

sharing personal anecdotes and asking how this study would reflect their lived experiences and/or contribute to their communities, CAB members inspired the university team to recognize the environmental context that may underlie DNA damage in residents of an underserved community. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The CAB was very effective in generating tools for recruitment. Moreover, CAB members provided insights beyond those originally sought by the CE Team, regarding broader engagement and a focus of future research relevant to the needs of both the community and the university researchers.

58096

A community-academic partnership to implement DASH diet and social/behavioral interventions in congregate meal settings to reduce hypertension among seniors aging in place

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ABSTRACT IMPACT: Our implementation model translates two evidence-based nutritional and behavioral interventions to lower blood pressure, into a community-based intervention program for seniors receiving congregate meals. **OBJECTIVES/GOALS:** The Rockefeller University, Clinical Directors Network, and Carter Burden Network received an Administration for Community Living Nutrition Innovation grant to test whether implementation of DASH-concordant meals and health education programs together lower blood pressure among seniors aging in place. **METHODS/STUDY POPULATION:** n=200, >60 yr, >4 meals/week at CBN; engagement of seniors/stakeholders in planning and conduct; Advisory Committee to facilitate dissemination; menus aligned with Dietary Approaches to Stop Hypertension (DASH) and NYC Department for the Aging nutritional guidelines; interactive sessions for education in nutrition, BP management, medication adherence. Training in use of automated daily home BP monitors (Omron 20). Validated surveys at M0, M1, M3, M6. Taste preference and cost assessed through Meal Satisfaction (Likert scale) and Plate Waste measures. **Primary Outcome:** Change in Systolic BP (SBP) at Month 1; change in % BP controlled. **Secondary:** validated cognitive, behavioral, nutritional measures (SF-12, PQH-2), economics; staff/client satisfaction, trends and significant associations. **RESULTS/ANTICIPATED RESULTS:** n=94, x² age =73 +/- 8 years, 65% female, 50% White, 32% Black/African American, 4% Asian, 1% American Indian, Alaskan Native, 13% Other, 32% Latino/a, 43% with income <\$20,000. Mean SBP at Baseline was 137.87 +18.8 mmHg (range 98-191). Menus were adapted to provide 20% daily DASH requirements at breakfast, 50% at lunch. Participants attended classes in nutrition and medication management and were provided with and trained to use an automated home BP monitor. Meal satisfaction scores dipped briefly then met or exceed pre-DASH levels. Home BP data was downloaded every 2-4 weeks with social/behavioral support. The COVID-19 closures interfered with BP outcome data collection and meal

service ceased. **Primary outcome:** x² change in SBP at Month 1 = -4.41 mmHg + 18 (n=61) (p=0.713). Significant associations will be reported. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Our community-academic research partnership implemented the DASH diet in congregate-meal settings to address uncontrolled hypertension in seniors. COVID-19 interrupted the study, but encouraging trends were observed that may inform refinement to this community-based health intervention for seniors.

72998

Qualitative analysis of the Los Angeles barbershop study intervention

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ABSTRACT IMPACT: This translational study demonstrates a method for identifying possible mechanisms underlying a highly effective randomized control trial intervention so that a university-public health agency partnership might replicate intervention components in a scalable, feasible, community version of the program. **OBJECTIVES/GOALS:** The Barbershop Study was a cluster randomized control trial which demonstrated that clinical pharmacist directed care, provided to African American men in community barbershops, significantly improve hypertension control. We sought to understand which components of the intervention the participants and implementers considered most important. **METHODS/STUDY POPULATION:** Enrollment in the Barbershop Study included 319 men from 52 barbershops across Los Angeles. Two specially trained clinical pharmacists led the intervention. We performed 32 structured interviews of 20 study participants, 10 barbers, and 2 clinical pharmacists approximately 1 year after the study's completion. Interviews consisted of 27, 24 and 19 questions for barbers, participants, and pharmacists, respectively. Interviewees were asked about their experience in the study, barriers and facilitators to participation, effective aspects of the intervention, and less helpful components of the design. Interviews were recorded performed by a research assistant uninvolved in the study. Recordings were then transcribed for a qualitative thematic analysis. **RESULTS/ANTICIPATED RESULTS:** We anticipate facilitators of participant engagement to include the provision of care in the community and integration of services into a regular task (getting their hair cut). Based on prior conceptual models, we also anticipate the provision of care in a trusted setting to be an effective means to enhance participants' willingness to follow clinical instructions. An anticipated barrier for participants includes the need to go to an offsite pharmacy to pick up their medications. For barbers, we anticipate themes including a desire to help their community, while barriers include potential decreased productivity due to time spent counseling participants. Pharmacists are expected to identify an enhanced sense of importance in their work, while identifying the need to travel as a barrier to the intervention. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Insights from this qualitative analysis may assist with adaptation of the highly effective Barbershop intervention, allowing it to be rolled out at scale. If done successfully, achieved reductions in blood pressure may result in reduced health disparities and prevent thousands of strokes, heart attacks and deaths.

