The Flint Community's Action Plan to Rebuild Trust and Encourage Resiliency During the Post Water Crisis Phase

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OBJECTIVES/SPECIFIC AIMS: o To review the community's recommendations on how to rebuild trust in the Flint community. o To review effective community engagement strategies utilized with the Flint Special Projects for project conceptualization, participant recruitment, data analysis, project oversight, and dissemination. METHODS/STUDY POPULATION: The study population includes nearly two hundred residents representing seniors, youth and diverse ethnicities recruited to participate in eleven focus group meetings. The population also represents the general public who attended informational meetings in Flint, Michigan to learn about the crisis and allow residents to voice their opinions and concerns during the onset of the crisis. The project is a mixed methods community based participatory research effort that utilized community decision making in all phases of the effort such as pre-conception, implementation, dissemination and advocacy to encourage the community's recommendations are adopted at policy and institutional responsiveness levels. It includes three community engaged research efforts: (project 1) A qualitative analysis of community sentiment provided during 17 recorded legislative, media and community events, and (projects 2-3) two mixed methods efforts utilizing purposive sampling of stakeholders whose voice may not have been heard. RESULTS/ANTICIPATED RESULTS: The project presents a qualitative analysis of the community's voice during the onset of the man-made disaster when the community first became aware of the emergency manager's plans to switch the water source. It also reflects current perspectives of community voice since the projects are scheduled to end late February 2019. Findings from a trust measure administered to nearly two hundred residents will be presented, along with a qualitative analysis of focus group findings among segments of the population (seniors, youth, and diverse ethnicities) who may have been left out of narratives on the water crisis. Finally, the project will compare empowerment and resiliency approaches being utilized in Flint, Michigan to recover from the disaster with other approaches grounded in literature and theory. DISCUSSION/SIGNIFICANCE OF IMPACT: Communities of color often experience social determinants of health which negatively impact their health, well-being and human rights. Some Flint citizens are experiencing negative health consequences (i.e., rashes, brain and behavioral sequelle, fertility, etc.) as a result of the disaster, and are uncertain of health outcomes in the future. This is the first project to rigorously document and analyze levels of trust and mistrust in the city of Flint since the water disaster occurred. The qualitative research will guide future clinical research that will benefit this traumatized community experiencing high levels of mistrust (i.e., government, elected officials, etc.). The community engaged methodology involved residents and study participants in all phases of the project including project oversight, validating and analyzing data, and dissemination. This methodology will contribute to existing literature and theory on community based participatory research, community engaged research, team science and citizen science. The approaches empowered a call to action among residents, for example, seniors who attended two senior focus group sessions shared "they are hopeful and have a purpose," resulting in the creation of a council (with officers) at their housing complex to advocate for the well-being of seniors during the recovery process. Recruitment methodologies were extremely successful due to resident level trust in community leaders and community partner organizations. Finally, the project's examination of approaches encouraging empowerment and resiliency will provide lessons learned for other communities challenged with crisis.

The Spectrum of Homelessness and Its Association with Maternal Morbidity

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OBJECTIVES/SPECIFIC AIMS: To examine maternal morbidity and its related social determinants among women experiencing homelessness during pregnancy. METHODS/STUDY POPULATION: This study will use an exploratory sequential mixed method design to explore and examine the structural, interpersonal and individual factors contributing to maternal morbidity among a convenience sample of 150 English speaking women experiencing homelessness during a pregnancy within the last 3 years in Baltimore. In the qualitative phase of the study, we will conduct semi-structured interviews with 15 women purposively sampled to refine the relationships between resilience, social determinants of health and multilevel factors that impact maternal morbidities. Factors of interest include prenatal care received, barriers and facilitators to receiving prenatal care, maternal morbidities, social support, and strategies used to manage their condition during this time. Using the findings from the qualitative phase, a quantitative survey will be developed to gather data on topics that emerged in the interviews. In addition, the Housing Instability Index will be used to measure the degree of homelessness as defined by the degree of housing instability in a 6-month period. Using the 25-item Connor-Davidson Resilience Scale, resilience levels among women in the sample will be assessed as a moderating factor in the examination of the relationship between a pregnant woman's homeless status and maternal morbidity. Descriptive statistics and logistical regression tests will be used to analyze these relationships while controlling for other structural, interpersonal, and individual factors that may be associated with maternal morbidity. RESULTS/ANTICIPATED RESULTS: Qualitatively we expect to gain insight into the relationship between the extrinsic and intrinsic factors impacting maternal morbidities and the health behaviors and practices used by women to manage their pregnancy while homeless. These findings will inform the quantitative survey development and help generalize the quantitative findings. We expect to identify the common morbidities in this population we anticipate that there will be differences in maternal morbidity among the different types of homelessness. Maternal morbidity will be higher among women with a greater degree of homelessness. Resilience will have a moderating effect on the relationship between homelessness and maternal

morbidity. DISCUSSION/SIGNIFICANCE OF IMPACT: This study, to our knowledge, is the first to look at maternal morbidity in this population. Additionally, this study seeks to move current research from examining infant outcomes at birth among mothers experiencing homelessness to understanding the maternal morbidities during this period. Long term, good maternal health has significant implications for the health of a mother's future pregnancies and a risk reduction of adverse chronic conditions. Study results will provide the preliminary knowledge needed to guide further research leading to clinical approaches that promote better maternal health in this population. Lastly, the study findings will inform policy by characterizing the quality and strength of evidence of the adverse maternal health effects associated with the experience of homelessness.

