guidelines for PCPs to assist in them taking on follow-up care responsibilities for low-risk cancer survivorship patients. These guidelines may include information such as communication pathways between PCPs and the PM Cancer Care team, expected follow-up care measures, and timeframes for follow-up care. The development of this guideline will assist in alleviating the burden on the PM Cancer Centre system as it will facilitate low-risk patients transitioning back to family care. DISCUSSION/SIGNIFICANCE OF IMPACT: There is an increasing demand for oncology services post-cancer treatment at the PM Cancer Centre and the current cancer model follow-up care is not sustainable by oncologists alone. There is a need to explore innovative personalized pathways to follow-up care based on an individual's needs and integrate family doctors.

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### Demonstrating health equity and public health impacts of translational science at the Clinical and Translational Science Collaborative (CTSC) of Northern Ohio: A mixed-methods approach using the Translational Science Benefits Model

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OBJECTIVES/GOALS: The Translational Science Benefits Model (TSBM) offers a key framework for demonstrating the real-world health outcomes of research. This study uses a mixed-methods approach combined with the TSBM to show how researchers from Case Western Reserve University's Clinical and Translational Science Collaborative (CTSC) have advanced health equity or improved public health in the USA and globally. METHODS/STUDY POPULATION: Using the TSBM indicators, we surveyed 72 former CTSC KL2 Program trainees and 469 CTSC Pilot Program awardees for documented evidence that their research led to demonstrated health benefits. We used purposive sampling of the survey responses to obtain examples highlighting research that led to advances in health equity as well as international public health improvements. We conducted in-depth interviews with six investigators to assess the populations impacted and the scope of their contributions. For each investigator, we examined how their publications informed both national and international policy. Through this approach, we will present specific case studies highlighting research that led to advances in health equity as well as international examples of public health improvements. RESULTS/ANTICIPATED RESULTS: Among KL2 Scholars, we achieved a 40% response rate (29/72), with 90% (26/29) reporting 86 significant benefits across the four TSBM areas. For Pilot Program awardees, 18.5% responded (87/469), with 40% documenting 136 benefits. Several different types of translational science benefits resulted in improved health and health equity for several diverse national and international beneficiaries, including racial and ethnic minorities (e.g., Blacks, Hispanics), potentially vulnerable populations (e.g., pregnant women, victims of intimate partner violence, individuals on Medicaid, infants), international populations (e.g., people from low-resource countries with genetic disorders or parasitic infections), as well as people from rural areas and professions at high risk of developing cancer. DISCUSSION/SIGNIFICANCE OF IMPACT: Leveraging KL2 and Pilot Grant successes, the TSBM shows how research improves public health and health equity for underserved populations. It streamlines outcome reporting, enabling researchers to demonstrate their societal impact while providing funders and policymakers with clear, data-driven evidence of the value of translational science.

## Health Equity and Community Engagement

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### Community perspectives on hospital accountability to equity

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OBJECTIVES/GOALS: Our objective is to examine patient and community perspectives on hospital actions that signify accountability to healthcare equity; part of our overall goal is to identify equity measure concepts representative of community perspectives and priorities for future hospital accountability programs. METHODS/STUDY POPULATION: We conducted a qualitative thematic analysis of secondary data – 32 focus group transcripts from our hospital's Community Health Needs Assessment (CHNA). A tri-annual CHNA is required of nonprofit hospitals to maintain tax exemption. Diverse participants were recruited from our hospital's large catchment area. Coding focused on responses to 6 pertinent questions. We adapted the National Committee for Quality Assurance, "Health Equity Measurement Framework for Medicaid Accountability" which consists of 5 domains (access, clinical, experience, structure, and social) to guide the development of our a priori coding tree and subsequent analysis. Two coders double-coded 25% of transcripts. The multidisciplinary research team, including community partners, met iteratively to extract and refine themes. RESULTS/ANTICIPATED RESULTS: We organized our analysis by our conceptual framework's 5 measurement domains. The "access" and "experience" domains were the most salient for participants. We defined "access" by four sub-domains: financial access, physical access, communication access, and navigability; and "experience" by two subdomains: inclusivity and accomodation. Beyond discussing concepts within these measurement domains, participants debated the "scope" of the hospital's role with regard to healthcare equity. While some did not think "it was the hospitals" responsibility to give people access to good jobs or fair pay, education…, "other participants felt that healthcare involves not just addressing peoples' physical health but. their housing… because how can someone take care of their health when they are homeless?" DISCUSSION/SIGNIFICANCE OF IMPACT: When asked about hospital accountability to healthcare equity, "access" and "experiences" of care are the most salient measurement domains for patients and communities. The "scope" of the hospital's role is debated. Policy and health system

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leaders can apply these perspectives to equity measurement initiatives.

