

RESULTS: During the preparation phase, the researcher was tasked with (1) developing a visual guide to highlight key points of the research study and (2) providing a draft of the tentative interview guide for review prior to the CE Studio session. For the engagement stage, participants were recruited from listservs, community organizations, and word-of-mouth to participate in a session facilitated by a member of the CE Studio team. Lastly, we anticipate that the restructuring phase will not only allow us to use feedback from the CE Studio session to alter the interview guide but provide insight into potential recruitment strategies for the overarching research project. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Leveraging CE Studios to elicit feedback from service providers will provide unique insight into addressing the sexual health needs of justice-involved youth. We expect that the overall CE Studio process and feedback will be integral in eliciting strong qualitative feedback and shaping the implementation of the overall research project.

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Patient and neighborhood characteristics associated with frontline therapeutic clinical trial enrollment among adolescents and young adults (AYAs) with hematologic malignancies at affiliated pediatric and adult centers

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OBJECTIVES/GOALS: Despite significant advancements, adolescent and young adult (AYA) patients with hematologic malignancies continue to have inferior improvement in survival over time compared to their younger and older peers. This project assesses which patient and neighborhood characteristics are associated with clinical trial enrollment in this population. **METHODS/STUDY POPULATION:** We will perform a retrospective study of individuals, aged 15–39, diagnosed and treated at Children's Healthcare of Atlanta (CHOA) or Winship Cancer Institute for hematologic malignancies between 2011 and 2023. Our primary exposure variables will be race/ethnicity, the area deprivation index (ADI), and the index of concentration at the extremes (ICE). The primary study outcome will be enrollment in an open frontline therapeutic clinical trial (yes vs. no). Our analyses will estimate the crude and adjusted odds ratio of clinical trial enrollment according to race/ethnicity, ADI, and ICE; these analyses will be adjusted for co-variables of interest (e.g. patient primary language, and insurance provider). As a secondary analysis, we will further subdivide the patients by treatment location and by age tertiles. **RESULTS/ANTICIPATED RESULTS:** Our study team completed preliminary work looking at institutional clinical trial enrollment in a pediatric-only (DISCUSSION/SIGNIFICANCE OF IMPACT: We expect that this study conducted in a large, diverse AYA cohort will reveal key associations about likelihood of clinical trial enrollment. Once these associations are known, we can develop and test interventions – such as augmented social work involvement and assistance with transportation – to mitigate the effect of amenable risk factors.

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Social determinants of health among rural underserved patients with uncontrolled hypertension*

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OBJECTIVES/GOALS: The growing burden of hypertension in the USA disproportionately impacts individuals with lower socioeconomic status and those in rural communities. This study aims to investigate specific social determinants of health associated with uncontrolled hypertension among rural, underserved patients residing in Alabama. **METHODS/STUDY POPULATION:** A retrospective review of electronic health records data from the UAB Selma Family Medicine clinic was conducted. The deidentified data were entered into the Population Health Assessment Engine (PHATE) to render social characteristics and community vital sign (CVS) scores, a social deprivation index, by census tracts. We provide descriptive statistics and compare the stated factors between patients with controlled and uncontrolled hypertension using logistic regression models. We are conducting phone surveys to gather individualized data on social determinants of health to assess the perceived social needs of patients with hypertension. The Protocol for Responding to & Assessing Patients' Assets, Risks & Experience tool was used to develop the survey, and survey responses will be compared with the PHATE results. **RESULTS/ANTICIPATED RESULTS:** Among 2129 patients, 375 (17.6%) had uncontrolled hypertension with a mean age of 58.7 ± 14.4 years. Women comprised 66.7% (250) and 65.1% (1142) of the uncontrolled and controlled hypertension populations, respectively. The prevalence of uncontrolled hypertension was 19.1% among Black patients and 8.2% in White patients. Patients with uncontrolled hypertension had a CVS of 82.37 ± 7.31 and 81.81 ± 8.40 patients with controlled hypertension. Patients with uncontrolled hypertension lived in areas where an average of $46 \pm 11\%$ were not employed, $36 \pm 9\%$ rented, and $28 \pm 1\%$ lived below the federal poverty line (FPL). Adjusting for age, race, and sex, a unit increase in the proportion of people below the FPL was associated with 43% higher odds of uncontrolled versus controlled hypertension (OR = 1.43, 95% CI 0.44, 4.64). **DISCUSSION/SIGNIFICANCE OF IMPACT:** Rural, underserved patients with hypertension experience multiple adverse social determinants, such as nonemployment rates, low income, and rental housing. Survey results will allow us to compare assessed and individualized social determinants that may be important to address when caring for this population.

