

refugees. Common barriers to research participation that we expect are mistrust, financial constraints, fear of unintended outcomes, stigma about participating in research, and fear of deportation or concern of immigration status. We plan to address these barriers by hiring bilingual Somali recruiter/interviewer, translating study materials, reassuring confidentiality of participant's information, providing a \$50 incentive, and implementing community advisory board's input on study design and recruitment sites. **DISCUSSION/SIGNIFICANCE:** Translational Impact: Findings from interviews will be disseminated and evaluated by members of the community and providers. Recommendations based on our findings can be applied in mental healthcare practice to reduce identified barriers. Community dissemination can also promote the destigmatization of mental healthcare in the Somali community.

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### **"I am interested!": Lessons Learned from the All IN for Health/Indiana CTSI Health Advisory Board**

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**OBJECTIVES/GOALS:** All IN for Health's Advisory Board is an active board providing advice on strategic directions, feedback, contributing ideas, and accountability. Most recently, the HAB had 4 openings. A call to our community of over 13,000 individuals was published. We received 488 applications. We share the lessons in motivations and interests shared respondents. **METHODS/STUDY POPULATION:** Four hundred eighty-eight individuals submitted applications for participation in the All IN for Health Advisory Board. The call went out to the All IN for Health volunteer research network comprised of community members across the state. The call mentioned a nominal compensation of \$50/hour, and time commitment of a 2-hour board meetings via video conferencing every 3 months. The application process included the following questions: 1. What lived experiences and/or personal interests have motivated you to be involved in All IN for Health? 2. Please explain why you are interested in being an All IN for Health Advisory Board member? **RESULTS/ANTICIPATED RESULTS:** We organize the findings in two categories: Motivation and Interests. The motivation category refers to individual's motivation to be part of the All IN for Health initiative. Interest category referred to individual's specific interest in participating in the All IN for Health Advisory Board. Individuals were motivated to participate based on (1) family or friend diagnosis, (2) personal diagnosis, (3) roles as caregivers, (4) desire to impact change and advocacy, (5) role as health professional, and (6) previous participation in research. Interests followed similar themes with additional categories of sharing their experience, previous research and board experience, as well as a desire to educate future generations of researchers. **DISCUSSION/SIGNIFICANCE:** We share the narratives honoring individual stories for the top three motivations and interest. This information can be used for recruitment to boards, research participation, and healthcare advocacy, and highlights importance of sharing successes and challenges to the processes of forming and sustaining effective boards.

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### **Do they REALLY Trust Us?: The Importance of Trust and Trustworthiness in All IN for Health**

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**OBJECTIVES/GOALS:** The critical role that trust plays continues to be documented and highlights the gap in understanding the extent to which initiatives such as All IN for Health from the Indiana Clinical and Translational Institute (I-CTSI) can improve trust between the community and researchers. We discuss measures of trust and evaluate how we may improve recruitment. **METHODS/STUDY POPULATION:** In this study, we invited over 13000 volunteers from the All IN for Health research participant registry. Six hundred and sixty-three (663) respondents participated in the survey. The Relationship of Trust and Research Engagement Survey included three validated surveys: Distrust in Healthcare Organizations, the Trust in Medical Researchers scale by Hall et. al, and Patient Trust in Medical Researchers by Mainous et al.. The 36-item survey also included open-text questions. **RESULTS/ANTICIPATED RESULTS:** Based on preliminary results 74% agreed it's safe to be in medical research, yet 79% had never been asked to participate in medical research by their doctor. Sixty percent believed that HCOs put money above patients' needs. Forty percent agreed that doctors do medical research for selfish reasons. Fifty percent disagree that patients get the same medical treatment regardless of race/ethnicity. Moreover, 28 % agree that medical researchers act differently toward minorities. Between 9 and 11% believe that researchers select minorities for their most dangerous studies and some projects are secretly designed to expose minoritized groups to diseases. Our next step is to disaggregate the data by race and ethnicity and evaluate these answers. **DISCUSSION/SIGNIFICANCE:** This study's population willingly engaged in a research registry making their diminished trust quite alarming. Amongst the general population, trust in scientists is now below pre-pandemic levels. We must critically assess our own trustworthiness, and critically reflect on the authenticity of our efforts.

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### **Motivators and Barriers to COVID-19 vaccination among Native American and Latino Communities**

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**OBJECTIVES/GOALS:** COVID-19 disproportionately impacts rural communities of color. Socioeconomic status, occupation and chronic