

professionals) participated across all sites. Studio participants discussed anticipated barriers for participant recruitment and retention with a focus on solutions to those barriers. Based on these suggestions, we created recruitment materials using pictures, videos, and simple terminology. We created educational content to help providers with current best practices for urinary urgency incontinence. We have allowed most study visits to be conducted virtually, identified affiliated clinics in various locations to improve proximity to underserved communities, and have earmarked additional funds to help offset travel costs including gas, public transportation, and childcare. **DISCUSSION/SIGNIFICANCE:** CE studios have provided pragmatic patient- and provider-centered recommendations that have been incorporated into functional strategies to improve research participation and diversity. CTSA CE core expertise can support successful CE studio planning and implementation.

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### **Revitalizing Tenant Wellness: Piloting the Implementation of an In-Building Primary Care Wellness Hub at 100 High Park Avenue for Greater Access to Long-Term Mental Health Services for Underserved Tenants**

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**OBJECTIVES/GOALS:** In a collaborative effort with Toronto Community Housing (TCH), West Toronto Ontario Health Team (WTOHT), and our translational research team, we seek to increase the availability and long-term use of mental health care services through an in-building Wellness Hub for underserved tenants residing in a medical desert, 100 High Park Avenue. **METHODS/STUDY POPULATION:** In our pilot study, we will use an evaluative framework based on resident feedback to gauge the effectiveness of wellness hub implementation. We will examine both survey results, information from key stakeholder conversation and final interview data from the resident participants. Post wellness hub implementation we will inquire about various aspects of their experience in residence related to the main pillars of our project, including the presence of key wellness resources, accessibility of resources, effectiveness of those resources. Qualitative data management softwares results from the semi-structured interview will be coded and analyzed to extract themes and relevant changes throughout and after intervention implementation. **RESULTS/ANTICIPATED RESULTS:** The anticipated project results would be based on the following research question findings: How might we develop and integrate accessible mental health services through the wellness hubs for tenants at 100 High Park Avenue to improve the long-term follow-through of their care? The primary outcome of this project would be collective improvement in mental health of tenants at TCH 100 High Park Avenue. Qualitative evidence in the form of semi-structured interviews of tenants at baseline and after wellness hub implementation are expected to indicate an improvement in their mental health. Secondary outcomes for tenants include fewer incidences of feeling unsafe, reduced drug dependency, and improved community cohesion. **DISCUSSION/SIGNIFICANCE:** A wellness hub will foster well-being and resilience among residents, ultimately enhancing their overall quality of life and community cohesion. Furthermore, the wellness hub model could be scaled across 2,100 TCHC buildings and other metropolitan cities facing similar crisis i.e. New York.

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### **Association Between Gait Limitation and Alzheimer's Disease: Comparison among Elderly in Puerto Rico and Mainland U.S.**

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**OBJECTIVES/GOALS:** In 2022, 116,000 Puerto Ricans were estimated to be affected by Alzheimer's disease (AD). Gait limitation (GL) has been associated with different stages of AD. We study the GL-AD association in two elderly populations: Hispanics residing in PR and Americans in the mainland U.S., and identify the effects, and social determinants of health. **METHODS/STUDY POPULATION:** We propose a cross-sectional study involving data analysis from elderly (>65 years) Hispanics in PR and Americans in the U.S. Data will come from the National Alzheimer Coordinating Center (NACC) and a cohort of AD in PR. Our analysis will consider gait parameters, cognitive performance assessments, and AD stage (mild, moderate, and severe) as determined by the Alzheimer's Association. We will examine social determinants of health and their association with GL and cognitive performance by AD. **RESULTS/ANTICIPATED RESULTS:** Our analysis will evaluate data about GL and AD stages to 1) investigate the association between GL and the distinct stages of AD and 2) evaluate the effects of social determinants of health in the association between GL and AD. We seek to profoundly understand how these factors interact within elderly populations. This exploration encompasses a diverse demographic, including elderly individuals in the U.S. and PR. We seek to identify disparities in social determinants among elderly individuals experiencing GL and AD by comparing PR and US populations. Through this association analysis, our study aspires to offer insight into the connections between GL and AD while considering the effects of social determinants of health in diverse populations. **DISCUSSION/SIGNIFICANCE:** The prevalence of AD is higher among Hispanic populations (e.g., Puerto Ricans) in the USA when compared to other ethnic groups. Experiencing GL may affect their daily lives, leading to exacerbating AD stages. The findings from this study will contribute to possible interventions to improve their GL and AD progression.

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### **Empowering Youth in Mental Health Treatment: A Co-Designed Approach to Measurement-Based Care**

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**OBJECTIVES/GOALS:** This integrated knowledge translation project aims to increase youth engagement in mental health services through enhancing shared decision-making processes. To do this, a knowledge product to support greater involvement in measurement-based care practices will be evaluated and co-developed with youth study participants. **METHODS/STUDY POPULATION:** This study population includes youth (aged 12-25) with lived/living experience of accessing mental health services through an integrated service delivery model in Ontario. Study methods focus on co-designing a knowledge product with youth partners guided by the Knowledge-to-Action (KTA) Framework. The prototype knowledge product addressing identified barriers to MBC understanding, will be quantitatively evaluated by study participants. Through semi-structured