

Community Based Organization Partners with the APHA Public Health Caucus. The LC begins with a Workshop [<https://sites.google.com/view/pchp2023/pchpcommunity2023>] alongside the 2023 APHA Annual Meeting. Wrap arounds include a PCHP Special Issue (participants work), Webinars, PCHP Reflections/Community Perspectives Article Guidelines [<https://www.press.jhu.edu/journals/progress-community-health-partnerships-research-education-and-action>], “Beyond the Manuscript [<https://open.spotify.com/show/2LiBanXAYHyOqNSeGnBPHs>]” Podcast, Toolkit/Resources; and coaching. The evaluation will inform PCHP practices. RESULTS/ANTICIPATED RESULTS: Key outcomes include successful implementation of all LI activities. The cohort (approximately 40 stakeholders representing partnerships) will increase exposure to scholarly writing and peer review, ideally publish 12+ manuscripts (e.g., PCHP special issue), increase diversity in scholarly writing, and strengthen recognition/significance of stakeholder authorship in the research community. The year 1 pilot evaluation (e.g., tracking participant authorship, documenting outcomes/lessons learned) will provide evidence to encourage sustainability, model responsiveness among other peer reviewed journals, inform PCHP, and increase diversity in scholarly writing on health disparities research. DISCUSSION/SIGNIFICANCE: The pilot will build a sustainable model and how PCHP addresses health disparities to increase diversity, equity, and inclusion. The LC aims to diversify framing community health research, supporting/publishing stakeholders work, and increasing diversity among reviewers, all impacting the field.

284

### Co-Creation in Action: Design and Implementation of a Studio to Increase Inclusion in Research

Stacey M. Gomes<sup>1</sup>, Sarah J. Beal<sup>3</sup>, Joseph Kiesler<sup>4</sup>, Carley L. Riley<sup>3</sup> and Monica J. Mitchell<sup>3</sup>

<sup>1</sup>Cincinnati Center for Clinical and Translational Science and Training (CCTST), Cincinnati Children’s Hospital Medical Center; <sup>2</sup>University of Cincinnati - College of Education, Criminal Justice, and Human Services; <sup>3</sup>University of Cincinnati College of Medicine, Cincinnati Children’s Hospital Medical Center and <sup>4</sup>University of Cincinnati College of Medicine, Department of Family and Community Medicine

OBJECTIVES/GOALS: The goal of the Integrating Special Populations (ISP) Studio is to integrate community voice into research design and enhance diversity, equity, and inclusion in research, and disseminate findings in ways that improve health literacy and equity. METHODS/STUDY POPULATION: Based on the Vanderbilt Community Engagement Studio model, the ISP Studio was designed through multiple phases, including Design and Pilot Studio Sessions. Stakeholders were diverse representatives of community and academic organizations serving special populations, as well as self-identified persons within special populations as defined by the NIH. Each phase of development and implementation of the Studio included an evaluation consisting of Likert scale and open-ended survey questions for process improvement and to integrate voices of the ISP community continuously. Demographic information and program outcomes were also collected via the evaluation survey. RESULTS/ANTICIPATED RESULTS: All Design Session (N=9) and Pilot Studio (N=10) participants indicated that the Design and Pilot were positive, relevant, bidirectionally useful, and fostered respect, trust, and inclusion. 100% of the panel strongly agreed the Studio met its goals and that the ISP Studios have

potential to benefit special and under represented populations. Qualitative data and discussion on design will also be shared. Additional and relevant points include panelist training, compensation for community panelists, and ensuring accessibility. Evaluation outcomes from initial implementation of the ISP Studio will be discussed. DISCUSSION/SIGNIFICANCE: The ISP Studio is an innovative model that may increase engagement of special populations in the research process through co-creation and integration of lived experiences. It has the potential to improve research design, implementation, and impact.

285

### “Stages” of Hope: Theater as a Research and Outreach Modality for Generating Knowledge, Understanding, and Healing

Sharon Croisant<sup>1</sup>, Krista Bohn<sup>1</sup>, Leslie Gauna<sup>2</sup>, Lance Hallberg<sup>1,3</sup>, C. Claire Hallmark<sup>1</sup>, Adrian Juarez<sup>1</sup>, Monique Pappadis<sup>1</sup>, Emma Tumilty<sup>1</sup>, Ramiro Salas<sup>3</sup> and Randall M. Urban<sup>1</sup>

<sup>1</sup>The University of Texas Medical Branch; <sup>2</sup>University of Houston – Clear Lake; <sup>3</sup>Children’s Cancer Connection and <sup>4</sup>Baylor College of Medicine

OBJECTIVES/GOALS: Theater has always served as a means of reflecting and understanding the human condition. Participatory theater further offers the option for viewers to participate in and thus additionally benefit from the performance itself. We use Playback Theater for outreach and research, eliciting information to guide research, education, and engagement. METHODS/STUDY POPULATION: Playback Theater is a type of improvisation that involves audience members recounting personal experiences which are then enacted by a theater troupe. Playback has evolved to include storytelling as a means of expressing and understanding difficult life experiences such as violence, bullying, incarceration, disaster, illness, etc. While not intended as therapy, it has been found to provoke insight and catharsis when used by trained practitioners. We are conducting Playback theater with LGBTQ+ and African American women to elucidate health disparities related to HIV/AIDS. Black/African Americans accounted for 42.1% of cases in 2019, and African American females are 15 times more likely to develop AIDS than white females. We hope to elucidate barriers to screening and treatment to inform early intervention. RESULTS/ANTICIPATED RESULTS: In community engagement, we employ a variety of strategies involving storytelling, since this simple act fosters multiple positive outcomes. For example, by talking about their experiences participants might find clarity about a difficult experience, facilitating coping or healing, or even letting go. By sharing their stories, others (clinicians, researchers, other patients, or the public) can learn what it is like to go through a particular illness or event. This knowledge can be used to allay patient fears or help researchers or clinicians to develop programming that better responds to needs. This novel approach to knowledge sharing also allows communication that may not otherwise be possible. Discussions about sensitive topics are enabled, often leading to shared understanding and potential solutions. DISCUSSION/SIGNIFICANCE: Through Playback Theater, we hope to identify and thus be able to address barriers to early screening and treatment for African American women and the LGBTQ+ population. We are also planning an event with children with cancer and their families to better understand their experiences and needs in both the clinical and familial settings.