

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.

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

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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.

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

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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.

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### Gender Disparities: Heart Failure in Puerto Rican Women

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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