

**POPULATION:** This research utilizes cross-sectional retrospective data from the National Study of Caregiving (NSOC) Round VI (June 2021 – January 2022), a nationally representative cohort of caregivers of Medicare enrollees ages 65+. Caregivers reported the frequency of contact with their loved one's healthcare providers and the healthcare provider's rated helpfulness. Univariate, bivariate, and multivariate analyses will be performed in Stata to characterize how communication frequency between caregivers and their loved one's healthcare providers may be associated with outcome variables including symptoms of anxiety and depression, as measured by the Generalized Anxiety Disorder-2 (GAD-2) and Patient Health Questionnaire-2 (PHQ-2) scales. **RESULTS/ANTICIPATED RESULTS:** Analysis is ongoing. We anticipate that this research will help in determining significant symptoms of anxiety and depression as measured by the GAD-2 and PHQ-2 scales amongst caregivers according to their virtual communication use. In addition, we anticipate that results may vary based on socio-demographic characteristics including gender, age, race, ethnicity, socioeconomic status, and level of education. Other possible covariates that might be associated with varying levels of stress in using virtual communication include caregiver's health status and comfort with technology. **DISCUSSION/SIGNIFICANCE:** This research is important as many caregivers cannot attend their loved one's healthcare appointments in-person, like in situations of geographic distance or inflexible work hours. Further, study results may identify stress disparities among caregiver sociodemographic groups for future targeted intervention.

### **Promoting Academics and Community Engagement (PACE): A Protocol on the Science of Community Engagement in Clinical and Translational Science**

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**OBJECTIVES/GOALS:** The Michigan Institute for Clinical & Health Research Community Engagement (MICHRC CE) has collaborated for 15+ years with underserved communities on public health issues. As Michigan's sole CTSA institution, we aim to advance the science of community engagement in translational science statewide. **METHODS/STUDY POPULATION:** MICHRC CE PACE (Promoting Academic-Community Engagement) will advance clinical and translational science. Key steps include: 1) form a PACE Steering Committee; 2) PACE Trainings with community-academic partner Detroit Urban Research Center; 3) PACE Training Manual; 4) community Grand Rounds to bridge academic-community insights; and 5) community resources (e.g., toolkits). PACE projects will spotlight community-engaged research (CEnR) via diverse

media including social media and community-level communications. The PACE ScienCE initiative will embody cultural humility by addressing power imbalances, emphasizing trust. We will utilize assessments and root cause analyses to navigate CEnR barriers. **RESULTS/ANTICIPATED RESULTS:** Anticipated results from MICHRC CE's planned approach with PACE include strengthened academic-community relationships. Formation of the PACE Steering Committee and collaborations are expected to foster more structured and impactful CEnR trainings. The PACE Training Manual will become a foundational resource for CEnR best practices. Community Grand Rounds will reveal increased interdisciplinary insights and community trust. All PACE projects will utilize diverse media to enhance CEnR visibility and community-level access. Lastly, by addressing power disparities via PACE ScienCE, we foresee enhanced trust, reduced barriers, and more transparent community-academic collaborations. **DISCUSSION/SIGNIFICANCE:** This strategy, based on co-planned efforts and community consultations, aims to reshape Michigan's CEnR landscape and offers a replicable model for other regions. The insights gained will guide community-academic collaborations promoting translational, inclusive, and efficient community engagement.

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### **Eighty-six-fold increase in HIV diagnosis with "Opt-out" Screening: Frontlines of Communities in the U.S. (FOCUS) Program in the UHealth Tower (UHT) Emergency Department (ED) - path to eliminate HIV transmission in the U.S.**

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**OBJECTIVES/GOALS:** Early HIV detection and treatment are key to reducing patient morbidity and mortality, yet 40% of people living with HIV do not know their status. "OPT-OUT" approaches to HIV testing, in which patients #\_MSOCOM\_1 are informed that an HIV test will be conducted unless they decline, are being increasingly recognized as a means to increase HIV testing. **METHODS/STUDY POPULATION:** the ed at Uhealth tower (UHT) implemented #\_MSOCOM\_1 the focus program that integrates routine "opt-out" HIV screening into the existing electronic medical record workflow to increase the number of individuals who know their HIV status, optimize linkage to care, and reduce stigma associated with HIV. the emr facilitates the opt-out screening model and maximizes the use of information systems to seamlessly integrate screening as a routine practice in a high-volume ed. our partnership with the florida department of health in miami dade (FDOH) allows uht to verify whether cases are new or known /out-of-care, link individuals immediately to care, and increase efficiencies with real-time data reconciliation. **RESULTS/ANTICIPATED RESULTS:** since implementation#\_MSOCOM\_1, from October 2019 - Dec 2022, the UHT ED screened 34, 314 eligible patients for HIV, of which, 17, 850 were tested. 228 people with hiv were identified; 37 were newly diagnosed. of HIV+ Diagnoses, 54.67% of HIV+ individuals were black and 36.89% HISPANIC. HIV+ individuals were referred

to the doh with linkage to care at 81%. comparatively, before the onset of focus, the ED ordered 38 HIV tests, with one positive from Oct 2018 TO Sept. 2019. DISCUSSION/SIGNIFICANCE: UHT ED's focus "OPT-OUT" HIV testing is a valuable conduit for HIV detection, prevention, and care. OPT-OUT screening removes the stigma associated with hiv testing, fosters earlier diagnoses and treatment, reduces health disparities, and decreases the risk of transmission.

