

Additionally, participants report that family and culture play a huge part in their ability to eat healthier foods. **DISCUSSION/SIGNIFICANCE:** These findings can help identify knowledge gaps, strengths, and areas for promoting and empowering better health behaviors among those who have pre-diabetes. Participant feedback and focus group responses will inform a CHW-led educational intervention through our TAB.

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### **Challenges Encountered and Lessons Learned from Developing and Implementing the Michigan Research Engaging the Academy and Community in Health (M-REACH) Platform**

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**OBJECTIVES/GOALS:** Communities of color often report that their concerns are ignored and desire a means to facilitate effective community-academic engagement, especially during a crisis. The objective is to share lessons learned and challenges faced in the development of an online portal designed to meet this need. **METHODS/STUDY POPULATION:** The Michigan Institute for Clinical & Health Research (MICHR) worked with community and academics to develop an online tool, the Michigan Research Engaging the Academy and Community in Health (M-REACH) platform. The community-engaged research (CEnR) project involved conducting qualitative interviews exploring connectivity to community and academic organizations and pilot testing of the novel platform. Following development, efforts were made to implement the statewide use of M-REACH. We will report on the challenges encountered and lessons learned from development and optimization of the platform. **RESULTS/ANTICIPATED RESULTS:** Authors will review the timeline of the launch of M-REACH. Steps to promote engagement of the locally developed platform to statewide utilization will be shared. Challenges encountered with scaling, matching the needs of differing communities both rural and urban, and navigating connections between remote geographies will be presented. Lessons learned and potential solutions will be discussed. **DISCUSSION/SIGNIFICANCE:** M-REACH can connect partners by increasing understanding of the CEnR process, enhancing alignment, and building a foundation for well-functioning research partnerships. Further work is required to address the challenges encountered in development and implementation.

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### **Improving the Nutritional Impact of Food Pantry Programs: Client Recipe Preferences and Kitchen Equipment Accessibility**

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**OBJECTIVES/GOALS:** Despite food pantries' efforts to improve nutritional quality and encourage healthy cooking, limited evidence exists regarding pantry shoppers' culinary preferences and kitchen equipment access. This project utilized pantry food demonstrations

and samples to collect recipe and kitchen tool feedback. **METHODS/STUDY POPULATION:** For 4 months, a Culinary Medicine team delivered food demonstrations at Crossroads Community Services food market in Dallas, Texas, which serves primarily Hispanic and Black residents. Each demo provided a food sample, corresponding printed recipe in English or Spanish, and a survey. Part 1 of the survey measured shoppers' hedonic liking of the sampled food and their likelihood of recreating it. Part 2 used the same scale for non-sampled recipes adapted from Health meets Food Community Culinary Medicine programming. Averages of appeal and likelihood to cook between sampled and unsampled groups were compared with a student's T test. Part 3 contained a visual graphic of 24 kitchen appliances, and shoppers circled each item they owned. Investigators collected surveys from 207 shoppers across 12 demos. **RESULTS/ANTICIPATED RESULTS:** Preliminary analyses showed a positive response to the food demonstrations with a mean rating on a 5-point Likert scale of 4.58 for recipe appeal and 4.46 for likelihood of cooking the recipe at home. The Health meets Food recipes not demonstrated were also positively reviewed (4.40 for appeal and 4.32 for likelihood to cook). There was a statistically significant difference in appeal between sampled and non-sampled recipes ( $p = 0.03$ ) while no significant difference was found for likelihood to cook ( $p = 0.08$ ). On average, clients owned 75% of kitchen appliances with most clients owning a sauté pan (94%) but few having access to a food processor (27%). **DISCUSSION/SIGNIFICANCE:** An effective nutrition program for food pantry clients must be accessible, culturally relevant, nourishing, and enjoyable. Providing samples alongside recipes may increase appeal and engagement. Consideration of kitchen equipment access is essential to promote recipe recreation at home.

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### **Assessing social determinants of health and psychosocial factors critical to sustaining recovery among pregnant and parenting women with opioid use disorder**

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**OBJECTIVES/GOALS:** This study explored personal recovery support, including social determinants of health and psychosocial needs to understand factors for sustaining recovery among parenting and pregnant women with opioid use disorder. **METHODS/STUDY POPULATION:** This study used a mixed method quantitative/qualitative design and recruited women from residential/transitional facilities in an urban area. We used the Accountable Health Communities Health-Related Social Needs tool to assess social determinants of health factors, level of physical activity, family/community support, and mental health (stress). Through focus groups, we interviewed women to describe challenges to recovery and to resources including access to providers, housing, childcare, and food assistance from lived experiences. **RESULTS/ANTICIPATED RESULTS:** Survey analysis showed social determinants of health factors such as food and transportation were partially mitigated by residential living; however, parenting and pregnant women with opioid use disorder remained concerned about housing and finances; and encountered low levels of physical activity and significant stress. Preliminary results from the focus groups revealed a theme of positive recovery and retention experiences from residential living. **DISCUSSION/SIGNIFICANCE:** Evidence from studies suggests focused interventions for recovering women to reduce relapse risk

factors and adverse maternal outcomes. Opportunities for improving personal recovery capital are accessible in residential facilities, however, further exploration of unmet social determinants of health factors are needed for recovery retention.

