259

Evaluation of screening services in community pharmacies: A systematic review

Brandy Davis[1], Adelia Grabowsky[2], Natalie Hohmann[2], Brent Fox[2] and Lindsey Hohmann[2]
[1]UAB/Auburn University and [2]Auburn University

OBJECTIVES/GOALS: To describe the evaluation processes of screening services implemented in community pharmacies. METHODS/STUDY POPULATION: A systematic literature review will be conducted from the last 20 years in Ovid Medline, APA PsycINFO, Clinialtrials.gov, and International Pharmaceutical Abstracts. Inclusion criteria are written in English, describes a clinical or health-related screening service in a community pharmacy, and evaluation of said health screening service is included. Approximately 950 articles have been initially identified. Two authors will screen each title, abstract, and full text for inclusion. Subsequent data extraction will occur including elements of 1) evaluation framework, 2) evaluation outcomes assessed, and 3) evaluation results. All elements of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist will be followed. Quality of articles will be assessed using the MMAT. RESULTS/ANTICIPATED RESULTS: Results are expected to show limited evaluation of screening services in pharmacies. Clinical conditions included in the screening services are expected to vary greatly. High-quality evaluations will be noted as templates for future evaluation of screening services in community pharmacies. DISCUSSION/SIGNIFICANCE OF IMPACT: This systematic review will describe the current literature on evaluation of health screening services in community pharmacies. This will give readers an overview of how evaluations are currently being carried out in this setting, as well as provide them with templates of high-quality evaluations for future evaluation of screening services.

260

Starting a conversation: A community engagement beginning

Bashar Shihabuddin[1,2]
The Ohio State University College of Medicine and The Ohio State University College of Medicine/Nationwide Children’s Hospital

OBJECTIVES/GOALS: Community engagement in pediatric emergency medicine research is completed mostly when an exemption from informed consent (EFIC) is involved. A campaign was designed to engage the community surrounding an academic pediatric emergency department in an informal discussion on any pediatric acute care and research topics they felt were important. METHODS/STUDY POPULATION: A flyer inviting members of the community to a virtual session was circulated through social media and word of mouth. Five members of the community attended the first session, including one with healthcare expertise and another with clinical research experience. The participants were not asked any personal characteristic questions and were allowed to self-identify during the discussion, to maintain the informal nature of the session. RESULTS/ANTICIPATED RESULTS: All the participants identified as women, and mothers to children ranging in age from 11 weeks to 14 years. The participants highlighted community engagement as pivotal for advancing children’s health. They stressed the inclusion of groups traditionally underrepresented in healthcare systems, including patients and families who rarely utilize acute services and whose children have no chronic medical conditions. Critical issues in emergency and urgent care for children were extensively discussed, with a focus on when acute medical treatment is necessary and determining appropriate healthcare settings – emergency departments, urgent care centers, or primary care offices. The participants unanimously supported research leading to practical solutions for improving children’s health outcomes. DISCUSSION/SIGNIFICANCE OF IMPACT: A group of community caregivers can lead to an established collaborative effort to enhance children’s healthcare outcomes through community engagement, informed decision-making, and practical application of research findings to families and caregivers. A standing community meeting is planned based on the feedback from the first session.

261

Driving community health and mental health programming through collaborative, ongoing community health needs assessments

Sharon Croisant[1], Krista Bohn[1], Cara Pennel[1], Emma Tumilty[1], Claire Hallmark[1] and Paula Tobon[2]
[1]The University of Texas Medical Branch and [2]St. Vincent’s House