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Time to Diagnostic Resolution After an Abnormal Screening Mammogram: a Single-Center Experience in an Underserved Hospital

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OBJECTIVES/SPECIFIC AIMS: The study aims to identify patient and provider factors associated with delay in diagnostic resolution after an abnormal screening mammogram, with an emphasis on whether patients who spoke Chinese as their primary language sustained longer times to resolution. Primary outcome is to identify what proportion of patients achieve diagnostic resolution after abnormal screening mammogram within 90 days. Secondary outcome is to identify whether Chinese-speaking patients experience longer times to diagnostic resolution. METHODS/STUDY POPULATION: We performed a single-center retrospective cohort study at Tufts Medical Center (TMC), a tertiary care hospital that serves as the primary referral site for the Chinatown neighborhood in Boston. We included patients who underwent screening mammogram between 10/1/2015-9/30/2016 which was resulted as BIRADS-0 (non-diagnostic). Diagnostic resolution was defined as BIRADS-1, 2, or 3 imaging or definitive biopsy. We collected data on patient demographics (age, insurance plan, race/ethnicity, primary language, history of cancer), provider characteristics (referring provider location), and post-referral testing. Insurance was categorized as private-only or subsidized. Poverty was categorized using the American Fact Finder database, with a binary variable of <20% of ≥20% people in poverty for a given zip code. We performed descriptive statistics for all variables. We will perform multivariable Cox regression analyses to determine whether Chinese-speaking patients experience longer time to diagnostic resolution, adjusting for age, referring provider type, insurance status, poverty, and breast cancer history. We will use $p<0.05$ for our threshold for significance. RESULTS/ANTICIPATED RESULTS: We identified 386 patients who met inclusion criteria. Over half (55.9%) of patients were Caucasian, the mean age of study patients was 59 years, and 22% of patients were classified as poor. English was the most commonly spoken primary language (77.7%), while 15.3% of patients identified a Chinese dialect as their primary language. Most patients solely used private insurance for their medical care (73.1%). Majority of patients (83%) presented after undergoing a routine screening mammography, but a considerable proportion (14.4%) had prior breast cancer or a palpable mass. Most patients were referred for their screening mammogram by a hospital-based provider at TMC (85%), of which 77% of TMC referrals were from primary care. We also noted a limited number of referrals from community health centers, private practices and other PCP's (Table 1). We will calculate median time to diagnostic resolution after screening mammogram and the proportion of patients who achieve resolution within 90 days. We will also calculate time to initiation of diagnostic workup, and whether this differed among Chinese-speaking patients, subsidized patients, or among those who were referred from outside of TMC. We will complete Cox multivariable analysis to identify if Chinese-speaking patients experience longer time to diagnostic resolution, adjusting for age, insurance status, Primary care provider location, poverty, and prior history of breast cancer. We will a priori test for an interaction between primary care provider within Tufts and Chinese as primary language to identify if a PCP within TMC modifies the relationship between Chinese language and time to resolution. DISCUSSION/SIGNIFICANCE OF IMPACT: The proposed study will identify whether disparities exist in time to achieving diagnostic resolution. Specifically, we will identify if patients who are primarily Chinese-speaking experience longer time to resolution. Our results will potentially provide the foundation for a patient navigation program to attenuate existing disparities by providing additional support for Chinese speaking patients in breast imaging workup.

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Translating the complex medical jargon of opioid use disorder and medication assisted treatment into locally relevant messages in rural Colorado using Boot Camp Translation

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OBJECTIVES/SPECIFIC AIMS: Opioid use disorder (OUD) is a national epidemic and identified as a top priority by the practices and communities in rural Colorado. Until recently, few resources existed to address OUD in rural communities. In addition to training primary care and behavioral health practice teams in medication assisted treatment (MAT), Implementing Technology and Medication Assisted Treatment and Team Training and in Rural Colorado (IT MATTTRs Colorado) engaged local community members to alter the community conversation around OUD and treatment. For IT MATTTRs, the High Plains Research Network and the Colorado Research Network engaged community members in a 8-10 month process known as Boot Camp Translations (BCT) to translate medical information and jargon around OUD and MAT into concepts, messages, and materials that are meaningful and actionable to community members. The resulting community interventions are reported here. METHODS/STUDY POPULATION: IT MATTTRs conducted separate BCTs in Eastern Colorado and the south central San Luis Valley. Community partners included non-health professionals with diverse backgrounds, public health and primary care professionals, law enforcement, and others. The BCT process includes a comprehensive education on OUD and MAT and facilitated meetings and calls to develop messages and dissemination strategies. Each BCT lasted around 8-10 months. RESULTS/ANTICIPATED RESULTS: The BCT process elicited unique contextual ideas and constructs for messages, materials, and dissemination strategies. Themes common to