

POPULATION: We conducted interviews with 107 stakeholders including patients who have had strokes, rehab directors, and physical/occupational therapists to understand their viewpoints for adopting new rehabilitation devices. To contribute to previous literature, interviews were analyzed qualitatively using direct content analysis to provide more specific details about the most appropriate adoption settings, specific roles for stakeholders, and drivers for all stakeholders involved in the adoption process. **RESULTS/ANTICIPATED RESULTS:** Unique to this work, care settings in which therapy goals are best aligned for restorative devices were found to be outpatient rehabilitation, followed by inpatient rehabilitation. Therapists are the major influencers for adoption because they typically introduce new rehabilitation devices to patients for both clinic and home use. We also learned therapists' utilization rate of a rehabilitation device influences a rehabilitation director's decision to acquire the device for facility use. Additionally, device setup in <7 minutes will allow for increased use without reducing therapist productivity. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Rehabilitation device development should consider the best settings to first introduce the device, roles of each stakeholder, and drivers that influence each stakeholder to accelerate successful adoption of the developed device.

69399

How are substance use disorder treatment programs in Arkansas responding to COVID-19? A qualitative study

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ABSTRACT IMPACT: This study informs how substance use treatment programs responded to the COVID-19 pandemic, and highlights implication for future translational research and practice. **OBJECTIVES/GOALS:** The COVID-19 pandemic rapidly changed how substance use disorder (SUD) treatment services are organized and provided. This study examined what changes SUD treatment programs in Arkansas implemented (e.g., guidelines, technologies), and what factors influenced their ability to implement and sustain these changes. **METHODS/STUDY POPULATION:** Between May and August 2020, we conducted semi-structured phone interviews with 29 leaders (administrative and/or clinical leaders) at 21 residential and outpatient SUD treatment programs throughout Arkansas (i.e., in all five Arkansas public health regions). Interviews were based on the Consolidated Framework for Implementation Research and focused on what changes programs were implementing in response to the COVID-19 pandemic, barriers and facilitators to implementation, and recommendations for future. The interviews were on average about 30 minutes long, and we provided no participant compensation. Interviews were recorded and transcribed verbatim, then thematically analyzed. **RESULTS/ANTICIPATED RESULTS:** Programs implemented similar infection control practices: screening at entry, masks, hand hygiene, and social distancing. Residential programs stopped outside visitations and some capped admissions; outpatient programs stopped group sessions and switched most services to telehealth. Key facilitators included grants/loans (e.g., salaries), looser regulatory restrictions (e.g., telehealth), and good coordination with other organizations (e.g., state agencies). Key barriers included limited access to supplies (e.g., masks), no rapid testing (particularly for residential care), limited capacity for social distancing, and negative employee and client responses (e.g., anxiety). Key

recommendations include better access to supplies and testing, telehealth continuation and better communication. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** This study provides an insight into how SUD programs responded to the COVID-19 pandemic and what the 'new normal' is. This can inform D&I studies conducted in SUD settings, including studies examining what implementation strategies can help sustain these changes, or studies of other practices implemented during or after the pandemic.

84539

Developing a Multilevel Intervention to Increase Hepatitis C Virus Screening of Baby Boomers in Primary Care

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ABSTRACT IMPACT: This research will improve human health by increasing screening for hepatitis C virus, thereby decreasing morbidity and mortality from hepatitis C-related disease. **OBJECTIVES/GOALS:** The worldwide incidence of liver cancer increased 75% from 1990 to 2015 due, in part, to chronic hepatitis C virus (HCV) infection. Individuals born 1945-1965 (baby boomers) have five times the prevalence of HCV infection compared to other birth cohorts, but fewer than 15% of this cohort have ever been screened. **METHODS/STUDY POPULATION:** Effective interventions to increase HCV screening among baby boomers are urgently needed. In partnership with a provider advisory board and a community advisory board, we will develop a multilevel intervention designed to increase HCV screening that will be delivered to both providers and patients in primary care. We will assess whether the intervention is feasible, acceptable, and usable from the perspectives of the target audiences (providers and patients) by conducting Concurrent Think Aloud (CTA) interviews with eight patients and eight providers. **RESULTS/ANTICIPATED RESULTS:** While the specific content of both intervention components will not be finalized until the completion of the study, we envision that the provider-level intervention will likely include a one-time educational session and monthly performance feedback provided via e-mail reporting each provider's HCV screening rates. The patient-level intervention may include mailed reminder letters prior to a scheduled clinic visit informing them that HCV screening is recommended and a tablet-based in-clinic computer program to educate, engage, and activate patients to be screened. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The goals of this project are to: 1) develop an acceptable, feasible, and usable multilevel intervention aimed at increasing HCV screening in primary care; and 2) understand the relationship between the intervention components and HCV screening; and 3) reduce HCV-related morbidity and mortality.

