

4399

Empowered Transitions: Understanding the Experience of Transitioning to Adult Care Among Adolescents with Inflammatory Bowel Disease and Their Parents Using Photovoice

Jordyn Feingold¹, Laurie Keefer¹, Ksenia Gorbenko, Halley Kaye-Kauderer, and Michelle Mendiola

¹Icahn School of Medicine at Mount Sinai

OBJECTIVES/GOALS: Inflammatory bowel diseases (IBD) are most often diagnosed in adolescence and young adulthood, affecting 10 in 100,000 pediatric patients in the US and Canada. Adolescents with IBD are vulnerable to poorer outcomes and higher health costs, partially attributable to disruptions in the continuity of care in the transition from pediatric to adult care settings. There is currently no consensus among providers about the timing of initiation and completion of the transition process for adolescents and young adults with IBD, and access to structured pediatric transition readiness programs are lacking, with a paucity of research to evaluate relevant clinical outcomes in such existing programs. While prior studies have primarily examined barriers and facilitators of successful transitions from the provider perspective, only few studies have systematically examined such factors from the patient and caregiver perspective. We wish to better understand the experience of living with IBD for adolescents and young adults, as well as their parents, to understand barriers and facilitators of successful transitions in care. Ultimately, we wish to articulate best practices in this domain in order to create and evaluate a transitions program for patients and parents at the Mount Sinai IBD Center. **METHODS/STUDY POPULATION:** We are recruiting 15-25 patient-parent dyads to complete our study. At recruitment, we collect baseline quantitative metrics from patients pertaining to demographics, disease characteristics, transition-readiness, self-efficacy, resilience, disease-specific health knowledge, and health literacy. From parents, we collect demographic information, concordance metrics (e.g. how parents perceive their children's resilience, self-efficacy), parenting style questionnaires, and others. These data are used to understand the characteristics of the young adults and parents within our sample to ensure that the results of our study will be generalizable to a diverse range of patients and families. We then train our patient-parent dyads in Photovoice, the primary method of our study. Photovoice is a community based participatory research (CBPR) methodology used in health education and other fields. The method employs photography for participants to capture their experiences living with IBD, or being a parent to a child with IBD. We then interview all participants about the photos using a standard script employed in Photovoice. All surveys are transcribed and coded for thematic analysis. Based on our findings, we hope to determine phenotypes of patient-parent dyads who are likely undergo successful transitions as well as those at higher risk, understand competencies necessary for successful transitions, and create a comprehensive transitions program for the IBD Center that can be applied with all patients undergoing transitions from pediatric to adult GI care. **RESULTS/ANTICIPATED RESULTS:** We currently have 26 patients and 25 parents (1 pair of siblings) aged 14-25 enrolled in the study. We hypothesize that adolescents with higher baseline resilience, efficacy, disease-specific health knowledge, and less active disease will have more successful transitions than adolescents with lower scores on these metrics. Similarly, we predict that adolescents with lower baseline resilience, self-efficacy, disease-specific health knowledge and more active disease will be ideal candidates for a

more robust transition-readiness program. Further, we hypothesize that children of more authoritarian parents will be less prepared for transition than those with assertive parents. We are currently in the process of conducting patient/parent interviews, and have collected 6 interviews thus far. We will begin the qualitative coding process once we have four interviews from each cohort. Themes emerging thus far involve: medication management, psychiatric co-morbidity, social support, direct communication with doctors, the role of surgery, school absences, travel, and others. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Transition-readiness is defined as a series of skills in the realms of knowledge, information gathering, self-management, and decision-making that must be mastered by a patient in preparation for a healthcare transition, such as that from pediatric to adult IBD care. It has been shown that many clinicians who rely on subjective measures such as perceived health literacy overestimate transition readiness in their IBD patients. Many pediatric gastroenterologists who use more objective measures rely on a validated self-report questionnaire, the Transition Readiness Assessment Questionnaire (TRAQ) to assess readiness for transition and to facilitate discussions around the skills necessary to transition, including appointment keeping, tracking health issues, managing medications, talking with providers, and managing daily activities. However, the TRAQ has been shown to be limited in its ability to predict transition readiness independently of age, and ignores both provider and family perspectives. Given the critical role of parents in medical decision making, and the differential emphasis of the caregiver role in pediatric versus adult IBD care paradigms, it is vitally important to identify barriers to transition as well as differences in perspectives between adolescents living with IBD and their parents. Our study is the first to employ Photovoice, a method that 'gives a voice to the voiceless' in the gastroenterology space, in order to understand the needs that adolescents and young adults themselves perceive as critical in promoting transition-readiness. We include parents in this inquiry in order to understand how parental perceptions of their children's transition-readiness promote or stifle successful transitions and independent disease self-management. We will ultimately use this data to create a Transitions program to evaluate in our center for adolescents with IBD and their parents.

4571

Examination of the relationship between age, program duration and risk profiles among sex-trafficked youth in a specialty court

Mekeila Cook¹

¹Vanderbilt University Medical Center

OBJECTIVES/GOALS: Youth experience worse health and behavioral outcomes the longer they are in the juvenile justice system. This study examines whether age at entry and length of time in a specialty juvenile court program predicts citations, bench warrants, and running away among sex-trafficked girls. **METHODS/STUDY POPULATION:** Domestic minor sex trafficking (DMST) is exploitation and abuse of children for commercial sexual purposes in exchange for money or other goods/services. Historically, the response to DMST has been punitive, resulting in youth being cited and detained for offenses like prostitution. The specialty court offers enhanced physical/mental health services to trafficked youth. Data come from case files in the specialty court for program participants from 2012-2014 (N = 184). Descriptive, bivariate, and Poisson regression analyses were performed to examine risk profile measures: bench warrants, citations, running away, and foster placements.

