

dissemination to other hubs. **METHODS/STUDY POPULATION:** The EPV team refined the RPPS-S and developed fielding and data standards, a multi-lingual RPPS/REDCap project XML, At-a-Glance Dashboard, EPV Consortium Database, and Use Cases to align with local initiatives and stakeholder input. Sites ran full thread tests of the infrastructure before launch. To demonstrate RPPS/REDCap, 5 sites implemented Use Cases, surveyed diverse populations via email, patient portal or SMS, and analyzed results using the At-a-Glance Dashboard External module (which provides visual analytics and enables filtering by participant/study characteristics). Sites continue to collect, synthesize and respond to actionable data. To disseminate infrastructure, we will invite early adopters to implement the RPPS/REDCap infrastructure locally, joining the EPV learning collective. **RESULTS/ANTICIPATED RESULTS:** To date, 5 sites surveyed 10,199 research participants, at post-consent or end of study. 2833 (26%) research participants responded, from diverse demographic groups. More than 90% gave the Top Box score response regarding courtesy, respect for cultural background, privacy, and lack of pressure to join a study. Disparities were apparent in the informed consent experience, with a Top Box score range of 38-78% in different demographics. Dissatisfaction with out-of-pocket research costs was a recurring theme. Top Box scores varied for feeling like a valued partner in research (69-93%), would recommend research participation to friends or family (56%-81%), and Overall Experience (64%-90%) questions. Sites identified actionable findings in areas of consent, communication, partnership, and study conduct. **DISCUSSION/SIGNIFICANCE:** The EPV RPPS/REDCap infrastructure enabled sites to broadly collect participant feedback, identify actionable findings and make inter-institutional comparisons. Collaborators are designing local initiatives to increase response rate and diversity, address disparities in research participation experiences, and discover better practices.

Health Equity and Community Engagement

145

A CTS Team Approach to Adapting an Evidence-Based Mindfulness Tool to Increase Trust of Reproductive Healthcare Providers*

Tyler S. Nesbit¹, Karen Awura Adjoa Ronke Coker², Sarah McKune², Larry Forthun³

¹University of Florida ²Environmental and Global Health ³Family, Youth, and Community Sciences

OBJECTIVES/GOALS: The goals of this study are to 1) adapt a mindfulness-based intervention that supports the development of trust-promoting behaviors of OBGYN providers with patients who identify as Black women based on the input of providers and patients, and 2) assess the feasibility of implementation for OBGYN healthcare providers. **METHODS/STUDY POPULATION:** Goal 1: Focus groups will be conducted with members of the populations of providers and Black women patients in Alachua County, Florida to identify essential intervention content to complement the central component of mindfulness and spiritually based practices. This complementary content will serve to address the institutional and cultural context of the intervention setting. Goal 2: Providers will be recruited to participate in interviews about their perceptions of intervention feasibility. These aspects include recruitment potential, acceptability of the intervention content

and delivery, implementation practicality, identification of appropriate outcomes, and identifying strategies to recruit Black women patients to participate in program evaluation. **RESULTS/ANTICIPATED RESULTS:** Goal 1: We will elicit the perspectives of providers and Black women patients regarding the respective roles and relationship of mindfulness and spirituality to increase trust-promoting behaviors with patients who are Black women. We also anticipate identifying additional content to complement the core intervention components that participants perceive as necessary to develop the knowledge, skills, and behaviors which convey the trustworthiness of providers to patients. Goal 2: We expect to gain key insights into intervention design, implementation, and evaluation feasibility from the perspective of providers. Interview data will be aggregated and qualitatively analyzed for themes pertaining to feasibility. **DISCUSSION/SIGNIFICANCE:** An intervention that builds on mindfulness and spiritual practice is an innovative approach to improving interpersonal outcomes in provider-patient relationships. By investigating the feasibility of such an intervention, we will gain insight into how to design and deliver a program to increase the trust-promoting behaviors of OBGYN providers.

146

A Community Engagement Advisory Board's 22 Years of Contributions to Translational Research

Sandra Morales-Mirque, Devyani Gore, Grace Cua, Dana Rusch, David Segovia, Tara Mehta, Marc Atkins, and CEAB Steering Committee

University of Illinois at Chicago

OBJECTIVES/GOALS: CTSIs around the country rely on Community Engagement Advisory Boards (CEABs) to bridge research and communities. The history of this 22-year-old board offers insight on 1) how it was created and has been sustained over time 2) its evolution, and 3) members' views of their contributions to translational research at UIC. **METHODS/STUDY POPULATION:** As founding members began to step down from this long-standing board, we started to document its history and members' narratives and perspectives of the work conducted at UIC since its inception. Using an Oral History methodology, we conducted three virtual focus groups with 13 short and long-term members (n=6, n=4, n=3) to learn about changes within CEAB and in members' roles, and individual semi-structured interviews with three long-standing members to expand on the origin and evolution of CEAB. Focus group data was coded and analyzed. We also extracted data on key events from archived files including grant proposals and CEAB meeting notes. A steering committee of three CEAB members helped guide this process. **RESULTS/ANTICIPATED RESULTS:** The CEAB was founded at the UIC College of Nursing in 2001 under the Center for Research on Cardiovascular Respiratory Health, with a grant from the National Institutes of Nursing Research (NINR). It was established as college-wide advisory board of community experts to help engage underserved communities and to contribute to research beyond recruitment and retention. In 2009, upon receipt of a Clinical Translational Science award that established the Center for Clinical Translational Science (CCTS), the CEAB became a campus-wide board. Over 30 community organizations and many non-affiliated community members have contributed to translational research at UIC throughout the board's history. **DISCUSSION/SIGNIFICANCE:** Over twenty years later, the CEAB continues to help bridge researchers and communities, and to raise awareness about community needs, the importance of cultural relevance, and the inclusion of underserved communities in

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

147

A Digital Approach to Syphilis Infection Prevention

Givanta K. Tribit, Lonnie Hannon

University of Alabama at Birmingham

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.

148

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

Nakita Lovelady¹, Geoffrey Curran¹, Joseph B. Richardson², Michael Wilson¹, Sacha McBain¹, Kelly Urban¹, Taylor Washington¹, Laura Rohm¹, Nickolas Zaller¹

¹University of Arkansas for Medical Sciences ²University of Maryland College Park

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.

149

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

Colleen Gutman¹, Paul Aronson², K. Casey Lion³, Carla Fisher¹, Antonette McFarlane¹, Carma Bylund¹, Rosemarie Fernandez¹

¹University of Florida ²Yale University ³University of Washington

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.