outpatient treatment at TND or RH. Participants complete a one-time online survey comprising a demographics questionnaire, Rotter Interpersonal Trust Scale, Wake Forest Trust in Physician Scale, Revised Health Care System Distrust Scale, 5-item RAND Social Desirability Scale, and Adverse Childhood Events Survey. Participants then individually participate in a modified protocol of the “Trust Game.” Predictor variables for multivariate analysis collected include age, race/ethnicity, gender identification, number of days in current treatment, number of prior substance abuse treatment programs, and number of adverse childhood events. RESULTS: A total of 144 patients were included: 2905 (10.1%) had APLND; 15,849 (89.9%) had IPLND. Rate of APLND increased from 4.9% to 17.9% over the decade. Patients receiving APLND were younger than those receiving IPLND (47 vs. 52 years, respectively, p < 0.001). The proportion of cases found to be LN positive in the APLND group was 64.5%, while that in the IPLND group was 18.2% (p < 0.001). After adjustment, Whites were more likely than Blacks to receive APLND [OR 1.86 (95% CI 1.51–2.30), p < 0.001]. The adjusted OR of receiving APLND was higher at academic centers [1.76 (1.29–2.41), p < 0.001] and at integrated centers [1.77 (1.25–2.51), p < 0.001], compared with community facilities. After adjustment, patients with multifocal tumors were more likely to receive APLND than those with unifocal tumors [1.38 (1.17–1.41), p < 0.001]. Unplanned 30-day readmission rate was higher in the APLND group (2.4%) compared to the IPLND group (1.7%, p < 0.001); this remained significant after adjustment [OR for APLND 1.80 (1.31–2.47), p < 0.001]. There was no significant difference in the likelihood of receiving radioactive iodine between patients who underwent APLND Versus IPLND [1.00 (0.90–1.00), p = 0.6]. DISCUSSION/SIGNIFICANCE OF IMPACT: APLND is associated with a higher likelihood of finding metastatic LNs, and an increased risk of unplanned short-term readmissions. The rate of APLND has increased over time, but still only a minority of thyroid cancer patients undergo adequate prophylactic surgery. Disparities exist based on patient, facility, and disease characteristics. Further work is needed to study the association between adequacy of dissection and disease recurrence.

**2229**

A community-academic translational research and learning collaborative to evaluate the associations among biological, social, and nutritional status for adolescent women and their babies using electronic health records (EHR) data

Jonathan Tobin 1, Amanda Cheng 1, Caroline S. Jiang 1, Mireille McLean 1, Peter R. Holt 1, Dana Moffah 1, Rhonda G. Kost 1, Kimberly S. Vasquez 1, Daryl L. Wieland 2, Peter S. Bernstein 3, Siobhan Dolan 4, Mayer Sagy 1, Abbe Kirsch 1, Michael Zinaman 1, Elizabeth DuBois 1, Barry Kohrn 1, William Pagano 1, Gilles Bergeron 5, Megan Bourassa 5, Stephanie Morgan 5, Judd Anderman 5, Shwu H. Kwee 6, Julie Wilcox 1 and Jan L. Breslow 1

1 The Rockefeller University; 2 Jacobi Medical Center, North Central Bronx Hospital; 3 Albert Einstein College of Medicine, Montefiore Medical Center; 4 Morrisania Diagnostic and Treatment Center; 5 Bronx Lebanon Hospital Center; 6 Community Healthcare Network; 7 NYU Lutheran Family Health Centers; 8 The Sackler Institute for Nutrition Science, The New York Academy of Sciences; 9 Montefiore Medical Center; 10 Community Healthcare Network; 11 Clinical Directors Network, Inc. (CDN), NYU Steinhardt School of Culture, Education, and Human Development
OBJECTIVES/SPECIFIC AIMS: To build a multisite de-identified database of female adolescents, aged 12–21 years (January 2011–December 2012), and their subsequent offspring through 24 months of age from electronic health records (EHRs) provided by participating Community Health. METHODS/STUDY POPULATION: We created a community-academic partnership that included New York City Community Health Centers (n = 4) and Hospitals (n = 4). The Rockefeller University, The Sackler Institute for Nutrition Science and Clinical Directors Network (CDN). We used the Community-Engaged Research Navigation model to establish a multisite de-identified database extracted from EHRs of female adolescents aged 12–21 years (January 2011–December 2012) and their offspring through 24 months of age. These patients received their primary care between 2011 and 2015. Clinical data were used to explore possible associations among specific measures. We focused on the preconception/prepregnancy/postnatal periods allowing pediatric visits up to 24 months of age. RESULTS/ANTICIPATED RESULTS: The analysis included all female adolescents (n = 122,556) and a subset of pregnant adolescents with offspring data available (n = 2917). Patients were mostly from the Bronx; 43% of all adolescent females were overweight (22%) or obese (21%) and showed higher systolic and diastolic blood pressure, blood glucose levels, hemoglobin A1c, total cholesterol, and triglycerides levels compared with normal-weight adolescent females (p < 0.05). This analysis was also performed looking at the nonpregnant females and the pregnant females separately. Overall, the pregnant females were older (mean age = 18.3) compared with the nonpregnant females (mean age = 16.5), there was a higher percentage of Hispanics among the pregnant females (58%) compared with the nonpregnant females (43.9%). There was a statistically significant association between the BMI status of mothers and infants’ birth weight, with overweight/normal-weight mothers having more low birth weight (LBW) babies and overweight/obese mothers having more large babies. The odds of having a LBW baby was 0.61 (95% CI: 0.41, 0.89) lower in obese compared with normal-weight adolescent mothers. The risk of having a preterm birth before 37 weeks was found to be neutral in obese compared with normal-weight adolescent mothers (OR = 0.89). The risk of having a preterm birth before 37 weeks was found to be neutral in obese compared with normal-weight adolescent mothers.

