

this event through from beginning to end. The feedback received from the event was overwhelmingly positive. Both academic researchers and community-based organizational leaders expressed their appreciation for an event that brought both parties together in a space where they felt comfortable to share ideas and knowledge. When asked how we could improve this event in the future, most attendees shared that they wanted more time and more opportunities to connect. One limitation of the event noted by attendees was that attendees were not able to sign up for the round table discussions themselves but were placed strategically at them by our Steering Committee. Therefore, at our next event, attendees will be able to select their tables and determine which themed topic they prefer to participate in. Lastly, we are considering how to best summarize the ideas that are generated from these round table discussions in a way that can be shared with the larger group and in a way that might foster collaborations outside of the event.

4258

Black women's narratives: A mixed-methods exploration of microaggressions and mental health

Alexandria Colburn¹, and Ed de St. Aubin¹

¹Marquette University

OBJECTIVES/GOALS: This social justice-oriented, multi-method study aims to gain an understanding of the unique sources of stress and resilience impacting Black women in Milwaukee. As clinical researchers, it is imperative that we understand the mechanisms underlying the relationship between marginalized identities and substantial health disparities. **METHODS/STUDY POPULATION:** Participants were Black women, diverse in age, income, and sexual orientation to emphasize an intersectional approach (current N = 87 of 160). Our interdisciplinary team collected two interrelated data types: narrative and survey. Participants completed a 1.5-hour life story interview in which they were asked to share stories from their lives, their backgrounds, plans for the future, forces that shaped their stories, and how their identities have influenced their experiences. Interviews were done one-on-one and conducted by Black women interviewers. They were also asked to complete an online survey protocol including measures of stress, trauma, microaggressions, coping, and well-being. Transcribed life story interviews will be coded utilizing grounded theory, an intensive qualitative analysis method. **RESULTS/ANTICIPATED RESULTS:** The presentation will focus on the unique methodological approach, which emphasizes community empowerment through collaboration and cultural competency. Data collection is still in progress, but initial relationships between key variables will be discussed. It is anticipated that greater frequency and appraisal of microaggressions will significantly predict higher reported stress, anxiety, and depression. Within-group diversity will be examined as well. Relevant themes emerging from grounded theory will also be presented. Results will directly inform community outreach aimed at improving the lives of Black women. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This study sheds light on unique, identity-related stressors believed to contribute to mental and physical health disparities. It also builds on current theories, filling voids in the research literature by taking a psychosocial perspective, emphasizing the voices of participants, and channeling the findings to specific programs in the community.

4449

Building Capacity in the Flint Community in the Midst of the Ongoing Water Crisis

Athena S. McKay¹, Adam Paberz², Patricia Piechowski², Donald Vereen¹, and Susan Woolford¹

¹University of Michigan; ²MICHR Community Engagement

OBJECTIVES/GOALS: Examining the impact of the Building Capacity for Research and Action (BCRA) Award created by the Community Engagement (CE) Program at the Michigan Institute for Clinical & Health Research (MICHR)—a Clinical & Translational Science Award (CTSA) site at the University of Michigan—in partnership with Community Based Organization Partners (CBOP). **METHODS/STUDY POPULATION:** The BCRA is a funding mechanism that supports new community-engaged research (CEnR) partnerships and projects that address community-identified health needs in Flint, Michigan. BCRA projects are required to be Flint-based and inclusive of both community and academic partners. A study section consisting of 10 MICHR-affiliated faculty and community partners reviewed proposals and made funding decisions. Funded teams were trained on Institutional Review Board (IRB) and reporting requirements by CE staff. MICHR provides support to BCRA-funded teams through monthly email correspondence with the CE Flint connector, budget review, mediation, regulatory assurance of IRB and the National Center for Advancing Translational Science (NCATS) requirements, coordinating six-month and final reporting, and hosting an annual stakeholder meet and greet. **RESULTS/ANTICIPATED RESULTS:** In 2017, the BCRA Award submitted its first request for proposals. It received 20 applications in 2018, and selected eight awardees, providing them with a total of \$60,000 in funding. Four received \$5,000 for partnership development and another four received \$10,000 for their research projects. The BCRA Award received 16 applications in 2019, expanding its academic pool to include the University of Chicago, U-M Flint, Michigan State University, and Michigan State University-Flint in addition to the University of Michigan. Five recipients were selected and received a total of \$45,000 in funding. One was awarded \$5,000 for partnership development and another four were awarded \$10,000 for their research projects. MICHR has invested over \$100,000 in Flint through this mechanism, which was renewed in 2019. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Each awardee presented at the annual stakeholder meet and greet. They showcased their projects with a brief overview and spoke about their expectations, lessons learned, partnership strengths and challenges, translational issues, and proposed next steps for subsequent grants, publications.

4405

Chronic Disease in Indiana – Using a Community Health Matrix to Determine Health Factors for Indiana Counties

Sarah Wiehe¹, Aaron Zych², Karen Hinshaw, Ann Alley³, Gina Claxton⁴, and Dennis Savaiano⁵

¹Indiana University School of Medicine; ²Indiana University;

³Indiana State Department of Health; ⁴Community Health Partnerships; ⁵Purdue University

