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Partnering and engaging in Indiana Communities through listening sessions and data sharing: successes of Connection IN Health

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OBJECTIVES/GOALS: Participants will be able to identify how partnering with state health departments for a CTSA initiative assists in meeting shared goals by building infrastructure and sharing resources and list key components of a successful county engagement process that can be replicated. METHODS/STUDY POPULATION: Connections IN Health is a collaborative project with the Indiana Clinical and Translational Sciences Institute, Indiana Department of Health, Indiana University Simon Comprehensive Cancer Center, and community partners. We address chronic disease in Indiana with coalition-based engagement at the grassroots level, and partnering to provide technical assistance, resources, connections and evidencebased strategies to address the health challenges. Our methods of county engagement include surveying the broad community, conducting listening sessions with key community stakeholders, compiling, analyzing and sharing data, collaborating with existing local coalitions, assessing community readiness and suggesting evidencebased practices to implement. RESULTS/ANTICIPATED RESULTS: As a result of county engagement, local coalitions have current, local data to drive their efforts in improving local health rankings and outcomes. Community partners in eight counties have selected and implemented evidence-based strategies to manage and/or prevent diabetes, cardiovascular disease and/or stroke. Some examples include: starting a community garden with cooking classes in a food desert to provide fresh produce and nutrition/cooking knowledge, creating a mobile kitchen on hand for organizations to use to provide education and cooking skills, providing a passport for wellness at existing community events with food samples and health screenings and offering evidencebased educational programming such as Dining with Diabetes and Be Heart Smart. DISCUSSION/SIGNIFICANCE: Moving county health coalitions to evidence-based programming that has the greatest likelihood for success is a critical translational sciences challenge. Our rigorous and well defined approach yields significant improvement in local health coalition activities, sustaining their activities through long-term trusted relationships.

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Perceptions of Scientist and Community Members Regarding the Social Responsibility of Translational Science.

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University of Texas Medical Branch Loutrianakis (UTMB), Beatty (ADA Womens Center), Bohn (UTMB), Croisant (UTMB), Cunningham (UTMB), Farroni (UTMB), Guinn (TSU), Horton (UTMB), Gienger, Mathur (TSU), Miller (Southern AIDS Coalition), Mc Namara (UTMB), Molldrem (UTMB), Pounds (TSU), Tumilty (UTMB), Smith (UTMB), Loudd (TSU).

OBJECTIVES/GOALS: Translational Science includes the social responsibility to improve health outcomes and reduce disparities. This study aims to determine how scientists and community members perceive the social responsibility of translational science.

METHODS/STUDY POPULATION: Methods include a series of 12 one-hour semi-structured focus groups. Six groups were held with a total of 34 scientists and four with approximately 32 community members (community focus groups still ongoing). Sample includes scientists and community members affiliated to one of three research fields: HIV/AIDS, Maternal Health, and Mental Health/Substance Use. Inclusion criteria for scientists were based on their scholarly contributions to a field. Community members included individuals who self-identified as affiliated to any above fields. Using reflexive thematic analysis, we analyzed the transcripts against existing frameworks on social responsibility. RESULTS/ANTICIPATED RESULTS: Literature on social responsibility suggests that translational science should be relevant, usable and sustainable for endusers. Scientists and community members identified the same groups for whom research is relevant. Scientists often conceptualized social responsibility through the sustainability lens, focusing on results that might have long-term societal impacts. Due to this, they saw limitations to social responsibility in academia and funding structures. Community members often conceptualized social responsibility through the usability lens, focusing on the complexity of research use and access. They saw barriers to social responsibility in systemic disparities. DISCUSSION/SIGNIFICANCE: Although participants emphasized different practices in focus groups, participants seemed generally interested in pursuing future discussions to develop best practices and commitments regarding social responsibility. Further discussions will take place in a deliberative dialogue activity in January 2024.

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It affected me so much that I even had to tie my tubes: The Role of Patient-Clinician Communication on Black Women's Perceptions of Pregnancy Risk

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OBJECTIVES/GOALS: This study utilizes a Black Feminist metatheoretical approach in conjunction with the Social Amplification of Risk Framework to: i) assess the role of communication with clinicians on Black women's perceptions of risk and ii) outline recommendations for empowering communication that attenuates Black women's perceptions of pregnancy risk. METHODS/STUDY POPULATION: Semi-structured in-depth interviews were conducted with 28 self-identified Black women in 2022 and 2023 to gain insights into their conceptualizations of pregnancy risk, and the role of communication with clinicians in the amplification and/or attenuation of pregnancy risk perceptions. An IRB approved flier was used for both in-person and online recruitment of participants from 12 US states. Each participant signed a consent form and received \$20 as compensation for their time. Interviews were recorded and transcribed using a digital transcription tool, and then reviewed and edited to ensure accuracy. This study's metatheoretical underpinning in Black Feminist Theory informed the use of reflexive thematic analysis in the qualitative analysis of the in-depth interviews. RESULTS/ANTICIPATED RESULTS: This study found thatunclear communication (including insufficiently contextualized history taking), obstetric violence, anddiagnoses with insufficient explanation, led to the amplification of concerns and worries about pregnancy as well as erosion of trust in healthcare. In contrast, clinicians lessenedconcerns about pregnancy through clear communication (including