collection of primary data (through methods such as surveys and interviews) and secondary data (including historical and current census data). Primary data analysis for primary will use conventional quantitative and qualitative methods. Finally, researchers will use the analyzed data to develop a context-appropriate initial model of care for the ERC health clinic and a subsequent evaluation plan to assess the model's effectiveness and sustainability. RESULTS/ANTICIPATED RESULTS: All primary and secondary data will be synthesized into a report that will inform the development and implementation of two main deliverables. The first deliverable will be a framework for the clinic's initial model of care that is context-appropriate to the current needs of the Keith Neighbourhood. The model of care will be culturally sensitive and trauma-informed. The second deliverable will be an evaluation plan for the clinic that can be used to continuously iterate on the initial model, ensuring its sustainability. Furthermore, the project's process may be extrapolated into a framework that could be used to establish primary care clinics within other priority communities. DISCUSSION/SIGNIFICANCE: The proposed model of care will enable practitioners to deliver relevant and timely health services while being adaptable to the community's evolving needs. It will help improve the Keith Neighbourhood residents' long-term health and social outcomes. This project will contribute to and inform the development of the field of translational science.

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The role of family and filial piety in serious illness and end-of-life decision making in the Chinese diaspora: an exploratory qualitative study

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OBJECTIVES/GOALS: The process of decision making in serious illness and end-of-life care needs to be culturally appropriate, relevant, and equitable. For Chinese Americans, family and filial piety have been shown to impact this process, yet it remains poorly understood how. The purpose of our study is to explore this decision-making process qualitatively. METHODS/STUDY POPULATION: We created semi-structure interview guides, based on a literature review of values salient to serious illness and end of life care for Chinese Americans. The guides will be used to conduct three focus groups, each with ten participants who identify as Chinese American stratified by highest attained familial role (grandparents, parents, and adult children). This will be done in partnership with Greater Boston Chinese Golden Age Center, a local community organization, in English, Cantonese, and Mandarin using our interview guides with live interpretation. Focus groups will be audiotaped, transcribed, and analyzed using thematic content analysis and modified grounded theory. RESULTS/ANTICIPATED RESULTS: We anticipate that we will identify how, by whom, and why Chinese Americans in Boston's Chinatown make decisions during serious illness and end-of-life. We anticipate that we will clarify cultural values, the balance between individual and collective values, intergenerational processes, individual and family suffering, and themes salient to this process. We expect to elucidate the role of family and filial piety during serious illness and end-of-life decision making and compare how these processes differ by generation and familial role for this population. DISCUSSION/SIGNIFICANCE: Using the family as a unit of investigation and focusing on intergenerational processes represent a novel approach to understanding decision making during serious illness and end of life care for Chinese Americans.

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Benefits of leveraging community-academic partnerships to plan and implement the Great Plains IDeA CTR Annual Community-Engaged Research Institute

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OBJECTIVES/GOALS: Building community-engaged research capacity is imperative to improve translation, but not everyone exhibits capacity to conduct research, especially community. We modified the research institute planning and implementation process between 2022 and 2023 to increase community appeal and engagement. METHODS/STUDY POPULATION: The 2022 and 2023 Community-Engaged Research Institutes (CERI) varied in their formats. For 2022, we hosted a one-hour planning session with community-academic dyads from our Community Advisory Board facilitated by the CEO director and co-director. The 2022 CERI consisted of five sessions totaling 12 hours. The first session was hybrid, followed by four virtual sessions. For 2023, we hosted two, facilitated one-hour planning sessions with community partners who attended the 2022 CERI, based on feedback and attendance from 2022. The 2023 CERI was consolidated to a seven-hour, one-day hybrid session. RESULTS/ANTICIPATED RESULTS: In 2022, two community partners participated as CERI panelists. There were 95 unique attendees spanning five days. Of the 95 attendees, 67% (n=64) were researchers and 33% (n=31) were community members. In 2023, eight community partners participated as CERI panelists and presenters. There were 57 unique attendees, of which 61% (n=34) were researchers and 39% (n=23) were community members. When comparing attendance for 2022 (29%, n=28) and 2023 (86%, n=49), in-person attendance was increased by 57%. DISCUSSION/SIGNIFICANCE: In 2023, we focused on research capacity building for community partners to align with community engagement principles and increasing research impact across the translational spectrum. Partnering with community elevated appeal for community participation and an increase in-person attendance.

