

outpatient treatment at TND or RH. Participants complete a one-time online survey comprising a demographics questionnaire, Rotter Interpersonal Trust Scale, Wake Forest Trust in Physician Scale, Revised Health Care System Distrust Scale, 5-item RAND Social Desirability Scale, and Adverse Childhood Events Survey. Participants then individually participate in a modified protocol of the "Trust Game." Predictor variables for multivariate analysis collected include age, race/ethnicity, gender identification, number of days in current treatment, number of prior substance abuse treatment programs, and number of adverse childhood events. RESULTS/ANTICIPATED RESULTS: Each individual scale will be assessed for item analysis, factor analysis, construct validity, content validity, and reliability and compared with general population sample values published in the literature. We will use multivariate analysis to determine the impact of potential predictor variables on specific types of interpersonal or healthcare-related trust. We anticipate having preliminary results to present in April. DISCUSSION/SIGNIFICANCE OF IMPACT: Women who seek substance abuse treatment in the community face unique challenges compared to their male counterparts, including higher rates of prior interpersonal trauma, co-occurring psychiatric diagnoses, and more serious physical health problems. Characteristics such as these highlight the need for regular healthcare engagement in the setting of an increased risk of decreased interpersonal or healthcare-related trust. Prior qualitative research demonstrates that trust building is seen as an essential component of care in ongoing substance abuse treatment for women in this population. Validation of psychometric healthcare-related trust scales in a population of women seeking substance abuse treatment in a community based setting will provide a framework for future quantitative inquiry into the impact of healthcare-related trust on health outcomes, healthcare engagement, and treatment retention for this target population. Similarly, it will also facilitate inquiry into the effectiveness of specific treatment programs or interventions on improving therapeutic trust building.

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### Views of African American parent-child dyads on the immunization neighborhood to improve HPV vaccination rates

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OBJECTIVES/SPECIFIC AIMS: To better understand African American (AA) parents and their adolescents perceptions towards the immunization neighborhood to improve HPV vaccination rates. METHODS/STUDY POPULATION: We conducted qualitative interviews among a purposive sample of 30 AA parent-child dyads. We engaged the community (community advisory boards, community organizations) in the design and implementation of this study. Before each interview, we provided participants a brief survey to assess acceptability of various vaccination settings (i.e., pharmacies, health departments, and schools). An inductive, qualitative content analysis approach was used to analyze the data, and a constant comparison method was used to compare codes for theme development. Descriptives (i.e., frequencies) were used to analyze survey data with the SPSS version 23 software. RESULTS/ANTICIPATED RESULTS: Findings demonstrate that many parents were willing to get their adolescents vaccinated at the health department ( $n = 19$ ) followed by the pharmacy ( $n = 17$ ). However, majority of parents were less willing to get their adolescent vaccinated at school ( $n = 21$ ). Mixed results were found for children with many having positive attitudes towards alternative settings (health department = 21; pharmacy = 14; school = 16). Parents viewed the health department as being stigmatized and unclear for adolescent immunizations in general, while children were unsure of the difference between the health department and the medical home for the vaccine. Both parents and adolescents viewed the pharmacy as "too open" but would use it if a nurse administered the shot and had a good tracking system. Both also expressed strong feelings against school vaccinations, especially HPV vaccine shots. However, would consider for convenience or if administration was done by a nurse. DISCUSSION/SIGNIFICANCE OF IMPACT: Findings from this study provide intervention targets to improve access to HPV vaccination in alternative settings. It further demonstrates the importance of community engagement for the success of translational research, in which we will use it to disseminate this study's findings. Ultimately, this study could play a role in shifting the traditional model of the HPV vaccine being provided solely in the medical home to improve HPV vaccination rates.

## SCIENCE AND HEALTH POLICY/ETHICS/ HEALTH IMPACTS/OUTCOMES RESEARCH

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### (In)Adequacy of prophylactic central lymph node dissection for papillary thyroid cancer in the United States: An analysis of 18,755 patients

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OBJECTIVES/SPECIFIC AIMS: The incidence of papillary thyroid cancer (PTC) has sharply increased in recent decades. Though thyroid resection is the best treatment modality, there is significant variation in practice involving use of prophylactic central lymph node dissection (PCLND) at time of thyroidectomy. Recently, a threshold number for lymph node (LN) yield was determined to assure adequacy of lymphadenectomy in evaluating occult nodal disease via PCLND for pathologic T3, clinical N0, M0 PTC patients, for whom guidelines recommend PCLND. This study assesses the prevalence of adequate prophylactic LN dissection (APLND) and determines its association with patient, and disease characteristics. METHODS/STUDY POPULATION: Adult patients receiving surgery for pT3 cN0 M0 PTC > 1 cm were identified from the National Cancer Data Base, 2004–2015. APLND for pT3 stage was defined as removing 8 or more LNs, based on recent literature. Univariate and multivariate logistic regression models were employed to determine factors associated with APLND and inadequate prophylactic LN dissection (IPLND). RESULTS/ANTICIPATED RESULTS: In total, 18,755 patients were included: 2905 (10.1%) had APLND; 15,849 (89.9%) had IPLND. Rate of APLND increased from 4.9% to 17.9% over the decade. Patients receiving APLND were younger than those receiving IPLND (47 vs. 52 years, respectively,  $p < 0.001$ ). The proportion of cases found to be LN positive in the APLND group was 64.5%, while that in the IPLND group was 18.2% ( $p < 0.001$ ). After adjustment, Whites were more likely than Blacks to receive APLND [OR 1.86 (95% CI 1.51–2.30),  $p < 0.001$ ]. The adjusted OR of receiving APLND was higher at academic centers [1.76 (1.29–2.41),  $p < 0.001$ ] and at integrated centers [1.77 (1.25–2.51),  $p < 0.001$ ], compared with community facilities. After adjustment, patients with multifocal tumors were more likely to receive APLND than those with unifocal tumors [1.28 (1.17–1.41),  $p < 0.001$ ]. Unplanned 30-day readmission rate was higher in the APLND group (2.4%) compared to the IPLND group (1.7%,  $p < 0.001$ ); this remained significant after adjustment [OR for APLND 1.80 (1.31–2.47),  $p < 0.001$ ]. There was no significant difference in the likelihood of receiving radioactive iodine between patients who underwent APLND versus IPLND [1.00 (0.90–1.00),  $p = 0.6$ ]. DISCUSSION/SIGNIFICANCE OF IMPACT: APLND is associated with a higher likelihood of finding metastatic LNs, and an increased risk of unplanned short-term readmissions. The rate of APLND has increased over time, but still only a minority of thyroid cancer patients undergo adequate prophylactic surgery. Disparities exist based on patient, facility, and disease characteristics. Further work is needed to study the association between adequacy of dissection and disease recurrence.

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### A community-academic translational research and learning collaborative to evaluate the associations among biological, social, and nutritional status for adolescent women and their babies using electronic health records (EHR) data

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