86185

Food Cost and Perceptions: through the lens of coaches providing family-based childhood obesity treatment

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ABSTRACT IMPACT: This work will help to identify ways to adapt family-based obesity treatment based on families' food purchasing behaviors and beliefs. **OBJECTIVES/GOALS:** Families in obesity

treatment are encouraged to make dietary changes. Dietary changes are impacted by food choices, which can be influenced by food cost. The objective of this research is to explore families' food purchase behaviors and beliefs from the perspective of their health coach, and to assess how health coaches adapt treatment to address these. **METHODS/STUDY POPULATION:** Semi-structured telephone interviews were conducted with 10 health coaches in the Effectiveness of Family-Based Weight Loss Treatment Implementation in Primary Care (PLAN) study across four geographic locations in MO, NY, and OH. Topics covered were professional background, perspectives on working with families, and discussions with families regarding cost perception and food choice. Conventional content analysis was used through 'open-coding' of transcribed text by reading the transcripts and assigning labels. Codes were then organized into themes. In addition to the interviews, coaches were asked to complete a FRAME checklist to identify adaptations or modifications that were made to the treatment. **RESULTS/ANTICIPATED RESULTS:** The coaches reported that cost is a barrier to making healthier food choices for some but not all of their FBT families. Themes for cost as a barrier include: fast food is cheaper; justification to choose old food choices; sales on foods high in calories and sugar; bulk buying; and fewer sales on healthier options. Themes for what families consider when purchasing healthier items include: perishable foods, increased waste, picky kids, lack of knowledge about healthy eating on a budget, afraid of including new foods, and no money for new foods. The final stage of content analysis for the FRAME schematic checklist is ongoing. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The results exemplify that families' have different food purchasing behaviors and beliefs and consider a variety of factors when making food choices. The data gathered from the FRAME checklists will help in characterizing the adaptations or modifications made by coaches and allow for better understanding of the impact on the families.

Education/Mentoring/Professional and Career Development

Commercialization/Entrepreneurship

27363

Forging Collaboration and the Scalable Dissemination of Biomedical Research Commercialization Education

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ABSTRACT IMPACT: A robust and collaborative network of expertise and services is essential for successful research commercialization, including timely and scalable educational support for CTSA institutions and individual faculty investigators with biomedical innovations. **OBJECTIVES/GOALS:** Leverage expertise at the University of Michigan (UM) by creating collaborative and scalable interactive online courses to instruct and prepare internal and external faculty to navigate critical stages of life science academic research commercialization. **METHODS/STUDY POPULATION:** UM's Fast Forward Medical Innovation created two online courses with the UM Office of Technology Transfer and the Michigan Institute for

Clinical & Health Research (MICHR). Collaborative planning committees, with content and educational experts, set course goals and learning objectives based on audience needs (e.g. preparation for consultations, commercialization concepts, etc.). Draft content was developed, peer reviewed, and revised before Articulate Storyline was used to convert didactic content to active learning content (e.g. interactive slides, scenarios, quizzes, and forms). Pilot testing was conducted prior to the launch to faculty investigators throughout the UM network. **RESULTS/ANTICIPATED RESULTS:** Intellectual Property in the Academic Setting launched via the FFMI website and newsletter in July 2020 and has had 66 learners to date. Medical Device Regulations launched in October 2020 and has 22 learners. OTT and MICHR have successfully integrated the courses into their consultation process by requesting review from faculty investigators. We suspect that this will lead to more in-depth and meaningful conversation. Additionally, these courses have been integrated into an FFMI commercialization course to instruct on critical concepts. Evaluation and refinement for both use cases will ensue, as well as inform future collaborative courses. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Early results suggest that the courses are advantageous and can serve as a model for future collaborations. The opportunity to disseminate the courses across the CTSA network, as well as collaborate with other institutions, to scale localized expertise to a broader network is promising.

32097

Title V Medical Sciences Campus Project (TVMSC) : Clinical and Translational Research (CTR) with an Interdisciplinary/Entrepreneurship (IE) approach for Students and Faculty (UgS, UgF) from Undergraduate Programs (UgP) in Puerto Rico: an initiative for an early jumpstart in CTR and Scientific Entrepreneurship (SE) in a virtual scenario 2020-25.

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ABSTRACT IMPACT: This presentation highlights an integrated curriculum in CTR and a scientific entrepreneurship approach to entice and support students and faculty in HP programs into CTR and SE thus expanding the pool of new minority CTR researchers. **OBJECTIVES/GOALS:** To present the TVMSC as a hub for trainings, mentoring programs, courses, entrepreneurship and support activities for health professionals(HP) and HP students :graduate (GS) and UgS and UgF. Responding to the need for CTR minority researchers, in a virtual setting due to COVID-19 crisis. **METHODS/STUDY POPULATION:** TVMSC will offer an educational program based in the Center for Research, Entrepreneurship and Scientific Collaboration (CRESCO) with on line courses and workshops in CTR and SE, for HP and students and a continued education curriculum for HP and clinician scientists toward a certification in CTR. Two hands-on experiences: a) a Pilot project program(PIP) with teams composed of an F, that previously completed training cycles and a research experience from a previous project in CTR as PI, with a research mentor and students or an established researcher as a PI with UgS and UgF, and b) participation in a SE team which will engage in training and submission of an SE project proposal. **RESULTS/ANTICIPATED RESULTS:** By the end of the five-year period the project will have had 200 UgS, 200 GS and 200 F that received online assistance in CTR skills, statistics and SE; 48 UgS