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### Providing Equity in Immunizations and Research

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OBJECTIVES/GOALS: Disparities persist among minority and marginalized populations in immunizations and research. The Clinical Research Vehicle Team aimed to bring research to our community's doorstep, building generalizability of research outcomes. Our mission adapted due to the pandemic to include increasing COVID-19 vaccinations and health education. METHODS/STUDY POPULATION: Community Engagement Events are planned when event organizers submit a request, then the proposal is discussed by the Clinical Research Vehicle (CRV) Team and UF HealthStreet. We go to underserved communities throughout Florida, food distributions, churches, community centers, rural areas, etc. At these events we offer services at no cost, including: COVID-19 and flu vaccines, as well as health screenings. We provide health education to individuals and refer them to UF HealthStreet for community resources, as appropriate. Research events are planned when researchers submit a request for the CRV, then the request is discussed by the CRV Team. The studies covered topics from COVID-19 research to the development of a diverse health database. Our fleet consists of two Community Health Vehicles and the CRV. RESULTS/ANTICIPATED RESULTS: As Community Engagement Events are ongoing, the presented numbers are reflective of the data available at the time of submission. Our impact includes administering 1,606+ COVID vaccines, conducting 1,081+ health screenings, collecting data from 944 screenings, providing 265 Flu vaccines, supporting 267+ community health events, and serving 25+ communities. The Clinical Research Vehicle facilitated 6 IRB-approved studies, administration of monoclonal antibody infusions, extended the capabilities of the Clinical Research Center, and enabled clinical trials aimed for novel treatments for COVID-19 positive participants. DISCUSSION/SIGNIFICANCE: Championing this initiative has shown an impact on vaccination rates and health education in communities. Experience and knowledge gained by our team throughout the pandemic while engaging with community members provided a platform from which to build generalizability of research outcomes and support translational science.

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### An Analysis of Researchers' Feedback on Community Engagement Advisory Board Recommendations

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OBJECTIVES/GOALS: The Community Engagement and Advisory Board (CEAB) has been an active and sustainable source of expert

recruitment, retention, and community engagement advice. Our goal is to describe the strategies offered by the CEAB to university researchers and discuss which are most and least likely to be implemented. METHODS/STUDY POPULATION: The University of Illinois at Chicago's (UIC) Center for Clinical and Translational Science's (CCTS) CEAB was established in 2009 and is one of the longest-standing boards across the CTSA network. Our CEAB consists of 28 members, each representing a community-based organization or underrepresented community, which has provided 16 consultations since 2021. Our analysis consisted of: 1) reviewing and coding consultation notes (n= 16) to extract common recruitment and retention strategies provided to researchers; 2) reviewing feedback forms (n = 10) completed by the research team to code the strategies most likely to be implemented by researchers; 3) analyzing the codes to identify the strategies least likely to be implemented. RESULTS/ANTICIPATED RESULTS: Our preliminary analysis indicated that the majority of researchers reported they are most likely to implement strategies to reduce burden for research participants (make study participation more convenient, e.g., allowing participant accompaniment, avoiding commuting to study site, providing transportation provide them with resources to their healthcare) and enhance recruitment from trusted community sources (e.g., Aldermen, local agencies, libraries). Researchers are least able to follow recommendations to alter their budget (e.g., increase participant stipends, hire community staff). DISCUSSION/SIGNIFICANCE: In a previous paper focused on this CEAB, Matthews et al. (2018) found researchers indicated that they plan to implement at least one recommended strategy. In this follow-up examination, we describe the recommended strategies to guide CEABs to align recommendations with researcher priorities to best assist with their translational science goal.

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### Building Empowerment through FITness (BeFIT)

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OBJECTIVES/GOALS: Improving physical activity of African American women experiencing disproportionate health risks from sedentarism, educational and socio-environmental barriers. BeFit: Building Empowerment through Fitness is based on "What I Learned At Home" project, run by Women Under Construction Network, for residents of the Birmingham Housing Authority. METHODS/STUDY POPULATION: A qualitative study design to understand unique cultural context and challenges faced by African American women residing in the Birmingham Housing Authority, regarding physical activity engagement, including sedentarism. A needs assessment approach will help determine barriers, support systems, and social networks. Semi-structured, pre, mid, and post program focus groups will identify challenges and opportunities for health, such as diet and exercise, and will be analyzed by hand with a thematic analysis. The project framework uses exercise and home repair tools with a life-building/life repair curriculum to influence health, self-efficacy, and program engagement. The Study enrollment will include 50 women over two cohorts in a 12-week project. RESULTS/ANTICIPATED RESULTS: This research addresses the urgent health needs of African American women in