

RESULTS: During the preparation phase, the researcher was tasked with (1) developing a visual guide to highlight key points of the research study and (2) providing a draft of the tentative interview guide for review prior to the CE Studio session. For the engagement stage, participants were recruited from listservs, community organizations, and word-of-mouth to participate in a session facilitated by a member of the CE Studio team. Lastly, we anticipate that the restructuring phase will not only allow us to use feedback from the CE Studio session to alter the interview guide but provide insight into potential recruitment strategies for the overarching research project. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Leveraging CE Studios to elicit feedback from service providers will provide unique insight into addressing the sexual health needs of justice-involved youth. We expect that the overall CE Studio process and feedback will be integral in eliciting strong qualitative feedback and shaping the implementation of the overall research project.

Patient and neighborhood characteristics associated with frontline therapeutic clinical trial enrollment among adolescents and young adults (AYAs) with hematologic malignancies at affiliated pediatric and adult centers

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OBJECTIVES/GOALS: Despite significant advancements, adolescent and young adult (AYA) patients with hematologic malignancies continue to have inferior improvement in survival over time compared to their younger and older peers. This project assesses which patient and neighborhood characteristics are associated with clinical trial enrollment in this population. **METHODS/STUDY POPULATION:** We will perform a retrospective study of individuals, aged 15–39, diagnosed and treated at Children’s Healthcare of Atlanta (CHOA) or Winship Cancer Institute for hematologic malignancies between 2011 and 2023. Our primary exposure variables will be race/ethnicity, the area deprivation index (ADI), and the index of concentration at the extremes (ICE). The primary study outcome will be enrollment in an open frontline therapeutic clinical trial (yes vs. no). Our analyses will estimate the crude and adjusted odds ratio of clinical trial enrollment according to race/ethnicity, ADI, and ICE; these analyses will be adjusted for co-variables of interest (e.g. patient primary language, and insurance provider). As a secondary analysis, we will further subdivide the patients by treatment location and by age tertiles. **RESULTS/ANTICIPATED RESULTS:** Our study team completed preliminary work looking at institutional clinical trial enrollment in a pediatric-only (**DISCUSSION/SIGNIFICANCE OF IMPACT:** We expect that this study conducted in a large, diverse AYA cohort will reveal key associations about likelihood of clinical trial enrollment. Once these associations are known, we can develop and test interventions – such as augmented social work involvement and assistance with transportation – to mitigate the effect of amenable risk factors.

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Social determinants of health among rural underserved patients with uncontrolled hypertension*†

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OBJECTIVES/GOALS: The growing burden of hypertension in the USA disproportionately impacts individuals with lower socioeconomic status and those in rural communities. This study aims to investigate specific social determinants of health associated with uncontrolled hypertension among rural, underserved patients residing in Alabama. **METHODS/STUDY POPULATION:** A retrospective review of electronic health records data from the UAB Selma Family Medicine clinic was conducted. The deidentified data were entered into the Population Health Assessment Engine (PHATE) to render social characteristics and community vital sign (CVS) scores, a social deprivation index, by census tracts. We provide descriptive statistics and compare the stated factors between patients with controlled and uncontrolled hypertension using logistic regression models. We are conducting phone surveys to gather individualized data on social determinants of health to assess the perceived social needs of patients with hypertension. The Protocol for Responding to & Assessing Patients’ Assets, Risks & Experience tool was used to develop the survey, and survey responses will be compared with the PHATE results. **RESULTS/ANTICIPATED RESULTS:** Among 2129 patients, 375 (17.6%) had uncontrolled hypertension with a mean age of 58.7 ± 14.4 years. Women comprised 66.7% (250) and 65.1% (1142) of the uncontrolled and controlled hypertension populations, respectively. The prevalence of uncontrolled hypertension was 19.1% among Black patients and 8.2% in White patients. Patients with uncontrolled hypertension had a CVS of 82.37 ± 7.31 and 81.81 ± 8.40 patients with controlled hypertension. Patients with uncontrolled hypertension lived in areas where an average of $46 \pm 11\%$ were not employed, $36 \pm 9\%$ rented, and $28 \pm 1\%$ lived below the federal poverty line (FPL). Adjusting for age, race, and sex, a unit increase in the proportion of people below the FPL was associated with 43% higher odds of uncontrolled versus controlled hypertension ($OR = 1.43$, 95% CI 0.44, 4.64). **DISCUSSION/SIGNIFICANCE OF IMPACT:** Rural, underserved patients with hypertension experience multiple adverse social determinants, such as nonemployment rates, low income, and rental housing. Survey results will allow us to compare assessed and individualized social determinants that may be important to address when caring for this population.

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Health data stewardship: Toward transparency, community engagement, and shared governance

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OBJECTIVES/GOALS: To guide UCSF in adopting a justice-based, patient-informed model of health data sharing that moves beyond

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