

**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