

feasibility, organizational fit, and other factors unique to community-based partnership projects. RESULTS/ANTICIPATED RESULTS: We received an enthusiastic response to our RFA, based upon a long-standing program of a sister CTSA hub. Proposals received include target populations representative of our most vulnerable\* children, the elderly, those lacking access to health care, and those for whom language is a barrier. One addresses the Institution's and the CEC's need to conduct community needs assessments to enable the implementation of evidence-based programs driven by data and metrics identified and developed by our communities. Each awarded proposal demonstrates a significant and sometimes critical need for the project. Partnerships are anticipated to have significant impacts on the community and its population. DISCUSSION/SIGNIFICANCE OF FINDINGS: We generate, test, and disseminate team science, education and best practices through stakeholder involvement. Our Community Health Small Grants program aims to involve community in our scientific teams and to involve academics in community-derived projects as well as foster relationships and trust.

15215

### Female sex worker experiences with intimate partner violence screening by health care providers

Jessica L. Zemlak<sup>1</sup>, Kamila A. Alexander<sup>1</sup>, Deborah H. Wilson<sup>1</sup>, Susan G. Sherman<sup>2</sup>

<sup>1</sup>Johns Hopkins School of Nursing, <sup>2</sup>Johns Hopkins School of Public Health

ABSTRACT IMPACT: This work will inform the need for more trauma-informed approaches to violence screenings among marginalized populations by health care providers. OBJECTIVES/GOALS: Female sex workers (FSW) experience high rates of intimate partner violence (IPV) which may have negative reproductive health consequences. Routine IPV screening by healthcare providers (HCP) is recommended. This study examines how FSW experience IPV assessments by HCP. METHODS/STUDY POPULATION: This qualitative descriptive study is nested within EMERALD, a longitudinal cohort study of street-based FSW. EMERALD assesses a structural community-level intervention on HIV and STI risks among FSW. Participants were recruited for EMERALD using time-location sampling to identify a sampling frame of venues and times where sex work is likely to occur. Inclusion criteria for this qualitative study include: participating in EMERALD, age 18-49, and willingness to participate in one phone interview. Twenty-two semi-structured individual qualitative interviews were conducted. Two coders, using thematic analysis, applied deductive codes and inductive coding to identify themes. RESULTS/ANTICIPATED RESULTS: Three themes emerged from participant interviews regarding IPV screening. Inconsistent screening practices: Despite frequent reproductive health visits among participants, many women did not recall IPV screening by a HCP. Stigma as a barrier to disclosure: Women described feeling judged by HCP regarding their frequency of visits for reproductive concerns, sex work, and substance use and did not trust disclosing violence to HCP. Transactional health encounters: During visits, HCP were focused on addressing women's immediate concerns; if the HCP did ask about IPV women felt the questions were asked part of a required protocol and not driven by a concern to deeply understand their lives. DISCUSSION/SIGNIFICANCE OF FINDINGS: FSW described inconsistent IPV screening practices by HCP. Participants expressed feeling stigmatized by HCP and that

encounters with HCP did not foster trust for women to disclose IPV experiences. There is a need for HCP training in universal IPV screening focused on relationship and trust building to facilitate disclosure.

17890

### Cardiovascular risk factors in victims of child sexual abuse

Linda R. Perez-Laras<sup>1</sup>, Melissa Marzn-Rodrguez<sup>2</sup> and Linda Laras<sup>3</sup>

<sup>1</sup>University of Puerto Rico Medical Science Campus; <sup>2</sup>Ponce Health Science University; <sup>3</sup>San Juan Bautista School of Medicine

