

among the Hispanic/Latinx groups reluctance to adopt self-sampling was notable (56.7% in clinic and 62.7% at home). Qualitative analysis revealed concerns about test accuracy. Willingness to use a hypothetical HPV rapid had higher acceptance (69.7%), with 52.2% in the Hispanic/Latinx group. Qualitative findings highlight benefits like increased screening access, comfort, and convenience offered by an HPV rapid test. DISCUSSION/SIGNIFICANCE: Hispanic/Latinx women in the sample were less willing to adopt cervical cancer screening methods such as self-sampling and rapid testing compared to non-Hispanic whites. Despite being considered beneficial for testing among vulnerable populations, our study found limited acceptance from these populations for various reasons.

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Building a community-academic partnership to facilitate translational research and identify and reduce barriers to mental healthcare services and resources in the Rio Grande Valley of South Texas

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OBJECTIVES/GOALS: Clinical and epidemiological studies focusing on Hispanics/Latinos are often designed by academic researchers with little input from mental health professionals in underserved communities. Our objective is to establish an academic-community partnership in South Texas to help improve mental health outcomes of Hispanics. METHODS/STUDY POPULATION: Hispanics in the Rio Grande Valley (RGV, South Texas) are burdened with high rates of diabetes and obesity, and interventions have been identified for these conditions, but there is less information about strategies that may help improve their mental health status and address needs. We have explored mental health and psychological factors in Hispanics/Latinos in Latin America (Gil et al., 2021) and consider community participation in the research process to be an understudied topic. Thus, in the present study, we recruited mental health professionals in the RGV to establish an academic-community partnership as a strategy to facilitate translational research that focuses on RGV Hispanics. Partners worked as a team to generate information, identify problems and solutions, and design future projects. RESULTS/ANTICIPATED RESULTS: Our academic team (at the University of Texas Rio Grande Valley) successfully established a partnership with the Cameron County Mental Task Force (CCMHTF), a non-profit organization in South Texas that seeks to “meet the mental and behavioral health needs of the people” in South Texas. The CCMHTF comprises 12 board members that are representative of RGV mental health providers: counselors, social workers, academic clinicians, hospital and county employees, and mental and behavioral health facility providers/clinicians. Our partnership generated qualitative descriptions of the mental health needs of RGV Hispanics/Latinos and barriers to access and utilization of mental health services in South Texas. In the future (phase 2 of the study), we plan to report results of focus groups and mental health assessments. DISCUSSION/SIGNIFICANCE: Hispanics/Latinos are underrepresented in clinical/translational research, and this lack of representation is particularly true for Hispanics/Latinos living along the U.S.-Mexico border of the RGV, South Texas. Our academic-community partnership may serve as a model

to facilitate translational research in underserved Hispanic communities.

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A Machine Learning Approach to Reduce Disparities in Compliance with Public Health Interventions

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OBJECTIVES/GOALS: To establish the root causes of vaccine hesitancy in populations who have less equitable access to health and healthcare services, and experience healthcare inequities, related to the environmental and social determinants of health, through community engagement and conversations, collaboration, circulation, and communication. METHODS/STUDY POPULATION: Existing data from a cross-sectional survey, vaccine hesitancy (VH) parent study, entitled ‘Western New York (WNY) COVID-19 Collaborative to Promote Vaccine Acceptance,’ conducted July to November 2022, after IRB approval, will be qualitatively analyzed. In the parent study, surveys were administered in WNY community congregations and community centers to individuals that historically have less equitable access to healthcare resources and may encounter health and healthcare disparities. Minorities, in urban and rural areas, age eighteen and older were identified through the NYS Department of Health’s Immunization Information System for daily vaccination rates. A qualitative analysis, promoting fact base HL, and building an inferential statical machine learning tool are the next steps. RESULTS/ANTICIPATED RESULTS: We anticipate the results to show an interplay of multiple factors, including personal, cultural, historical, social, and political, and varies depending on circumstances of time, place, and the type of vaccine being offered. Additionally, a lack of awareness or understanding of vulnerabilities and seriousness of vaccine-preventable diseases, lack of trust in health care providers, social norms, distrust of the healthcare system, biomedical research, and government policy, limited knowledge and understanding of vaccine safety and efficacy, and fear/uncomfortable with needles, as well as the less addressed environmental and social determinants of health associated with racial/ethnic minorities in communities with limited resources may also contribute to VH and less favorable health outcomes. DISCUSSION/SIGNIFICANCE: Identifying people who historically have less equitable access to healthcare resources and may be more likely to resist healthcare services, due to distrust in the system is important. Creating and evaluating an innovative tool to predict refusal of public health interventions is essential to avoid spreading preventable diseases.

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Community engaged telehealth care access for Latino farmworkers

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OBJECTIVES/GOALS: Historically, Latino farmworkers have lacked access to healthcare. 1 Telehealth promises to bridge this gap in hardly-reached populations. 2 We evaluated the impacts of