

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