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Utilizing community engagement approaches in translational research

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ABSTRACT IMPACT: Leverage community engagement to continue moving translational science and research forward. **OBJECTIVES/GOALS:** Engaging community in translational research improves innovation and speeds the movement of evidence into practice. Yet, it is unclear how community is engaged across the translational research spectrum or the degree of community-engagement used. We conducted a scoping review to fill this gap. **METHODS/STUDY POPULATION:** We used the PRISMA model search strategy with a range of databases (e.g., PubMed/Medline, Scopus) to identify articles published between January 2008 and November 2018 (n=167) and eliminated studies that did not use any level of community-engagement (n=102). Studies were coded for translational stage-corresponding to T0 (basic science), T1 (basic science to clinical research in humans; n=6), T2 (clinical efficacy and effectiveness research, n=45), T3 (dissemination and implementation research, n=95), and T4 (population health, n=21) as well as the degree of community engagement from least to most intensive (i.e., outreach, consultation, involvement, collaboration, shared leadership). **RESULTS/ANTICIPATED RESULTS:** The final number of eligible articles was 65. There was a relatively balanced distribution across levels of community engagement across articles (i.e., outreach, n=14; consultation, n=13; involvement, n=7; collaboration, n=15; shared leadership, n=16). Within these articles, the depth of community engagement varied with higher engagement typically occurring at later stages of translational research (T3 and T4), but more specifically in the dissemination and implementation science stage (T3). However, shared leadership, the most intensive form of engagement, was found in T2, T3, and T4 studies suggesting the value of community-engagement across the translational research spectrum. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** A strong understanding of how various levels of community engagement are used in translational research, and the outcomes they produce, may expedite the translation of knowledge into practice and enable practice-based needs to inform policy.

33149

Interventions and Education: What We Learned from the 'All Eyes on Us' Study

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ABSTRACT IMPACT: This study identifies potential areas for community and clinical interventions to improve eye and vision health. **OBJECTIVES/GOALS:** The 'All Eyes on Us' study sought to understand perceptions of and barriers to eye and vision care, of residents over the age of 40 in the Broadway/Slavic Village neighborhood in Cleveland, Ohio. The goal of this study was to identify potential areas for community and clinical interventions to improve eye health. **METHODS/STUDY POPULATION:** Residents of the Broadway/Slavic Village neighborhood, an ethnically diverse, low

socioeconomic status, neighborhood in Cleveland, Ohio were recruited from, and with the assistance of, University Settlement, a nonprofit that has been providing services to the neighborhood since 1926. The project's Community Advisory Board assisted with the development of a semi-structured interview guide over the course of three meetings. Sixty interviews were completed, 30 with self-identified European Americans and 30 with self-identified African-Americans, all over the age of 40. Two research team members coded the interview transcripts and a thematic analysis was conducted. **RESULTS/ANTICIPATED RESULTS:** Participants identified barriers to obtaining eye and vision care for themselves as well as perceived barriers for others, including transportation, cost, insurance status, clinic locations, lack of education around eye and vision care, fear, forgetfulness, and priority management. To encourage people to go to the eye doctor more often, participants mentioned strategies related to access issues including lowering the cost of exams, operating on a sliding scale, improving insurance coverage, transportation services, and having mobile units that deployed to specific neighborhoods or senior centers. Additionally, participants suggested education and increasing awareness about the importance of eye and vision care. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Participants in this study identified that accessibility to and awareness about eye health and eye care is an issue. Interventions to address both access issues such as location, cost, and insurance as well as those that increase education could increase engagement with eye and vision care.

46920

Engagement and co-creation in a DNA integrity cohort study

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ABSTRACT IMPACT: Our work is demonstrative of the value embedded in community engagement as a vehicle to facilitate and expand the focus of translational research. **OBJECTIVES/GOALS:** To develop a community-informed recruitment process for a population-based DNA integrity longitudinal study aiming to document the average amount of DNA damage as well as DNA repair capacity in a cohort of community-dwelling individuals. **METHODS/STUDY POPULATION:** The three-member Community Engagement team (CE Team) partnered with a ten-person Community Advisory Board (CAB) to develop recruitment procedures and materials. Through an iterative process taking place over 13 meetings, CAB members answered questions about community context, appropriate recruitment approaches, and tone of communication with potential study participants. They also collaborated in the creation of outreach materials, informational booklets, and the informed consent document. The CAB's input was recorded in meeting notes that informed successive versions of the materials. The CE Team held post-meeting debriefs to develop consensus on lessons learned and next steps. **RESULTS/ANTICIPATED RESULTS:** CAB input generated a five-step recruitment process. It informed approaches to communications with potential participants and resulted in a set of printed recruitment materials. Furthermore, the CAB pushed the CE Team and laboratory scientists to think beyond study participation to a comprehensive view of respectful engagement including notification of elected officials and other community institutions. By

sharing personal anecdotes and asking how this study would reflect their lived experiences and/or contribute to their communities, CAB members inspired the university team to recognize the environmental context that may underlie DNA damage in residents of an underserved community. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The CAB was very effective in generating tools for recruitment. Moreover, CAB members provided insights beyond those originally sought by the CE Team, regarding broader engagement and a focus of future research relevant to the needs of both the community and the university researchers.

