Perceptions of the Vaccinated and Unvaccinated to Inform Translation to Health and Public Health Practice

Catherine Woodstock Striley[1], Matthew Alday[1], Michael Gutter[1], Carolina Luz Rosales[1], Irvin PeDro Cohen[2], Linda B. Cottler[1]
[1]University of Florida [2]Local Initiatives Support Corporation (LISC)

OBJECTIVES/GOALS: Translating the science of vaccines to health and public health practice requires understanding how vaccine risks and benefits are understood and applying that knowledge to community translation. During the pandemic the lack of this knowledge became apparent. METHODS/STUDY POPULATION: Through the PACER community engagement special interest group of the ACTS, the University of Florida(UF)/Florida State University and 5 other CTSIs community engagement programs received Center for Disease Control and Prevention funding for the Program to Alleviate National Disparities in Ethnic and Minority Immunizations in the Community (PANDEMIC) to translate vaccinations into the community. At UF, HealthStreet's Community Health Workers, CTSI Mobile Health Vehicle nurses, and Institute of Food and Agricultural Sciences extension agents collaborated to engage adults throughout the North and Central part of the state on their vaccine status and perceptions and to offer them vaccines. RESULTS/ANTICIPATED RESULTS: Through UF, 4,587 people have been interviewed in community settings using the Survey of Perceptions; 25% (1,125) had not received any COVID-19 vaccine. Among differences in perceptions, those vaccinated versus unvaccinated perceived people to be getting vaccines because they cut down on disease spread (28.9% vs. 15.2%), and perceived people NOT to be getting vaccinated because of misinformation/ignorance (27.1% vs. 11.0%) and political beliefs (16.3% vs. 6.7%). Both vaccinated and not perceived lack of trust as a reason to not get vaccinated (41.3% vs 46.4%). When asked what people were doing instead of vaccination, those vaccinated versus unvaccinated responded that people were doing nothing/very little much more often (40.6% vs. 21.8%) but were less likely to say 'trying to stay healthy' (9.1% vs. 18.9%). DISCUSSION/SIGNIFICANCE: The science of translating from bench through clinical trials and to common health and public health practice requires knowledge of reasons for successful adoption. This survey adds to knowledge of perceptions towards vaccines that inhibit translation and biases toward the vaccine-hesitant.

Pharmacy Students Explore Use of an Electronic Medication Adherence Device

Patricia L Darbishire
Purdue University

OBJECTIVES/GOALS: To examine pharmacy students' and patients' perspectives on use of an automatic pill dispenser (APD) and adherence device, and secondly, to identify patient characteristics impacting selection of an APD. This knowledge will assist pharmacists in making appropriate device recommendations that improve medication adherence and effectiveness. METHODS/STUDY POPULATION: One hundred fifty-three pharmacy students participated in a personal APD simulation, living the life as a person taking medication. Students then each identified an actual patient exhibiting medication nonadherence from pharmacy records at their work setting, provided them with an APD free of charge and instructed them on its use. The students later interviewed their patients and reported on their patients' ability to use the APD, as well as their perspectives (likes and dislikes) on the features of the device. Students identified individual patient characteristics associated with successful use of the APD. This new knowledge will aid these future pharmacists in making recommendations for medication adherence devices for their patients. RESULTS/ANTICIPATED RESULTS: In general, patients perceived more difficulty with use of the 10 APD features than did students. Over half of the patients indicated that the following features were a distinct advantage in adherence: individual medication compartment size, method of loading medications, alarm, flashing light, ability to lock the dispenser, and method of retrieving the medication from the device. Patients felt that the biggest disadvantage was its bulky size and lack of portability. In spite of individual difficulties with use, the research findings showed that persons who are elderly, homebound, have memory problems, take multiple medications and/or have complex regimens are most likely to benefit from the device features and exhibit improved adherence to their prescribed medication regimen. DISCUSSION/SIGNIFICANCE: Medication adherence rates in the U.S are agreed upon to be about 50% - highly relevant to healthcare practitioners since several studies suggest a correlation between adherence and improved health outcomes. Pharmacists must be knowledgeable about non-adherence tools and consider patient characteristics when recommending an adherence aid.

Preliminary Validation of the Arabic Global Neuropsychological Assessment

Andy Strohmeier[1], Lauren Olson[1], Riam Almukhtar[2], Kinga Szigeti[3], David Schretlen[4], Renee Cadzow[5], Ralph Benedict[3]
[1]University at Buffalo [2]Almustansiriyah University [3]Jacob's School of Medicine and Biomedical Sciences [4]Johns Hopkins University School of Medicine [5]D'Youville University

OBJECTIVES/GOALS: Language is the main barrier to equitable access of neuropsychological resources. In our preliminary study, using an Arabic translation of the Global Neuropsychological Assessment (GNA), we assessed 27 Arabic-speaking participants and compared them to English-speaking controls. Our goal was to assess the Arabic GNA's validity and feasibility. METHODS/STUDY POPULATION: The Global Neuropsychological Assessment (GNA) is a brief 15-minute assessment of cognition. 27 Arabic-speaking participants were recruited and assessed with the GNA and an Arabic translation of the Montreal Cognitive Assessment (MoCA) by community health workers (CHWs). 17 English-speaking participants GNA data were gleaned from a previous validation study and compared to the Arabic sample via independent samples t-tests. Correlations between the GNA sub-tests and Arabic-translated MoCA are reported in the Arabic-speaking sample. RESULTS/ANTICIPATED RESULTS:): Independent samples t-tests revealed that Arabic and English-speaking groups significantly differed on education (Arabic: M = 10.3, SD = 3.4, English: M = 15.4, SD = 2.43 t(41) = 6.2, p < .05) but not age (p > .05). A one-way ANCOVA model controlling for education revealed that Arabic and English-speaking groups were not significantly different in any GNA subtest (all p's > .05) except for the perceptual comparison task (Arabic: M = 22.4, SD = 6.9, English: M = 38.4, SD = 9.9, p <