between clinical research and communities impacted by the opioid crisis.

10

"I liked having my voice heard:" Co-designing an adolescent-centered contraceptive counseling training program for primary care clinicians with teen, caregiver, and clinician advisory boards[†]

Bianca Allison[1], Cambray Smith[2,3], Hailey Leiva[1], Janki Patel[2], Emma Brockman[4], Carol Golin[2,3] and Samantha Schilling[1]
[1]University of North Carolina School of Medicine; [2]University of North Carolina Gillings School of Public Health; [3]University of North Carolina School of Medicine and [4]University of North Carolina

OBJECTIVES/GOALS: Our research goal is to translate medical guidelines for adolescent-centered contraceptive counseling into improved clinical practice. Here, we describe the process of co-designing a training program for adolescent-serving primary care clinicians with teen, caregiver, and clinician advisory boards. METHODS/STUDY POPULATION: We recruited teens, caregivers, and clinicians residing in North Carolina to participate in three virtual advisory boards separated by role. Eligible teen advisors were assigned female at birth and 15–19 years old; eligible clinicians provided care for teen patients; and all groups were purposively sampled to reflect diverse identities and experiences. At each advisor meeting, we used human-centered design techniques to elicit participant priorities, generate training content and engagement strategies, and obtain feedback on the final training program. We conducted a focus group at our final meetings and used rapid qualitative analysis to understand our advisors' experiences participating in program co-development. RESULTS/ANTICIPATED RESULTS: We partnered with 20 advisors with diverse identities across geographic location, race and ethnicity, sexuality, and experiences with disability. During 15 meetings from January to May 2024 (five with each advisor group), we developed a 3-hour virtual, synchronous training for adolescent-serving primary care providers to improve their contraceptive counseling skills. The curriculum includes five interactive modules and a resource toolkit. Advisors described motivations to participate (e.g., chance to share their perspective, desire to make change), positive experiences with the advisory boards (e.g., opportunities to learn, to connect with others), and opportunities for improvement (e.g., better technology orientation). DISCUSSION/SIGNIFICANCE OF IMPACT: We describe developing a successful longitudinal partnership with three community advisory boards and co-creating a training program that incorporates community-led priorities and perspectives, including youth. This approach can be adapted for other clinician training programs seeking to center community voices.

11

Using human-centered design to improve cervical cancer screening for people experiencing homelessness

Natalia Rodriguez[3], Lara Balian[1], Abigail Higgins[1], Rebecca Ziolkowski[1], Kalesia Smith[1], Bridget Hawryluk[2], Andrea Kiser[2] and Sarah Wiehe[2]
[1]Department of Public Health, Purdue University; [2]Research Jam, Indiana Clinical and Translational Sciences Institute and [3]Purdue University

OBJECTIVES/GOALS: People experiencing homelessness (PEH) face excess cervical cancer burden and unique barriers to screening. As part of a broader study addressing cervical cancer disparities in homeless populations in Indiana, our goal was to engage unhoused women in a human-centered design process to inform a homeless shelter-based self-sampling intervention. METHODS/STUDY POPULATION: An established community-academic partnership enabled meaningful engagement of homeless communities in Indiana and informed the need to understand and address cervical cancer disparities in this population. Rapid assessment surveys (n = 202) and in-depth interviews (n = 30) were conducted with PEH at two major shelters in Indianapolis and Lafayette to understand cervical cancer screening coverage, knowledge, attitudes, and practices; barriers and facilitators; and acceptability of human papillomavirus (HPV) self-sampling for onsite shelter-based screening. A human-centered design session with (n = 12) unhoused women further explored motivators and concerns regarding self-sampling and informed key messages and informational materials to encourage uptake of screening. RESULTS/ANTICIPATED RESULTS: At least 37% were overdue for screening (last screened >5 years ago; 50% were last screened >3 years ago), far greater than national (22%) or state (24%) averages. Despite common misconceptions regarding indifference toward preventive healthcare among homeless populations, most (87%) wanted to be screened and believed it is important for their health. Competing priorities for daily survival, transportation, cost, provider mistrust, stigma, and related trauma were common barriers to screening. Enthusiasm for HPV self-sampling centered on convenience, privacy, and comfort in taking one's own sample at the shelter. Notable concerns included lack of confidence regarding ability to self-sample correctly, unhygienic conditions in shelter restrooms, preference to be seen by a doctor, and the need for education. DISCUSSION/SIGNIFICANCE OF IMPACT: The unique challenges of PEH require human-centered strategies to improve cervical cancer screening access. Willingness to be screened and acceptability of HPV self-sampling is high. Identified concerns and preferences will guide implementation of HPV self-sampling delivered by trusted community health workers in homeless shelters in Indiana.

12

Reimagining postpartum care to advance health equity – A qualitative study with Black birthing people and health workers[†]

Christina Marea[1], Lauren Arrington[2], Ebony Marcelle[2], Dawn Sherman[3] and Noelene K. Jeffers[3]
[1]Georgetown University, Community of Hope; [2]Georgetown University School of Nursing and [3]Johns Hopkins University School of Nursing

OBJECTIVES/GOALS: 1. Examine structural, interpersonal, and health system factors that impact postpartum well-being for people who are racialized Black. 2. Differentiate components of postpartum well-being. 3. Design a model of postpartum care that addresses comprehensive well-being. METHODS/STUDY POPULATION: We conducted eight focus groups with participants in the Washington, D.C. area including four with Black birthing people who had given birth in the past two years (n = 23), and four with staff and providers from Community of Hope, a federally qualified health center, who provide care to birthing people (n = 19). We used an action-oriented qualitative approach informed by Black feminist theory. Our analysis was grounded in the 5D Cycle for Health Equity (reDefine, Discover, Dream, Design, and Deliver) and appreciative inquiry, which guide researchers to focus on strengths, be open to

https://doi.org/10.1017/cts.2024.703