A mixed-methods evaluation to improve sustainability of community health coalition partnerships, activities, and impact on county-level health
Jennifer Mansfield, Donna Vandergraff, Krystal Lynch, Douglas Miller and Dennis Savaiano
Indiana University School of Medicine

OBJECTIVES/SPECIFIC AIMS: Community health coalitions (CHC) aim to improve local cultures of health, health behaviors, and health outcomes. However, challenges sustaining partnerships and activities limit CHC impact. Traditional CHC evaluations survey members about perceived effectiveness, failing to capture underlying network structures and community health outcomes. Thus, we applied a mixed-methods evaluation in eight rural Indiana CHC, triangulating social network analysis (SNA), conducted in 2017, functioning, effectiveness self-assessment survey (Go-Zone), conducted in 2017, and latest county health statistics (2015–2016) to assess existing CHC building efforts, inform best practices, and facilitate the adoption of evidence-based programming. METHODS/STUDY POPULATION: Across the eight rural Indiana CHC, relationships between the three evaluation components were analyzed using Pearson’s correlations. We are now collaborating with Public Health Nutrition Program Coordinators to scale up evaluation efforts throughout Indiana. RESULTS/ANTICIPATED RESULTS: CHC effectiveness was positively correlated with the average number of connections CHC members held in the network (mean indegree) and negatively correlated with the presence of a network broker (eigengenvalue centrality). However, effective leadership was positively correlated with opioid deaths and treatment, food insecurity, smoking during pregnancy, lack of healthcare coverage, and fair/poor health status, and negatively correlated with prenatal care. Effective operating norms was positively correlated with smoking during pregnancy and preterm births, and negatively correlated with prenatal care. Effective action outcomes was positively correlated with opioid deaths and treatments, smoking during pregnancy, preterm births, and fair/poor health status, and negatively correlated with respondents reporting they had no personal doctor. DISCUSSION/SIGNIFICANCE OF IMPACT: Interestingly, CHC effectiveness was positively correlated with poor county health outcomes related to infant well-being. Thus, CHC may develop in counties with a high unmet need for effective pregnancy and infant services. Alternatively, the prevalent CHC focus on obesity prevention may eclipse programmatic efforts to improve infant well-being. Longitudinal evaluations and scaling up evaluation efforts across Indiana are being pursued to clarify trajectories and inform best practices, which in turn should provide recommendations for network structures to improve CHC effectiveness and county health.

An application of the payback framework to evaluate the outcomes of pilot projects supported by the Georgia Clinical and Translational Science Alliance from 2007 to 2014
Latrice Rollins1, Nicole Llewellyn1, Eric Nehl1 and Astrid Sosa2
1 Morehouse School of Medicine; 2 Emory University

OBJECTIVES/SPECIFIC AIMS: We will use a structured evaluation framework, the payback framework, to document the outcomes of 15 case studies of pilot projects supported by Georgia CTSA from 2007 to 2014. METHODS/STUDY POPULATION: We will use a case study approach including bibliometric analyses of publications associated with the selected projects, document review (e.g., investigator curriculum vitae, biannual project reports) and investigator interviews. RESULTS/ANTICIPATED RESULTS: We will document outcomes in 5 “payback categories”: (1) knowledge, (2) research targeting, capacity...