RESULTS/ANTICIPATED RESULTS: All were (cis)female, 74% were African-American, 96%, US citizens, with average age of 16. Participants lived in approximately 4.5 group homes or foster placements prior to program entry; 56% of youth had run away. Youth also averaged nearly two bench warrants before specialty court participation. Bivariate analysis indicates older age at entry into juvenile court was associated with fewer episodes of running away ($p < .02$) and new citations ($p < .001$). Poisson regression estimated older age at entry into the juvenile justice system was associated with fewer bench warrants, citations, foster placements, but not running away while in the program. Additionally, longer duration between time at first citation and entry into the program was associated with fewer bench warrants, running away, and citations. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Younger girls may be particularly vulnerable to trafficking and recidivism without early and persistent intervention. Youth experiencing sex trafficking need to be diverted away from juvenile justice to comprehensive trauma informed services.

4384

Factors Impacting Access to Gender Affirming Care for Gender Diverse Youth in the United States

Kacie Kidd¹, Amber L. Hill¹, Gina M. Sequeira¹, Scott Rothenberger¹, Kristin N. Ray¹, Elizabeth Miller¹, and Gerald T. Montano¹

¹University of Pittsburgh

OBJECTIVES/GOALS: Access to pediatric subspecialty care varies by sociodemographic factors. Providers for gender diverse youth (GDY) are rare, and GDY face health disparities, stigma, and discrimination. We examined the association between GDY access to medical and mental health care and rurality, race, parental education, and other GDY-specific factors. **METHODS/STUDY POPULATION:** We surveyed parents of GDY (<18 years old) across the United States. Participants were recruited through online communities and listserves specific to parents of GDY. We determined associations between access to gender-specific medical or mental health providers and rurality, race, parental education, as well as other GDY-specific factors including age, time since telling their parent their gender identity, parent-adolescent communication, parent stress, and gender identity using chi-square or Fisher's exact tests. We calculated adjusted odds ratios using logistic regression models. **RESULTS/ANTICIPATED RESULTS:** We surveyed 166 parents and caregivers from 31 states. The majority (73.2%) identified as white, 66.5% had earned a bachelor's degree or higher, and 7.6% lived in a zip code designated rural by the Federal Office of Rural Health Policy. We found no evidence of association between reported GDY access to medical or mental health care and race, parental education, or rurality. We did find a significant univariate association between access to mental health care and feminine (either female or transfeminine/transfemale) gender identity ($p = 0.033$, OR 2.60, 95% CI 1.06 – 6.36). After controlling for parent-adolescent communication in a backwards elimination logistic regression model, it was no longer significant ($p = 0.137$, OR 2.05, 95% CI 0.80 – 5.25). **DISCUSSION/SIGNIFICANCE OF IMPACT:** Despite rurality, race, and parental education impacting access to pediatric subspecialty care, we failed to find these associations among GDY accessing gender care. There is a need to better understand structural and societal barriers to care for this population including the impact of stigma and discrimination.

4480

Full STEM Ahead: An Innovative Approach to Translate Science into the School-community

Elizabeth Hivner¹, William Calo², Alicia Hoke³, Chelsea Keller³, and Jennifer Kraschnewski²

¹Penn State University; ²Penn State College of Medicine; ³Penn State PRO Wellness

OBJECTIVES/GOALS: To provide a translation of health sciences and research to a low-income population and elevate the role of science in personal health and career pathways through the implementation of a STEM-focused, researcher-led, school-community event. **METHODS/STUDY POPULATION:** Through a strong school district partnership, families from two urban, low-income, high-minority middle schools were invited to attend an academic-community event entitled, *Full STEM Ahead* in Lancaster, Pennsylvania. Thirty-five Penn State and community partners engaged participants in discovery-focused learning through activity stations. Topic areas included: 3D printing in medicine, herd immunity, HPV cancer prevention, lung health, and germ prevention. Evaluation data from participants and organizational partners was collected to assess process outcomes and qualitative feedback. This event was part of a randomized controlled trial to improve attitudes toward adolescent vaccination. **RESULTS/ANTICIPATED RESULTS:** Seventy-four parents and students participated in the two-hour event. Evaluation data indicated that 100% of participants who completed the evaluation rated the event as "good" or "excellent" and agreed that they "learned something new." Specific qualitative feedback indicated that participants enjoyed the STEM information and various learning activities offered. School district leadership hopes to continue the partnership to host the event in future years and expand to other schools, offering an opportunity for academic-community collaboration. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This event was an innovative approach to connect low-income communities with science and potentially effective in engaging participants in learning. Similar opportunities should be explored to bridge the gap between research and community engagement, especially to increase research awareness.

4517

Gender Disparities: Heart Failure in Puerto Rican Women

Ariel Gonzalez-Cordero¹

¹University of Puerto Rico-Medical Sciences Campus

OBJECTIVES/GOALS: Women within the ages of 65-75 have a lower incidence of heart failure than men. However, after the age of 75, the incidence of HF in women triples, matching that of men. (Lloyd-Jones et al., 2002) Overall, women with heart failure live longer at the expense of presenting more severe symptoms and poorer perceived quality of life. Generally, women with heart failure receive suboptimal treatment throughout their lifetime. In fact, women are more likely to develop heart failure after myocardial infarction. This trend is, in part, because physicians are less strict when treating them. (Chou et al., 2007) Studies in heart failure by ethnicity have shown that, despite equal access to healthcare, Hispanic women have higher rates of readmission than Non-Hispanic-white (NHW) women. (Durstensfeld, Ogedegbe, Katz, Park, & Blecker, 2016) One study in Boston demonstrated that Puerto Rican Women have higher rates of diabetes, obesity, and chronic kidney