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## Designing and sustaining culturally tailored eHealth interventions: a case study on licensing and commercializing the Hmong Promoting Vaccines website

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OBJECTIVES/GOALS: Although eHealth tools like websites, apps, and wearables are widely available, underserved groups often do not benefit equally. This gap is due to usability challenges and overlooked structural, physical, and psychosocial barriers. Additionally, high costs and licensing issues make these tools hard to sustain and share. METHODS/STUDY POPULATION: This case study presents lessons learned over eight years of designing and disseminating a user-centered educational website on human papillomavirus (HPV) and the HPV vaccine for Hmong parents and teens (Hmong Promoting Vaccines, www.hmonghpv.com [http://www.hmonghpv.com]), a community-based participatory research project. RESULTS/ANTICIPATED RESULTS: Our community-driven approach revealed four key principles for creating and sustaining culturally tailored eHealth tools for underserved groups: * Engage stakeholders like community members, legal teams, and developers early and keep them involved. * Discuss dissemination and sustainability goals from the start. * Explore commercialization options, balancing sustainability with protection for underserved groups. * Identify and use academic resources to discuss commercialization, ownership, copyright, and intellectual property of such eHealth interventions. DISCUSSION/SIGNIFICANCE OF IMPACT: The Hmong Promoting Vaccines case study highlights the need for an inclusive approach to designing sustainable eHealth tools for underserved communities. Early stakeholder engagement, careful planning for dissemination, and balancing commercialization with protection can reduce health disparities and create fairer digital solutions.

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## Hospital-based education and referral program to facilitate inpatient engagement in post-discharge dental care

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OBJECTIVES/GOALS: Our pilot study tests the hypothesis that a hospital-based oral health education and referral program will increase patient knowledge of the importance of oral health, engagement with dental health services, and create a reproducible model to improve access and utilization of routine oral health care services and treatments. METHODS/STUDY POPULATION: Participants recruited for this study will include a pool of eligible patients at an urban university affiliated teaching hospital, 18 years or older, who upon initial screening, reported having not seen a dentist within the past 12 months. Enrolled participants also reported having some form of dental insurance coverage. Our project plans to recruit fifty hospitalized patients from ten inpatient units. Once consented and enrolled, participants will receive a brief education on oral health and be assisted in scheduling a dental appointment with one of the providers from our dental referral network. The dental referral network will consist of local dental providers who agree to treat our study participants. Tracking of ongoing participant dental care engagement will be tracked over a six-month period. RESULTS/ANTICIPATED RESULTS: We anticipate no issue recruiting the 50 planned hospitalized patients. One, the eligible hospitalized patient pool is large, two, data from previous study indicates that a large percentage (~57%) of hospitalized patients at our facility are not receiving adequate dental services and supports. We anticipated that the number of participants who attend their post-discharge dental appointments will be less than 70%. This number reflects averaged rate of missed dental appointments among other populations and considers that our population may have more barriers to appointment attendance. Due to the high prevalence of unmet dental needs among our study population, we anticipate that providers will report patients were seen for many standard dental procedures (cleanings, extractions, fillings, etc.) DISCUSSION/SIGNIFICANCE OF IMPACT: The results of this study demonstrate the feasibility of 1) developing and maintaining a dental provider network and 2) utilizing hospital-based teams to promote inpatient engaging with regular oral hygiene and dental appointments. These results show how inpatients visits provide a valuable opportunity to engage adults with unmet dental needs.

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## Subspecialist utilization for pediatric asthma

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MaineHealth

OBJECTIVES/GOALS: Some children with asthma benefit from care from asthma specialists: allergist/immunologists or pulmonologists. However, a limited supply of specialists poses access problems for some children. Our objective was to describe the state of specialist care for pediatric asthma in Maine. METHODS/STUDY POPULATION: Using Maine all-payer claims data for April 2018–April 2021, we identified children with asthma meeting criteria for subspecialist referral based on NIH Expert Panel Report criteria. We determined which of these children had encounters with an allergist-immunologist or pediatric pulmonologist during the study period and performed logistic regressions to determine what demographic traits were associated with receipt of care. RESULTS/ANTICIPATED RESULTS: Among children meeting criteria for specialists referral, 33% had an encounter with an asthma specialist. Specialist encounters were associated with younger age ($p<0.001$) and male sex ($p = 0.003$). Encounters were negatively associated with Medicaid insurance (versus commercial, $p<0.001$) and living in more rural areas (RUCA codes 4–10, $p<0.001$), lower childhood opportunity index (high or less, $<0.001$), and longer travel time to pediatric asthma specialists in Maine ($<0.001$). DISCUSSION/SIGNIFICANCE OF IMPACT: Specialist care for children with complex or severe asthma is an evidence-based practice that is not

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