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Four Pillars of Community Health and Research Engagement: The UT Southwestern CTSA Program's Innovative Approach to Putting the Community Health Science Model into Practice

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OBJECTIVES/GOALS: Goals: Engage in collaborative approaches that target health disparities, especially among communities experiencing poverty or ethnic/racial minorities. Develop and sustain effective community-academic partnerships that foster trust through

bidirectional communication and shared leadership leading to improved translational research. METHODS/STUDY POPULATION: The Community Health Science model was developed at UTSW over the past 20 years in efforts to integrate practices across 3 component areas – clinical practice, population health, and community organizations – into a single collaborative effort to improve health and reduce disparities. As part of the CTSA Program's translational science efforts, we have extended this model to promote community engagement in research as an additional strategy needed to achieve health equity. Our Office of Community Health & Research Engagement operates 9 programs that each fit within one or more of 4 overarching conceptual pillars - Education/Resources, Collaboration/Partnership, Outreach/ Service, Priorities/Perspectives - serving to bridge the community-academic divide and build strong, trusting relationships. RESULTS/ANTICIPATED RESULTS: The implementation of our model has resulted in measurable outcomes. To date, we have hosted 23 HealthStreet community events resulting in 464 health screenings, 203 health needs assessments completed, and 123 individuals joining our Community Research Registry allowing for future contact to participate in research. Our Community Health Coalition, comprised of 32 organizations, provides a forum for co-learning between researchers and stakeholders. We have awarded 9 grants ($175,800) for community-engaged projects. Our Community Advisory Panel has participated in 8 sessions with research teams. A total of 13 projects utilized the Spanish Language Resource, for a total of 30,617 translated words. Finally, we have hosted 9 Community Engagement Grand Rounds lectures, which included a total of 559 attendees. DISCUSSION/SIGNIFICANCE: Our model strengthens our capacity to build trust with communities and facilitate sustained community-academic partnerships. By prioritizing community engagement in research, we improve health equity by understanding community perspectives and increasing diversity in trials. We hope our model can be disseminated and scaled for greater impact.

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Evaluation of treatment for opioid use disorder across North Carolina: a study protocol
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OBJECTIVES/GOALS: Our objectives are to: 1) characterize opioid treatment providers in North Carolina according to payment methods accepted and ability to provide medications for opioid use disorder and 2) use geomapping technology to characterize geographic access to treatment for opioid use disorder in NC. METHODS/ STUDY POPULATION: We will identify opioid treatment providers using resources published by SAMHSA and NC DHHS. We will characterize all providers identified according to provision of medications for opioid use disorder, payment or insurance accepted, and services provided. ArcGIS will be used to characterize geographic distribution of treatment resources after filtering for these key characteristics and determine access according to driving radius. RESULTS/ANTICIPATED RESULTS: We anticipate that the geographic analysis of opioid treatment provider availability will reveal limited access to treatment, particularly in rural areas. We anticipate that further filtering for factors such as provision of medications for opioid use disorder–a first-line, evidence-based intervention—and payment or insurance accepted will demonstrate that the availability of evidence-based, financially accessible treatment for opioid use disorder in North Carolina is critically limited. DISCUSSION/SIGNIFICANCE: We anticipate that an analysis of treatment options available for opioid use disorder, particularly when considering insurance status and drive times, will clearly demonstrate the need for development and expansion of opioid treatment options, and in which areas those efforts are likely to have the highest impact.

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Engaging Michigan's Rural, Upper Peninsula Community in Translational Science to Advance Community Engagement Among Nonprofits
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OBJECTIVES/GOALS: The Michigan Institute for Clinical & Health Research (MICHR) Community Engagement (CE) Program fosters translational science and community-engaged research (CenR) through education, connecting, supporting, and funding efforts and opportunities. METHODS/STUDY POPULATION: In Michigan's Upper Peninsula, CE partnered with the Michigan Health Endowment Fund to develop a 3-hour workshop that consisted of a panel discussion on best practices of community engagement and a presentation on community engaged nonprofit management. The workshop was designed from mapping 60 participants' pre-workshop survey findings and reviewing themes from a planning meeting transcript with six community partners. Key themes that emerged included participatory budgeting, collaborative governance, communications, and community planning. RESULTS/ ANTICIPATED RESULTS: A mix methods post-workshop evaluation feedback survey was completed. The 9-item survey assessed workshop content, satisfaction, and knowledge gained using a Likert scale as well as opened questions about key takeaway and value added. Quantitative results to be analyzed. Qualitatively, some participants described the workshop as helpful and thoughtful about how to strengthen community engagement within their organizations. Others expressed a desire for more time. Regarding impact, CE received an uptake in consultations and inquiries into statewide pilot grants. The workshop facilitated new collaborations with philanthropic and community organizations serving the Upper Peninsula. DISCUSSION/SIGNIFICANCE: Lessons learned highlight trust, understanding community culture, and moving slowly in a newly formed collaboration. The approach utilized in the Upper Peninsula can inform translational methods for additional partnerships underway across the state of Michigan.