

services, including newly developed interventions. Understanding how that individuals in these lay roles approach their interactions with clients may help to inform their future selection and training in order to support T3-T4 translation. **METHODS/STUDY POPULATION:** We examined the strategies and perspectives of Peer Mentors in an HIV/STI prevention intervention (Passport to Wellness, PtW) designed to encourage regular screening for HIV and sexually transmitted infections and the use of HIV biomedical prevention (pre- and post-exposure prophylaxis). Fifteen men were trained to serve as Mentors for this novel PtW intervention for Black sexual minority men (SMM) that was being tested in Los Angeles County. Surveys were conducted at the start of their training and both surveys and semi-structured qualitative interviews were conducted after the Mentors had provided peer services for several months. Thematic analysis was conducted on interview transcripts for the 10 men who actually served as program Mentors during the pilot study and small randomized trial of the intervention. **RESULTS/ANTICIPATED RESULTS:** Peer Mentors described trust, rapport, accountability, encouragement, and flexibility as key characteristics of successful mentor-mentee relationships. The Mentors, their peers, and the mentor training and intervention design facilitated these dynamics. Mentors established trust, rapport, and accountability in the first 1-2 sessions with mentees through self-disclosure, reassurance, non-judgement, and discussion of roles and expectations. They also reviewed the goals and referrals developed at baseline with each mentee and used this plan as an accountability tool throughout their sessions. Participants had also viewed an introductory video and read a short mentor biography prior to their first mentor meeting – a step mentors felt increased participants' enthusiasm and willingness to engage. **DISCUSSION/SIGNIFICANCE:** Despite similar histories and demographics that made them peers, the mentors had progressed beyond those they served and often approached interactions with mentees in a manner similar to that of academic mentors. Mentors' expertise and life progress elevates their roles; additional tools from academic mentoring may aid their training and support.

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Association of Parity and Previous Birth Outcome With Brachial Plexus Birth Injury Risk

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OBJECTIVES/GOALS: To evaluate the association of maternal delivery history with a brachial plexus birth injury (BPBI) risk in

subsequent deliveries, and to estimate the effect of subsequent delivery method on BPBI risk. **METHODS/STUDY POPULATION:** We conducted a retrospective cohort study of all livebirth deliveries occurring in California-licensed hospitals from 1996-2012. The primary outcome was recurrent BPBI in a subsequent pregnancy. The exposure was prior delivery history (parity, shoulder dystocia in a previous delivery, or previously delivering an infant with BPBI). Multiple logistic regression was used to model adjusted associations of prior delivery history with BPBI in a subsequent pregnancy. The adjusted risk (AR) and adjusted risk difference (ARD) for BPBI between vaginal and cesarean delivery in subsequent pregnancies were determined, stratified by prior delivery history, and the number of cesarean deliveries needed to prevent one BPBI was determined. **RESULTS/ANTICIPATED RESULTS:** Of 6,286,324 infants delivered by 4,104,825 individuals, 7,762 (0.12%) were diagnosed with a BPBI. Higher parity was associated with a 5.7% decrease in BPBI risk with each subsequent delivery (aOR 0.94, 95%CI 0.92, 0.97). Previous shoulder dystocia or BPBI were associated with 5-fold (aOR=5.39, 95%CI 4.10, 7.08) and 17-fold increases (aOR=17.22, 95%CI 13.31, 22.27) in BPBI risk, respectively. Among individuals with a history of delivering an infant with a BPBI, cesarean delivery was associated with a 73.0% decrease in BPBI risk (aOR=0.27, 95%CI 0.13, 0.55), compared with an 87.9% decrease in BPBI risk (aOR=0.12, 95%CI 0.10, 0.15) in individuals without this history. Among individuals with a previous history of BPBI, 48.1 cesarean deliveries are needed to prevent one BPBI. **DISCUSSION/SIGNIFICANCE:** Parity, previous shoulder dystocia, and previously delivering a BPBI infant are associated with future BPBI risk. These factors are identifiable prenatally and can inform discussions with pregnant individuals regarding BPBI risk and planned mode of delivery.

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Community-Campus Research Incubator (CCRI) Grant Program: 13 years of partnerships improving community health

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OBJECTIVES/GOALS: With the knowledge that population health will not improve without including community voices in research, analysis of the UCI Institute for Clinical and Translational Science (ICTS) Community-Campus Research Incubator (CCRI) grants awarded since 2010 provides the foundation for understanding research partnerships impact on community health. **METHODS/STUDY POPULATION:** Over the past 13 years, the UCI ICTS CCRI program has funded 63 partnered research pilot or capacity-building projects, providing up to \$30K annually to academic-community partnerships. Each year since 2010, between 3 and 7 projects were funded up to \$5,000 annually for capacity-building activities and up to \$10,000 annually for pilot research activities. Additionally, during the COVID-19 pandemic, a collaboration between the UCI ICTS and the local Healthcare Agency provided up to \$20,000 to research partnership teams to study impact and interventions related to the pandemic, where 10 CCRI awards were given out. Evaluations of these research teams was completed at the end of the project, and at years 2 and 3 after the project ended. Analysis of the projects and partnerships aim to reveal the impact of these projects. **RESULTS/ANTICIPATED RESULTS:** In 2023, we compiled all evaluation data collected from 2010 – 2023 from the CCRI partnership grants, including traditional metrics of