OBJECTIVES/GOALS: The Research Education and Community Health (REACH) coalition proposes to develop the infrastructure for continuous and comprehensive collection of community health data to drive programs, education, and funding priorities across municipal agencies, institutions, and nonprofit organizations in Galveston County. METHODS/STUDY POPULATION: The workgroup through REACH will organize and adopt a comprehensive community health needs assessment that 1) accumulates existing, readily available data for shared use (e.g., Center for Health Care Data at the UT School of Public Health, the Texas Department of State Health Services Center for Health Statistics, and Epic Cosmos, a data aggregation tool, used by UTMB and other health systems to improve patient care); 2) utilizes data collected throughout the community (i.e. non-profits, municipal agencies, and law enforcement); and 3) applies qualitative data from focus groups and/or key informant interviews, so we can hear directly from community members about what their needs are. By doing so, we hope all can benefit from having access to current and relevant data to drive our programs, education, and funding. RESULTS/ANTICIPATED RESULTS: This Community Health Needs Assessment is being coordinated by a diverse workgroup including community organizations, researchers, and policy makers who will benefit from access to current and relevant data. The Galveston Youth Risk Student Survey, completed every three years and most recently in 2024, revealed lingering health and mental health effects of the COVID-19 pandemic on County youth. This highlighted the need for community access to current, accurate, and ongoing data to drive programming, interventions, and education. The REACH Coalition, made up of 23 UTMB Centers and Institutes and 39 community organizations, is spearheading this effort as a part of its mission to facilitate collaborative research, service, and educational efforts. DISCUSSION/SIGNIFICANCE OF IMPACT: Collected data will be used to establish and support ongoing, coordinated interventions in response to identified needs. Shared ownership of data and project

https://doi.org/10.1017/cts.2024.904

implementation optimizes resources and reduces gaps and/or redundancy in community programming.

262

The evaluating life course stress experience (ELSE) Scale: A novel age-correlated life course stress screening measure

Michelle R. Grady[1], Karen N. DSouza[2], Elizabeth H. Golembiewski[3], Andrea Denny[4], Marilyn Wilson[4], Jessica Mozersky[4], Dorothy P. McDowell[4], Joyce E. Balls-Berry[4] and Felicity T. Enders[2]

[1]Mayo Clinic Graduate School of Biomedical Sciences, Rochester, MN; [2]Department of Quantitative Health Sciences, Mayo Clinic, Rochester, MN; [3]Division of Endocrinology, Diabetes, Metabolism, and Nutrition, Mayo Clinic, Rochester, MN and [4]Washington University School of Medicine, St. Louis, MO

OBJECTIVES/GOALS: Chronic stress may accelerate biological aging yet is often overlooked in clinical settings. Many tools to assess stress exist, but a comprehensive measure of cumulative stress across the lifespan is unavailable. This study validates a novel measure of lifetime stress for use as a screening tool in clinical practice. METHODS/STUDY POPULATION: Patients ($n > 220$) enrolled in brain health research registry at the Washington University St. Louis Knight Alzheimer Disease Research Center completed in-person surveys at baseline and after six months. Baseline measures included the everyday discrimination scale (EDS), total adverse experience (TAE), and demographics. Age and evaluating life course stress experience (ELSE) scores were measured six months later. Ongoing analysis includes age-adjusted correlations of ELSE scores with TAE and EDS scores. We will investigate the correlation with race and ethnicity and sex assigned at birth. We will explore the relationship between ELSE score and multidimensional intersectionality. RESULTS/ANTICIPATED RESULTS: The sample was 87% Black or African American, 8% White, 4% Hispanic, 82% female, and 18% male, with a mean age of 66 ± 10 years. Age-adjusted relationships between patient characteristics and ELSE scores will be analyzed. Additionally, ELSE responses will be compared against age, EDS, and TAE measurements. Intersectionality between race-ethnicity, sex, and gender will be examined. We hypothesize ELSE scores will vary by demographic. Preliminary results indicate the ELSE scale correlates with established life stress measures, accounting for cumulative stress exposure across a lifespan independent of specific stressor topics. DISCUSSION/SIGNIFICANCE OF IMPACT: The ELSE scale is a viable tool for clinical screening of chronic stress exposure over a lifespan. Its implementation will allow clinicians to identify patients at high risk for accelerated aging, facilitating targeted interventions and advancing equity in healthcare delivery.