ABSTRACT IMPACT: The impact of this study is to encourage health professionals to screen for violent experiences as potential risk factors for CVD and adapt interventions from the non-abused in children as in adults. OBJECTIVES/GOALS: This study aims to assess the relationship between child sexual abuse and cardiovascular risk factors (CVDRF) that present in children. The objectives will provide the prevalence of CVDRF, their association with types of sexual victimization, and a score to assess the impact. METHODS/STUDY POPULATION: This study is a chart review, cross-sectional study. The Puerto Rico Health Justice Center (PRHJC) is a forensic, transdisciplinary, victim-centered, trauma-informed, and evidence-based service. The demographic variables collected are age, sex; the cardiovascular risk factors variables include a level of physical activity, tobacco exposure/alcohol, vital signs (blood pressure, BMI), lipid profile, and C-reactive protein. Sexual violence variables are the type of victimization (sexual assault, sexual molestation), the number of victimizations, and the relationship with the offender. RESULTS/ANTICIPATED RESULTS: A previous study, which examined types of evidence related to the prosecution of sexual violence cases, found that among female victims, 54% was a victim of sexual assault, and 59% had at least one health concern. The study's hypothesis includes that older and female victims have a higher prevalence of cardiovascular disease risk factors. Also, children victims of sexual assault will have more cardiovascular risk factors than victims of sexual molestation. The age group, sex, number of victimizations, and relationship with the offender will also impact the relationship between the type of victimization and cardiovascular risk factors. DISCUSSION/SIGNIFICANCE OF FINDINGS: Early identification of child sexual abuse is needed to prevent long-term health impacts. The study's results will be significant in developing clinical guidelines for health care providers to identify child sexual abuse as a predictor of cardiovascular risk factors and encourage victim advocates to identify cardiovascular risk factors.

51727

### A Systematic Review of Implementation Science Frameworks Used in Cancer Prevention Interventions

Serena Xiong<sup>1</sup>, Hamdi Abdi<sup>1</sup> and Rebekah Pratt<sup>2</sup>

<sup>1</sup>University of Minnesota School of Public Health; <sup>2</sup>University of Minnesota Medical School

ABSTRACT IMPACT: Specific recommendations will be suggested in this presentation as to how a health equity lens can be applied to implementation science frameworks. OBJECTIVES/GOALS: This systematic review consolidated literature on how implementation science (IS) frameworks (e.g., RE-AIM) have been used in cancer prevention services (e.g., screening, tobacco cessation programs)

to reduce health disparities. **METHODS/STUDY POPULATION:** The systematic review was conducted in accordance with PRISMA and registered with PROSPERO. Searches were conducted in Ovid MEDLINE, PubMed, PsycINFO, CINAHL, and EMBASE between January-May 2020. Search strategies used the combinations of terms related to implementation science frameworks, cancer prevention and/or intervention, and all search algorithms were validated by a public health librarian. **RESULTS/ANTICIPATED RESULTS:** A total of 1,025 articles were screened and 84 were deemed eligible for full-text screening. After full-text screening,  $n=27$  articles were included for data abstraction and synthesis. Of the 27 studies that used an implementation science framework, only one-third of studies ( $N=9$ , 33.3%) used an IS framework to address cancer-related health disparities. Of those nine studies, six of them used the Consolidated Framework for Implementation Research (CFIR) to guide, inform, and/or adapt the implementation of a cancer prevention intervention to target health disparities. However, the variability in how this framework was applied remains a challenge. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Recommendations for how various IS frameworks can be used to address cancer prevention disparities will be presented, such as, guiding principles on how to intentionally select domains within the CFIR that will capture input from key stakeholders in health disparities populations.

56326

### Heart to Heart: An Interdisciplinary Community Collaboration to Address Health Disparities Through Cardiovascular Disease Risk Assessments in Underserved Urban Neighborhoods

Michael E. Bales<sup>1</sup>, Jifeng Zhu<sup>1</sup>, Farid Aboharb<sup>2</sup>, Neville Dusaj<sup>2</sup>, Lior Shtayer<sup>3</sup>, Venkatesh Balaji<sup>3</sup>, Allegra Keeler<sup>1</sup>, \*Christine A. Ganzer<sup>4</sup>, Krista A. Ryon<sup>5</sup>, the H2H Consortium, Brett J. Ehrmann<sup>6</sup> and Julianne Imperato-McGinley<sup>2,7</sup>

<sup>1</sup>Clinical and Translational Science Center, Weill Cornell Medicine; <sup>2</sup>Tri-Institutional MD-PhD Program, Weill Cornell Medicine, Rockefeller University, Memorial Sloan Kettering Cancer Center; <sup>3</sup>Joan & Sanford I. Weill Medical College, Weill Cornell Medicine; <sup>4</sup>Hunter-Bellevue School of Nursing, School of Health Professions, Hunter College, CUNY; <sup>5</sup>Department of Physiology and Biophysics, Weill Cornell Medicine; <sup>6</sup>Division of Primary Care of the Weill Cornell Physician Organization, Weill Cornell Medicine; <sup>7</sup>Department of Medicine & Clinical and Translational Science Center, Weill Cornell Medicine

