

research. Long-term members have played a key role in providing continuity over the years.

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### **A Digital Approach to Syphilis Infection Prevention**

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**OBJECTIVES/GOALS:** The goal of this study is to explore the effectiveness of a digital health education curriculum aimed at increasing syphilis beliefs and screening behavior among young African American females residing in Jefferson County, AL. **METHODS/STUDY POPULATION:** Study Population: African American, cis-gender women, aged 18-29, who reside in Jefferson County, AL. Sample Size: N = 50. Measurements: 1) Champion Health Belief Model scale adapted for measuring syphilis perceptions and syphilis screening behavior. Analysis Plan: IBM SPSS Statistics 29 will be used to analyze intervention data. Pre-and post-intervention data will be analyzed to calculate a screening request rate for each period. We will use Cohen's D effect sizes to measure screening requests rate differences post intervention completion. The small sample size and exploratory nature of this project make the descriptive statistics valuable. **RESULTS/ANTICIPATED RESULTS:** We anticipate that the digital syphilis prevention intervention will positively influence participants' beliefs regarding syphilis and their syphilis screening behaviors. **DISCUSSION/SIGNIFICANCE:** Innovative preventive approaches to reducing syphilis disease spread is a national priority as rates have risen annually throughout the last decade. African American women experience the greatest disease burdens associated with syphilis. This study leverages tailored strategies to effectively address this ailment in the target population.

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### **A Feasibility Study for the Implementation of a Hospital-based Violence Intervention Program in the Rural South**

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**OBJECTIVES/GOALS:** As hospitals across the nation respond to the need to address community violence, there is a dearth of Hospital-based Violence Intervention Programs (HVIPs) in the South despite having disproportionate rates. This research aims to identify key factors and strategies for implementation of an HVIP among rural patient populations in a southern state. **METHODS/STUDY POPULATION:** Semi-structured interviews will be conducted with medical providers, social service organizations, and patients transferred from four high-risk rural areas in Arkansas. Data will be analyzed using Framework Analysis, a rapid analysis approach involving framework development, code application, impactful statement identification, and content analysis. Evidence-Based Quality Improvement (EBQI), a group consensus making process, will be conducted to identify key implementation strategies and factors to

adapt based interview findings. Priority areas for adaptation will be identified via systematic rating. The EBQI team, including researchers and key rural stakeholders will engage in a series of discussion, vote on final strategies, and develop a guide for future HVIP implementation and pilot testing. **RESULTS/ANTICIPATED RESULTS:** Findings from this study will result in a prioritized list of barriers and facilitators across sample groups. Factors will be rated by level of importance. Cluster maps will display the relationships among factors. Go and no-go zones will be identified based on importance and feasibility. Implementation strategies will be mapped to barriers and facilitators. **DISCUSSION/SIGNIFICANCE:** The findings will result in a culturally and geographically relevant HVIP model and package of implementation strategies to test in future hybrid trials (feasibility pilot & multi-site RCT); and shape the future of violence prevention efforts in health-care settings across the rural South.

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### **A Mixed Methods Analysis of Disparities in the Management of Low-Risk Febrile Infants**

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**OBJECTIVES/GOALS:** Febrile infants are a model population for exploring communication, implicit bias, and health disparities in the pediatric emergency department. Using mixed methods, we performed an in-depth analysis of disparities and physician-parent communication, a potentially modifiable driver of inequities. **METHODS/STUDY POPULATION:** We performed a multicenter cross-sectional study of febrile infants with low-risk for invasive bacterial infection evaluated between 2018-19 across 32 institutions. We performed logistic regression to assess the association between 1) race and ethnicity (Non-Hispanic White [NHW], Non-Hispanic Black [NHB], Hispanic [H], Other Race and/or Ethnicity [O]) and 2) limited English proficiency (LEP) with the standard of care, discharge without lumbar puncture and without antibiotics. We concurrently performed in-depth semi-structured interviews with physicians to explore physician-parent communication and implicit bias in the management decisions for febrile infants. **RESULTS/ANTICIPATED RESULTS:** Of 3629 low-risk febrile infants, 74.2% received standard of care. NHB, compared to NHW, infants were more likely to receive standard of care (aOR 1.3 [95% CI 1.0-1.7]; aOR H: 1.1 [95% CI 0.9-1.4]; aOR O: 1.0 [95% CI 0.8-1.4]). There was no association between LEP and standard of care (aOR 0.8 [0.61-1.1]). When accounting for documented use of professional interpretation, families with LEP without documented professional interpretation were less likely than families without LEP to receive standard of care (aOR 0.6 [95% CI 0.4-0.9]). Thematic analysis of 13 physician interviews is expected to elucidate aspects of the physician-parent interaction that influence management decisions. **DISCUSSION/SIGNIFICANCE:** Infant race, ethnicity, and use of professional interpretation, are associated with the management of low-risk febrile infants. Physician behaviors that are influenced by the physician-parent interaction may represent modifiable targets for future interventions to promote health equity.