263

My Assistive Technology Guide web app: Supporting physicians in addressing disabilities in older adults

Elsa M Colon[1], Radamés Revilla-Orellano[1], Wency Bonilla-Díaz[2] and Jesús Mejías-Castro[3]

[1]University of Puerto Rico Medical Sciences Campus; [2]Huertas College and [3]University of Puerto Rico Humacao Campus

OBJECTIVES/GOALS: Primary care physicians (PCPs) have limited awareness of assistive technology (AT) devices that can improve the daily functioning of older adults. This study aimed to assess the quality of the My Assistive Technology Guide (MATG), an informative web app, among PCPs and to describe their experiences using it. METHODS/STUDY POPULATION: In this pilot project, our team – comprising an established researcher, an undergraduate faculty member, and a graduate student – enrolled ten PCPs. In Phase I, the PCPs received training on how to use the MATG and were encouraged to utilize it for 30 days. At the end of this usage period, we implemented a concurrent parallel mixed-method design to collect both quantitative and qualitative data. Quantitative data were gathered using the User Mobile Application Scale (uMARS), while qualitative data was obtained through interviews. Data analysis involved descriptive statistics and thematic content analysis. RESULTS/ANTICIPATED RESULTS: The mean score for the subjective quality of the MATG was high, 4.1 ± 1.1. The information domain received the highest rating, with a mean score of 4.6 ± 0.51, while the engagement domain received the lowest rating, at 3.3 ± 1.5. Overall, subjective quality was rated moderately high (mean 3.9, interquartile range 1.2), with perceived impact rated the highest at 4.8 ± 0.4. PCPs reported increased awareness, knowledge, attitude, intention, and behaviors to learn about AT and to inform and recommend AT devices to older adults. In addition, PCPs provided suggestions to improve the MGAT and its integration into their medical practice. DISCUSSION/SIGNIFICANCE OF IMPACT: The results demonstrated the high quality and utility of the MATG, indicating that it could serve as a valuable resource for PCPs in addressing functional disabilities among older adults. Future research should evaluate the effectiveness of the MATG in enhancing older adults' function in daily living activities.

264

Examination of PTSD treatment outcomes among BIPOC and Hispanic/ Latino Veterans during an accelerated cognitive processing Therapy Treatment Program

Lia Smith[1,2], Enya A. Meade[2], Jessica B. Tharaud[3], Mauricio Montes[4], Brianna Werner[1], Sarah Pridgen[1], Jennifer A. Coleman[1], Brian J. Klassen[1], Philip Held[1] and Dale Smith[5]

[1]RUSH University Medical Center; [2]University of Chicago; [3]University of Iowa; [4]Boston College and [5]University of Illinois at Chicago

OBJECTIVES/GOALS: Research suggests that veterans identifying as Black, Hispanic/Latinx and multiracial may be at higher risk for developing posttraumatic stress disorder (PTSD). The aim of the current study was to compare PTSD treatment outcomes across racial/ethnic veteran groups. METHODS/STUDY POPULATION: Data from 862 veterans who participated in a 2-week cognitive processing therapy (CPT)-based intensive PTSD treatment program were evaluated. Veterans were on average 45.2 years old and 53.8% identified as male. Overall, 64.4% identified as White, Non-Hispanic/Latino; 17.9% identified as Black, Indigenous, and People of Color (BIPOC), Non-Hispanic/Latino; and 17.7% identified as Hispanic/Latino. PTSD (PCL-5) and depression (PHQ-9) were collected at intake, completion, and at 3-month follow up. A Bayes factor approach was used to examine whether PTSD, and depression outcomes would be noninferior for BIPOC and Hispanic/Latino groups compared to White, Non-Hispanic veterans over time. RESULTS/ANTICIPATED RESULTS: PTSD severity decreased for the White, BIPOC, and Hispanic/Latino groups from baseline to