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, x^2 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: x^2 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 specialty 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.

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