OBJECTIVES/GOALS: The goal of this project was to inform four chronic disease initiatives, working together on the team Connections IN Health, and counties in Indiana on certain areas of need to assist them in collaborative planning. The chronic diseases

focused on include diabetes, cardiovascular disease, stroke, asthma, lung cancer and obesity. **METHODS/STUDY POPULATION:** Chronic disease health outcomes and social determinants of health indicators were identified in all 92 Indiana counties. Counties were compared by composite z scores in a matrix to determine the 23 counties with the poorest health statistics for diabetes, cardiovascular disease, stroke, asthma, lung cancer, obesity and life expectancy. Qualitative data were used to identify local health coalitions that have the capacity and desire to work with Connections IN Health to improve these health outcomes. With input from partners, the counties were narrowed to 10 that were identified as those with the most need in the specific areas of chronic disease that the initiatives focus on. The team will begin listening sessions with two of these counties to identify strategic partnerships, funding sources, and evidence-based programs to address community-identified health priorities. **RESULTS/ANTICIPATED RESULTS:** The 23 counties with the poorest health outcomes related to chronic disease and factors were Blackford, Clark, Clay, Fayette, Fulton, Grant, Greene, Howard, Jay, Jennings, Knox, Lake, LaPorte, Madison, Marion, Pike, Scott, Starke, Sullivan, Vanderburgh, Vermillion, Vigo, and Washington. There was significant overlap in low z score rankings for individual health and social determinants of health measures among these 23 counties. The following 10 counties were selected for focus in the next five years based on partner input: Blackford, Clay, Grant, Jennings, Lake, Madison, Marion, Starke, Vermillion, and Washington. The Connections IN Health team has initiated listening sessions in Grant and Vermillion Counties (with data for presentation at the ACTS meeting). **DISCUSSION/SIGNIFICANCE OF IMPACT:** This mixed methods approach using existing data and partner input on county capacity/readiness directed Connections IN Health to counties with the most need for coalition efforts. Engagement within each county will inform next steps (e.g., capacity building, partnership development, applications for funding, implementation of evidence-based programs) and specific health focus area(s).

4508

Contextual Predictors of Hospitalization and Quality of Life Among Patients on Hemodialysis

Kathryn Taylor¹, Deidra Crews¹, and Patricia Davidson²

¹Johns Hopkins University School of Medicine; ²Johns Hopkins School of Nursing

OBJECTIVES/GOALS: People engaging in high-risk substance use or experiencing food insecurity or housing instability are at increased risk to develop end-stage kidney disease. This study will examine associations between these risk factors, patient indicators of socioeconomic position, and hospitalization rates and quality of life after initiation of hemodialysis. **METHODS/STUDY POPULATION:** The proposed study will leverage a prospective cohort design. We will enroll a convenience sample of 330 participants from the same large dialysis organization. Participants will complete measures of socioeconomic position (age, gender, race, ethnicity, education, income, occupation and community poverty); substance use; food insecurity; housing instability; and quality of life at baseline. We will follow participants for 6 months and extract hospitalization counts from the dialysis facility medical record. **RESULTS/ANTICIPATED RESULTS:** We will generate risk scores (low, medium, high) from measures of substance use, food insecurity and housing instability.

We will conduct multiple logistic regression to generate odds ratios comparing risk group membership by indicators of socioeconomic position. We anticipate that low or medium-risk groups will differ from high risk groups by indicators of socioeconomic position. We will conduct Poisson regression to generate incidence rate ratios for 6-month hospitalization rates comparing low or medium-risk and high-risk groups. Lastly, we will conduct multiple linear regression to generate beta coefficients for changes in quality of life scores comparing low or medium-risk and high-risk groups. We anticipate that high-risk groups will have higher hospitalization rates and lower quality of life scores. **DISCUSSION/SIGNIFICANCE OF IMPACT:** As the prevalence of end-stage kidney disease continues to increase, there is a need for tertiary prevention interventions that reduce costly inpatient utilization and improve health-related quality of life. The proposed study will lay groundwork for the development of interventions to improve patient outcomes and reduce Medicare spending.

4132

Do Research Studies at Oregon Health & Science University Comply with the New NIH Inclusion Across the Lifespan Policy - A “Look Back” over the last 2 Years

Meredith Zauflik¹, Elizabeth Wenzel¹, Adrienne Zell¹, and Elizabeth Eckstrom¹

¹Oregon Health & Science University

OBJECTIVES/GOALS: This project aims to ensure that the age ranges of participants in OHSU studies for specific diseases match the demographics of the populations the diseases occur in, as mandated by the new NIH Inclusion of Individuals Across the Lifespan as Participants in Research Involving Human Subjects policy. **METHODS/STUDY POPULATION:** This study involves retrospective and prospective data. The retrospective phase (“Look Back”), reviewed all investigator-initiated OHSU studies between 2017 and 2018 with prospective consent that were disease related (N = 63). Age range per IRB protocol and per subject enrollment were graphically compared to disease demographics to determine if study age ranges were a “match” or “mismatch” to disease demographics (0 = mismatch, 1 = partial match, 2 = full match). This data will inform the upcoming prospective phase of the study, when the study team will reach out to primary investigators of enrolling studies with education and resources, and track whether this reduces demographic “mismatch.” **RESULTS/ANTICIPATED RESULTS:** Of the studies, 51 were evaluated in the “Look Back” analysis. 40 studies were full matches for age inclusion matching disease demographics (78%), 40 for disease prevalence range (78%), and 38 for enrolling subjects within the disease demographic range (74%). Studies received the lowest scores in enrolling subjects that match disease prevalence, with 19 earning full points (37%) and 17 earning 0 points (33%). Limitations include difficulty in finding and applying disease demographic and prevalence ranges. In addition, in this data, 12 of the original 63 total studies could not be scored because no subjects had been enrolled or prevalence ranges were not in line with clinical expertise. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This study highlights that many trials exclude older subjects at the upper age ranges. Future analysis of the prospective phase of the study will allow us to assist research teams in closing these gaps and will determine the Policy’s impact on the recruitment of older adults into research.