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Health data stewardship: Toward transparency, community engagement, and shared governance

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OBJECTIVES/GOALS: To guide UCSF in adopting a justice-based, patient-informed model of health data sharing that moves beyond

traditional regulatory frameworks that focus on individual privacy and do not address public good and health equity; to create a roadmap for UCSF to implement transparent, community-engaged data governance that is both responsible and effective. **METHODS/STUDY POPULATION:** We conducted 24 hours of observation at outpatient clinics and 75 in-depth interviews with multiple stakeholder groups: patients, community advisors, and UCSF faculty and staff involved in managing and governing health and research-generated data. We used an ethnographic approach to investigate health data sharing policies and practices and explore perspectives on data governance. We were particularly interested in how data sharing is explained to patients, and what patients and community members know and think about how patient data may be used other than for clinical care. We explored faculty, staff, patient, and community member perspectives about the potential involvement of patients/communities in data governance. We also reviewed UCSF websites with information about data use and sharing policies. **RESULTS/ANTICIPATED RESULTS:** Policy Awareness: Clear communication and improved guidelines for data use policies will enhance awareness among patients, the public, and researchers, boosting UCSF's credibility as a data steward. Risks/Benefits: Data sharing drives scientific and clinical progress but raises concerns about privacy, profiteering, and unequal benefit distribution. Improving the Data Ecosystem: Safe data sharing and public benefit can be strengthened through centralized governance and better communication. Key growth areas include deidentification, external sharing criteria, and leakage prevention. Shared Governance: Patients and community advisors favor shared governance with public involvement, while UCSF informants were equivocal. All are concerned about equitable representation and technical training challenges. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Our recommendations to University leadership: Improve communication of data sharing policies to patients and the public. Involve patients and the public in data governance. Support investigators to ensure understanding and compliance with data use policies. Hold UCSF and collaborators accountable for transparency, equity, and public benefit.

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Exploring best practices for lay dissemination of research study results: Community-driven insights

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OBJECTIVES/GOALS: • To examine current barriers to research translation that collide with funder imperatives to share research results broadly. • To create community-driven guidance on broadening dissemination of research findings to communities to enhance health literacy and trustworthiness in the research process. **METHODS/STUDY POPULATION:** The Penn State Community Health Equity & Engagement in Research team, part of our Clinical and Translational Science Institute, completed six semi-structured focus groups in the Fall of 2023 (N = 46, including geographically diverse communities with and without research experience). Focus groups included presentation of evidence-based and novel approaches to lay results dissemination, including lay briefs and data walks, to elucidate experiences with and preferences for receiving research study results. Qualitative data were analyzed using MAXQDA software, with successful (>0.70) kappa coefficient

achieved for interrater reliability. Codes and themes were developed inductively. **RESULTS/ANTICIPATED RESULTS:** Focus group characteristics included N = 39 identifying as women, with a mean age of 56 years old and 10% identifying as Black/African American. Geographic breakdown included 49% rural, 44% suburban, and 7% urban. Thematic analyses demonstrated a perceived lack of trustworthiness and representation in the research process, with several cultural and geographic barriers to research accessibility and results dissemination. The majority of participants did not receive research results from prior studies and identified the importance of trusted community messengers to share findings broadly. Participants prefer receiving lay briefs, with health literate infographics, over published study manuscripts. Data walks featuring key findings presented by researchers within communities were highly desired. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Improving translation of study results in underrepresented communities is a catalyst for increasing engagement, demonstrating trustworthiness, and improving health literacy. The development of evidence-based lay dissemination methodologies can increase translation and bolster efforts to support informed, research-ready communities.

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Discovery Day: A model for increasing trust and transparency in research

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OBJECTIVES/GOALS: Discovery Day aims to bring diverse and underrepresented groups of potential biomedical research participants into research spaces to increase transparency, knowledge of the research process, trust in research, and interest in STEM fields. **METHODS/STUDY POPULATION:** Discovery Days are one-day events held on Saturdays at a large hospital in the Midwest. Attendees are recruited through flyers, social media, and other media. Recruitment targets communities that are predominantly underrepresented in research, such as Black/African American and Hispanic/Latino. Events included lunch, presentations, interactive lab demonstrations, Q&A sessions, and a tour of the BioBank research facility. Families completed surveys assessing demographics, trust in research, understanding of research, and interest in STEM careers. Descriptive statistics were used to summarize findings. **RESULTS/ANTICIPATED RESULTS:** At a Discovery Day held in May 2024, 58 individuals attended. Each family (N = 30) completed a 15-item survey. Most (70%) participants identified with diverse racial and ethnic backgrounds, with the largest group identifying as Black/African American. Five diverse neighborhoods were represented, as expected for our recruitment strategy. Following Discovery Day, 73.3% of participants reported their trust in research increased, and 93.1% of participants indicated their understanding of research increased. 37.5% reported interest in learning about STEM jobs or internships, and 100% of participants would recommend Discovery Day to friends and family. **DISCUSSION/SIGNIFICANCE OF IMPACT:** We hope that by increasing transparency and trust around the research process, community members that may benefit from research (e.g., genetic research on chronic diseases) may be more likely to participate. Additional findings and future goals for Discovery Day will be discussed.