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### **Advancing our Communal Understanding of Rectal Cancer Disparities and Identifying Opportunities for Improvement (ACUeRDO)**

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**OBJECTIVES/GOALS:** Mechanisms underlying racial and ethnic disparities in rectal cancer care remain poorly understood. We aimed to identify barriers and facilitators to care among rectal cancer patients who identify as Hispanic/Latino (H/L) and to understand how these factors may differ based on rurality, social/physical context, and community support. **METHODS/STUDY POPULATION:** We utilized qualitative methods and a community-based participatory research framework, including partnership with a community-based organization and oversight from a community advisory board. We developed an initial semi-structured interview guide based on an ecological model of health behavior and then iteratively refined it with the assistance of our partners to incorporate unique aspects of the H/L community in a culturally appropriate manner. Eligible patients and their caregivers are invited to participate in hour-long interviews in both English and Spanish, depending on participants' preferences. All interviews are recorded, translated, transcribed, and coded. Findings will be compiled and fed back to participants and community stakeholders as a part of a community forum. **RESULTS/ANTICIPATED RESULTS:** We identified 6 areas for discussion based on our model: health beliefs (perceived severity, benefit, and barriers; self-efficacy), health literacy, others' experiences with cancer, patient-provider relationship (patient-provider communication; provider-provider communication; language; cultural competency; discrimination), sources of support, and access to care. Participants are currently being recruited by clinical providers, through flyers in the cancer center, or via outreach from our community partner. We have interviewed 8 participants to date, with discussions ranging from the shock of the initial diagnosis, difficulties with navigating specialty care, and the complexities of shared decision making. We are expecting a total of 30-40 interviews to reach thematic saturation. **DISCUSSION/SIGNIFICANCE:** We hope to improve our understanding of mechanisms underlying racial and ethnic disparities in rectal cancer care and to identify potential targets for improvement. We plan to use our results to develop community-based policy interventions to improve care delivery, patient experience, and health equity.

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### **A Qualitative Study of Black and Latine HIV Care Consumers' Perceptions of Providers' Behaviors, Medical Mistrust, and Experiences of Discrimination**

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**OBJECTIVES/GOALS:** There is a scarcity of research examining the views of Black and Latine HIV care consumers on healthcare experiences that influence medical mistrust. The present qualitative study aims to bridge the existing gaps in the literature pertaining to the experiences of Black and Latine HIV care consumers. **METHODS/STUDY POPULATION:** We conducted 21 semi-structured interviews with Black and Latine HIV care consumers from November to December 2021 to explore perceptions of provider behaviors that increase or decrease HIV care consumers' trust and mistrust, experiences of stigma, and behaviors and responses when experiencing medical mistrust. Conventional content analysis was conducted to derive meaning from the narratives shared by participants. **RESULTS/ANTICIPATED RESULTS:** Provider behaviors that increase HIV care consumers' mistrust include lack of person-centered care, lack of partnership in health decision making, perceived provider incompetence, lack of adequate follow-up to care, and lack of trustworthiness of providers and organizations. Perceived experiences of intersectional stigma in healthcare included feeling judged and discriminated against by healthcare providers regarding HIV status and observing differential care outcomes and delayed care delivery by race and ethnicity. **DISCUSSION/SIGNIFICANCE:** Findings can inform the development of provider-level interventions to address medical mistrust.

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### **Cervical Cancer Disparities: Knowledge, Screening and Willingness to adopt testing modalities among Hispanic/Latinx Women in Lake County, Indiana**

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**OBJECTIVES/GOALS:** There are notable disparities in cervical cancer screening. The objective of this study was to examine knowledge, screening practices, attitudes towards cervical cancer screening, and willingness to adopt screening innovations such as self-sampling and HPV rapid testing for cervical cancer among Hispanic women in Lake County, Indiana. **METHODS/STUDY POPULATION:** This mixed-methods study encompassed an online cross-sectional survey (n=231) and in-depth interviews (n=9) of individuals with a cervix aged 21-65 residing in Lake County, Indiana. Outcome variables focused on cervical cancer knowledge, willingness to adopt self-sampling, and willingness to adopt HPV rapid testing. Descriptive statistics included frequencies and percentages. A cervical cancer knowledge score was computed from 7 questions. Scores below the mean 3.62 were labeled 'low' while higher scores were 'high'. We also examined associations between demographic and outcome variables. Quantitative analysis was conducted using SPSS software. Qualitative analysis was conducted using NVIVO software to thematically analyze interviews using deductive and inductive coding techniques. **RESULTS/ANTICIPATED RESULTS:** Majority of participants identified as Hispanic (58%), aged 31 or older (58%). While 80.5% reported being screened for cervical cancer, only 44.6% demonstrated 'high' cervical cancer knowledge. 89.6% felt screening is important as emphasized in qualitative findings for its preventive value. Over half were willing to take their vaginal swab in clinic (55.8%) and at home (51.9%). However,