

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.

242

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

Clara Pelfrey, Lixin Zhang, Kelli Qua, Shannon Swiatkowski, Sheree Hemphill and Umut Gurkan
Case Western Reserve University

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

244

Community perspectives on hospital accountability to equity

Katherine Nash¹, Lindsey Maclay¹, Linda Weiss², Jennifer Woo, Baidal³, Anne Sperling⁴, Dodi Meyer¹, Rachel C. Shelton¹, Sakinah Suttiratana⁵ and Naomi Bardach⁶

¹Columbia University Medical Center; ²New York Academy of Medicine; ³Stanford University; ⁴NewYork-Presbyterian Hospital; ⁵Yale University School of Medicine and ⁶University California San Francisco

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 accommodation. 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