82913

Engaging women of color virtually: Cultural Impact of Treatment Delays among Women of Color with Uterine Fibroids

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ABSTRACT IMPACT: This study will showcase the importance of incorporating patient stakeholders in the development of an interview guide for a women of color with uterine fibroids, an understudied population. **OBJECTIVES/GOALS:** Black women and Hispanic/Latinas report having greater symptom burden from uterine fibroids (UF), non-cancerous neoplasms, compared to White women. These disparities may be linked to cultural factors resulting in treatment delays. The objective of this study is to provide insights to barriers and facilitators to timely treatment. **METHODS/STUDY POPULATION:** In partnership with the Fibroid Foundation, a UF advocacy organization, we plan to conduct a virtual community engagement (CE) studio to serve as a first step for a pilot study with a national cohort of Black women and Hispanic/Latinas who receive treatment in the United States for UF. The studios will include a presentation about UF treatment options and a facilitated discussion. The CE team will use past research and constructs from Model of Improvement and Health Belief Model to develop materials for the studio. A qualitative researcher will guide the discussion, a note-taker will take notes, and they will thematically code the notes. The results will be used to create and implement a cross-sectional in-depth qualitative study with a national sample. **RESULTS/ANTICIPATED RESULTS:** We hypothesize that timely treatment will be impacted by cultural factors, such as health literacy in uterine fibroids and menstruation. We expect that detailed feedback from this national cohort will contribute to greater insight to the experiences of women of color with UF and address barriers and facilitators to treatment. We anticipate the anecdotes will provide information about the influence of culture in seeking treatment for UF. We will utilize this experience to understand the impact of a virtual CE studio in elucidating open discussion among women of color on a challenging and personal topic. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Using CE process with advocates and research partners attains a deeper understanding in the development of an interview guide to examine the cultural impact on the treatment of UF for women of color. Understanding cultural barriers and facilitators can help overcome treatment delays in UF along with other gynecological diseases.

Education/Mentoring/Professional and Career Development

17157

Racial/ethnic disparities in antibiotic-resistant infections: Knowledge gaps and opportunities for educational interventions

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ABSTRACT IMPACT: By identifying clear gaps in our knowledge of racial and ethnic disparities in antibiotic-resistant infections, this

research is informing the design of (a) community-based interventions and (b) patient-centered research studies that we are currently leading to address these disparities and improve human health. **OBJECTIVES/GOALS:** Antibiotic resistance (AR) is widely considered to be the next global pandemic. As with COVID-19, the potential for AR to disproportionately impact racial/ethnic minorities is a major concern. Our goal was to identify gaps in knowledge of AR disparities in order to inform the types of interventions that might be most appropriate to address this. **METHODS/STUDY POPULATION:** We reviewed the literature to examine evidence of racial/ethnic disparities in (a) infections with the most concerning drug-resistant bacteria in the United States, and (b) underlying social-economic or behavioral factors that could contribute to such infections. We searched PubMed and Google Scholar to identify studies published in English between August 1973 - August 2020. We used keywords that included: antibiotic resistance, antibiotic-resistant infections, antibiotic-seeking behavior, prescription/non-prescription antibiotic use, antibiotic education, or health literacy AND race, ethnicity, or socioeconomic status. We screened all abstracts to identify US-based studies that assessed (a) or (b) above. **RESULTS/ANTICIPATED RESULTS:** We identified 11 studies investigating racial/ethnic disparities for 5 of the 17 drug-resistant bacteria flagged in the CDC's 2019 Antibiotic Resistance Threats Report. Black, Hispanic, and lower-income individuals were found to be at higher risk of some community-acquired antibiotic-resistant infections. We identified multiple factors that may contribute to disparities in AR-related morbidity and mortality, including reported differences in antibiotic use, higher likelihood of living in crowded/multigenerational homes, more frequent employment in potentially high exposure settings (e.g. slaughterhouses), lower health literacy, and more frequent underlying comorbidities, which increases risks for hospitalization and subsequent acquisition of drug-resistant infections. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Given the small number of studies on this topic, educational interventions that aim to raise awareness of this issue must target not only the public but also researchers. Community-based interventions that seek to address disparities in 'antibiotic resistance literacy' among minority and underserved groups could be particularly impactful.

25179

The Community Mentor for Scholars Program: Pilot Program Results

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ABSTRACT IMPACT: Strengthening investigator and community engagement to improve human health **OBJECTIVES/GOALS:** Community Engagement is one of the 14 core competencies for CT research defined by the CTSA Education Core Competency Work Group. To meet this, the UMN CTSI created the Community Mentor for Scholars Program with goals to: 1) train Scholars to engage stakeholders; and 2) provide community with formal mentoring training and linkages to researchers at UMN. **METHODS/STUDY POPULATION:** The CM Program was implemented over 12 months and includes four components. One, Scholars were trained in stakeholder identification and working with a community mentor (CM) through two seminars presented by expert faculty and staff. Two, CMs were identified, recruited, and matched with Scholars through a collaborative effort of our CTSI Education and Community Engagement cores. Three, Scholars