58096

A community-academic partnership to implement DASH diet and social/behavioral interventions in congregate meal settings to reduce hypertension among seniors aging in place

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ABSTRACT IMPACT: Our implementation model translates two evidence-based nutritional and behavioral interventions to lower blood pressure, into a community-based intervention program for seniors receiving congregate meals. **OBJECTIVES/GOALS:** The Rockefeller University, Clinical Directors Network, and Carter Burden Network received an Administration for Community Living Nutrition Innovation grant to test whether implementation of DASH-concordant meals and health education programs together lower blood pressure among seniors aging in place. **METHODS/STUDY POPULATION:** n=200, >60 yr, >4 meals/week at CBN; engagement of seniors/stakeholders in planning and conduct; Advisory Committee to facilitate dissemination; menus aligned with Dietary Approaches to Stop Hypertension (DASH) and NYC Department for the Aging nutritional guidelines; interactive sessions for education in nutrition, BP management, medication adherence. Training in use of automated daily home BP monitors (Omron 20). Validated surveys at M0, M1, M3, M6. Taste preference and cost assessed through Meal Satisfaction (Likert scale) and Plate Waste measures. **Primary Outcome:** Change in Systolic BP (SBP) at Month 1; change in % BP controlled. **Secondary:** validated cognitive, behavioral, nutritional measures (SF-12, PQH-2), economics; staff/client satisfaction, trends and significant associations. **RESULTS/ANTICIPATED RESULTS:** n=94, x^2 age =73 +/- 8 years, 65% female, 50% White, 32% Black/African American, 4% Asian, 1% American Indian, Alaskan Native, 13% Other, 32% Latino/a, 43% with income <\$20,000. Mean SBP at Baseline was 137.87 +18.8 mmHg (range 98-191). Menus were adapted to provide 20% daily DASH requirements at breakfast, 50% at lunch. Participants attended classes in nutrition and medication management and were provided with and trained to use an automated home BP monitor. Meal satisfaction scores dipped briefly then met or exceed pre-DASH levels. Home BP data was downloaded every 2-4 weeks with social/behavioral support. The COVID-19 closures interfered with BP outcome data collection and meal

service ceased. **Primary outcome:** x^2 change in SBP at Month 1 = -4.41 mmHg + 18 (n=61) (p=0.713). Significant associations will be reported. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Our community-academic research partnership implemented the DASH diet in congregate-meal settings to address uncontrolled hypertension in seniors. COVID-19 interrupted the study, but encouraging trends were observed that may inform refinement to this community-based health intervention for seniors.

72998

Qualitative analysis of the Los Angeles barbershop study intervention

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ABSTRACT IMPACT: This translational study demonstrates a method for identifying possible mechanisms underlying a highly effective randomized control trial intervention so that a university-public health agency partnership might replicate intervention components in a scalable, feasible, community version of the program. **OBJECTIVES/GOALS:** The Barbershop Study was a cluster randomized control trial which demonstrated that clinical pharmacist directed care, provided to African American men in community barbershops, significantly improve hypertension control. We sought to understand which components of the intervention the participants and implementers considered most important. **METHODS/STUDY POPULATION:** Enrollment in the Barbershop Study included 319 men from 52 barbershops across Los Angeles. Two specialty trained clinical pharmacists led the intervention. We performed 32 structured interviews of 20 study participants, 10 barbers, and 2 clinical pharmacists approximately 1 year after the study's completion. Interviews consisted of 27, 24 and 19 questions for barbers, participants, and pharmacists, respectively. Interviewees were asked about their experience in the study, barriers and facilitators to participation, effective aspects of the intervention, and less helpful components of the design. Interviews were recorded performed by a research assistant uninvolved in the study. Recordings were then transcribed for a qualitative thematic analysis. **RESULTS/ANTICIPATED RESULTS:** We anticipate facilitators of participant engagement to include the provision of care in the community and integration of services into a regular task (getting their hair cut). Based on prior conceptual models, we also anticipate the provision of care in a trusted setting to be an effective means to enhance participants' willingness to follow clinical instructions. An anticipated barrier for participants includes the need to go to an offsite pharmacy to pick up their medications. For barbers, we anticipate themes including a desire to help their community, while barriers include potential decreased productivity due to time spent counseling participants. Pharmacists are expected to identify an enhanced sense of importance in their work, while identifying the need to travel as a barrier to the intervention. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Insights from this qualitative analysis may assist with adaptation of the highly effective Barbershop intervention, allowing it to be rolled out at scale. If done successfully, achieved reductions in blood pressure may result in reduced health disparities and prevent thousands of strokes, heart attacks and deaths.