

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

Serena Xiong¹, Maria Beatriz, Torres², April Wilhelm¹, Hee Yun, Lee³ and Kathleen Culhane-Pera²

¹University of Minnesota Medical School; ²Somali, Latino, and Hmong Partnership for Health and Wellness - SoLaHmo and

³University of Alabama School of Social Work

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

Marissa Mackiewicz, David Meltzer, Katherine Thompson and Neda Laiteerapong

University of Chicago

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

James Bohnhoff, Anya Cutler, Elizabeth Jacobs and Yvonne Jonk 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