67% of the time the triage nurse would stop the triage assessment and attend to the interrupter. In the interrupted interviews, 17% of the entire triage time was dedicated to addressing interruptions. Some interruptions (ie, additionally staff entering to conduct ECG) had a positive impact by expediting care during the triage process; where other interruptions delayed patient care. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Interruptions increased the total triage time and contributed to patient treatment delays, as well as led to errors in nursing assessment. Understanding the classifications of triage interruptions and the impact on patient outcomes will allow researchers to develop interventions to mitigate the impact of these interruptions.

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Development of a Pediatric Hydrocephalus Severity Index to predict long-term clinical outcomes

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OBJECTIVES/SPECIFIC AIMS: To create a composite index, referred to as the Pediatric Hydrocephalus Severity Index (PHSI), to classify the severity of disease at baseline and predict outcomes among children treated for hydrocephalus. **METHODS/STUDY POPULATION:** The Hydrocephalus Outcome Questionnaire will be administered in person or online to the parents of 150 patients between the ages of 5 and 18 years who are followed at the Neurosurgery Clinic at St. Louis Children's Hospital for hydrocephalus. Patients must have been diagnosed and treated for hydrocephalus at least 6 months prior to the survey date. Potential participants are excluded if their health status changed during the 4 weeks prior to survey date, as determined by the child's parents. Potential risk factors (see anticipated results) will be identified on retrospective medical record review. We will create a clinical prediction rule, called the PHSI, to stratify patients on likelihood of experiencing a poor long-term outcome after surgical treatment. Participants will be classified as "good" or "poor" outcome based on thresholds set for questionnaire results. We will use a combination of bivariate analysis and clinical reasoning to restrict the number of factors for further analysis, and multivariate logistic regression to build a predictive model for poor outcome. Creation of the PHSI will involve assigning integer values to adjusted odds ratios for significant risk factors at a 95% confidence level. **RESULTS/ANTICIPATED RESULTS:** Risk factors that we anticipate will be predictive of long-term clinical outcome include signs and symptoms at onset (bulging fontanel, splayed sutures, papilledema, up-gaze palsy, headache, vomiting, lethargy), head circumference above the 97th percentile, frontal-occipital horn ratio greater than 0.4, etiology of meningitis or neonatal intraventricular hemorrhage, central nervous system comorbidities (seizures, Chiari malformation, scoliosis, periventricular leukomalacia), pre-operative infection or sepsis, and frequent shunt revisions or infections. We