process:. Leveraging resources that will facilitate collecting generalizable data (national metrics) while allowing sites to continue collecting nuanced data (local programs and services). Gathering input from CE teams, stakeholders, and researchers to further refine these metrics and data collection methods. Utilizing REDCap, Tableau and other resources that can facilitate data collection and analysis efforts.

3298

Diabetes Prevalence in Rural and Urban Patients Seeking Care from the Veterans Health Administration (VHA): 2007-2012

Danira Medunjanin¹, Melanie L. Davis, Barbara Wojciechowski, Cheryl P. Lynch, Clara E. Dismuke, Brian Neelon, Neal Axon and Kelly J. Hunt

¹Medical University of South Carolina

OBJECTIVES/SPECIFIC AIMS: To examine rural-urban disparities in prevalence of diagnosed diabetes in veterans receiving care at the VA and to determine the extent to which demographic factors and obesity levels contribute to identified disparities. METHODS/ STUDY POPULATION: A retrospective serial cross-sectional analysis was employed. A stratified weighted random sample of veterans who received care at a VA facility was selected each year for 2007 through 2012. Rural Urban Commuting Area (RUCA) codes were based on resident zip code. Diabetes was defined by two or more primary or secondary ICD-9 codes for diabetes (250.xx) within a 12 month period. Data were analyzed using complex survey-specific procedures. RESULTS/ANTICIPATED RESULTS: Diabetes prevalence 2007-2012 was lowest in urban (20.5%-21.0%), followed by highly rural (21.1%-22.1%) and rural (22.3%-23.0%) areas with the prevalence being significantly higher on the insular islands (31.0%-32.4%). In 2012, 41% of urban, 43% of rural and highly rural and 30% of insular island veterans were obese. Relative to urban areas, the odds ratio for prevalent diabetes was 1.10 (95% CI: 1.08, 1.12) for rural veterans, 1.19 (95% CI: 1.16, 1.23) for insular island veterans, and 1.00 (95% CI: 0.98, 1.02) for highly rural veterans. DISCUSSION/SIGNIFICANCE OF IMPACT: Prevalence of diagnosed diabetes is high in veterans residing in rural, highly rural and urban areas, but markedly higher on the insular islands. Understanding the burden of disease and factors driving disparities provides information required to develop targeted interventions.

3015

Enhancing Outcomes in Childcare Settings for Young Children with Behavior Disorders: An Examination of Conscious Discipline Implementation

Sufna Gheyara John¹, Nicola Edge, Michael Cucciare and Nicholas Long

¹University of Arkansas Translational Research Institute

OBJECTIVES/SPECIFIC AIMS: 1. Identify the extent of CD implementation for trained childcare teachers. 2. Explore teacher perspectives on the impact of CD. 3. Explore teacher perspectives on barriers and facilitators to full implementation of CD. METHODS/STUDY POPULATION: We conducted a survey with 267 childcare teachers who had been trained in CD across the state, representing early child-hood educational environments in urban and rural settings. Specific questions were asked related to level of CD implementation, perceived benefit, and facilitators/barriers to full implementation.

A random subset of the sample (8 teachers) participated in a subsequent focus group to explore survey themes in greater depth. Focus group members were asked about their rationale for attending CD training, CD implementation (including barriers/facilitators to full implementation), and perceived impact on their classrooms. The focus group was recorded and transcribed to capture questions and comments. RESULTS/ANTICIPATED RESULTS: Objective 1: 1. 30% of teachers reported full implementation of CD. 2. 50% of teachers reported partial implementation of CD. Objective 2: 1. The vast majority of teachers (95%) agreed that CD had a positive impact on their classroom, including better structure and enhanced relationships with the children. 2. The vast majority of teachers (85%) agreed that CD had a positive impact on the children in their classroom, including increases in problem-solving abilities and selfcontrol. Objective 3: 1. Most teachers (71%) reported experiencing barriers to CD implementation, with the majority of those surveyed (93%) stating that additional implementation support would be helpful. 2. The top three barriers to implementation elicited in survey and focus groups included uncertainty regarding how to begin implementing CD in the classroom, lacking materials for CD implementation, and lacking time to focus on applying knowledge from training into the classroom. 3. The top three facilitators for implementation elicited in survey and focus groups included coaching support for teachers, training agency leadership in CD, and greater perceived impact of CD. DISCUSSION/SIGNIFICANCE OF IMPACT: Childhood disruptive behaviors are among the most frequent reasons for referral to specialized services in and out of the classroom (Sukhodolsky, Smith, McCauley, Ibrahim, & Piasecka, 2016). Disruptive and aggressive behaviors are problematic, not only for victims of children who are aggressive but also for aggressive children as they age. Although effective treatments exist, the level of effective implementation of these interventions are understudied. These results demonstrate that 2/3 of teachers trained in CD are not fully implementing the model and provides concrete barriers and facilitators to current implementation. These data will provide the initial foundation for the development of a targeted implementation strategy that supports full implementation of CD within early childhood education settings.

3484

Examining the Use of Mobile Technology Among Low-Income African Americans and Hispanics with Hypertension

Emily Kostek¹ and Yendelela Cuffee ¹Florida Department of Health

OBJECTIVES/SPECIFIC AIMS: The primary objective of this study was to assess the interest in using mobile technology to manage hypertension and assessing medication adherence among African Americans and Hispanics living in a low-income urban community in Central PA. METHODS/STUDY POPULATION: This qualitative research study was designed using structured interviews with 30 African American participants with hypertension. The study survey consisted of 43 questions which included demographics, use of technology, technology literacy, health literacy, and medication adherence. Participants self-reported their responses about use of technology, literacy, and adherence. The data was examined using summary statistics. RESULTS/ANTICIPATED RESULTS: Out of 30 participants, 61% identified as African American and 30% identified as Hispanic. Overall, participants reported high use of