**ABSTRACT IMPACT:** Leveraging partnerships with faith-based institutions and community centers in at-risk NYC neighborhoods, the H2H Program breaks down barriers to engaging with the medical establishment and addresses the increasing burden of diabetes and CVD risk factors in the most vulnerable individuals. **OBJECTIVES/GOALS:** Screening for modifiable risk factors is critical for cardiovascular disease (CVD) risk reduction. Low-income, urban communities often encounter barriers to care. Community-academic outreach partnerships are vital in addressing such disparities and promoting health equity and culturally targeted interventions among high-risk populations. **METHODS/STUDY POPULATION:** In 2010, the Weill Cornell Clinical and Translational Science Center along with Weill Cornell Medicine (WCM) and Hunter-Bellevue School of Nursing (HBSON) launched Heart to Heart (H2H), a community outreach program partnering with faith-based centers to offer free health screenings and education to some of New York City's (NYC) most vulnerable communities. Participants work with undergraduate, nursing, medical and dietitian students to complete a demographics and health questionnaire

followed by vital signs and point-of-care blood testing. Participants then receive personalized health education, nutrition and lifestyle counseling by student volunteers, precepted by WCM Primary Care and HBSON faculty. Participants are provided information on local free or low-cost clinics as necessary for follow-up. **RESULTS/ANTICIPATED RESULTS:** To date H2H held 125 events and 5,952 screenings. Mean age of the participants was 54.3 (SD 39.6) and 3,682 (63.1%) were female. 74.2% identified as non-white. 42.1% were uninsured. 32.3% reported annual income of less than \$20k. 18.3% of participants reported not having seen a doctor in the past year. 40.7% reported preexisting hypertension, of which 74.5% were on medication and 78% with sub-optimal control. 15.7% had been previously diagnosed with diabetes, of which 75.8% were on medication and 41.4% with sub-optimal control (HbA1c <7). 37.7% had been diagnosed with dyslipidemia previously, of which 47.4% were on medication and 62.1% with sub-optimal control. Screenings revealed, 56.9% had undiagnosed hypertensive blood pressures, 4.7% had an elevated HbA1c >6.5, and 49.2% had dyslipidemia. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** H2H screening revealed significant cardiovascular health disparities, many of which were poorly controlled or newly discovered. Cross-institutional academic partnerships can empower communities with knowledge of their health status and help facilitate access to medical care to further address health risk factors.

66534

### Evaluation plans for a summer child nutrition assistance program to better understand translation of policy to community health

Jiwoo Lee<sup>1</sup>, Jayne A. Fulkerson<sup>1</sup>, Lisa J. Harnack<sup>2</sup> and Weihua Guan<sup>3</sup>

<sup>1</sup>School of Nursing, University of Minnesota; <sup>2</sup>Division of Epidemiology and Community Health, School of Public Health, University of Minnesota; <sup>3</sup>Division of Biostatistics, School of Public Health, University of Minnesota

**ABSTRACT IMPACT:** Study findings can guide improvements of the Summer Food Service Program to maximize the program's desired effects on child summer nutrition and related health outcomes. **OBJECTIVES/GOALS:** The Summer Food Service Program (SFSP) addresses food insecurity during summer months. Project specific aims are to: 1. Describe characteristics of children participating in the SFSP. 2. Determine the nutritional quality of the SFSP foods. 3. Evaluate changes in children's food insecurity, diet quality, and body mass index by SFSP participation. **METHODS/STUDY POPULATION:** A single group, prospective, staggered cohort design will be used for the proposed study. Two cohorts of 30 ( $N=60$ ) elementary students and their parents will be recruited during the 2021-22 and 2022-23 school year. Each participant will complete a measurement session at three time-points: Baseline (spring), Post-Program (program end), and Follow-Up (following spring). Parents will complete an online survey about household food insecurity and family socio-demographic characteristics. Children will complete three 24-hour dietary recall interviews, and their heights, weight and percent body fat will be measured. The menus of at least ten SFSP sites will be analyzed to determine the nutritional adequacy of the site menus by using the Healthy Eating Index-2015. **RESULTS/ANTICIPATED RESULTS:** Study hypotheses are as follows: Aim 1. Not all of the children participating in the SFSP are from food-insecure or low-income households. Aim 2. Meals served at the SFSP will be higher in sugar and fat and lower in fruits and vegetables compared to recommendations in the 2015-2020