

Side residents, 2) provide information regarding resources that address community health concerns, and 3) disseminate the model across the Institute for Translational Medicines (ITM) institutional partners. **METHODS/STUDY POPULATION:** CCs met twice monthly with University faculty and staff to identify CGR topics, delivery format, and audience development strategies. Faculty from the University of Chicago and community experts presented on identified health topics. Traditionally held in a community setting, CGR moved to a virtual format due to the pandemic. Recent topics covered included issues around the impact of COVID-19 on African American and LatinX communities and vaccine hesitancy. Audience members were surveyed at the end of each session and provides information on the quality and impact of the content. Twice during the season, partners debriefed on the effectiveness of the partnership and program. A plan was developed to deploy CGR across the ITM partners. **RESULTS/ANTICIPATED RESULTS:** Since 2010, there have been 63 CGRs, and over 5370 attendees. To date, 95% of audience members report that the content of CGR is of value and would recommend it to others. Audience members surveyed report knowledge gains about the topics presented, satisfaction with venues and speakers, and support the continuation of the series. Despite having to move to a virtual format due to the COVID-19 pandemic, audience members continue to attend CGR and rate the program as valuable and something that they would recommend to others. CCs report commitment to the partnership and CGR. CGR served as a connector for audience members to COVID-19 resources such as grief support groups and financial assistance. Loyola University, an ITM partner, implemented the CGR model, with more planning to do the same. **DISCUSSION/SIGNIFICANCE:** CGR is effective at providing health information in a community setting. CGRs success is due to the commitment of its partners and its ability to respond to community needs. During the pandemic, attendance at each virtual CGR remained steady and audience feedback remained positive. CGR continues to serve as a connector to valuable resources.

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What are the Risk Factors Affecting PrEP Utilization Among Black Cisgender Women Who Are At Higher Risk Of HIV Acquisition?

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OBJECTIVES/GOALS: The HIV acquisition rate is higher for cisgender black women in the United States. This population has a much lower use of FDA-approved pre-exposure prophylaxis drug (PrEP) for HIV prevention. This systematic literature review examines factors that hinder PrEP use among cisgender black women. **METHODS/STUDY POPULATION:** PubMed, CINAHL, and Cochrane were used to conduct a systematic literature search. Inclusion and exclusion criteria were predetermined to narrow down the search and to identify the appropriate studies. The retrieved literature was exported to EndNote for deduplication. The literature was then uploaded into Rayyan for title and abstract screening. The two collaborators were blinded to limit bias. Literature characterized as conflict was resolved by an independent, third collaborator. Full-text screening of the selected studies was done and a PRISMA flow diagram was developed for identification, screening, eligibility, and to detail included literature. **RESULTS/ANTICIPATED RESULTS:** 185 articles were obtained from the

systematic literature search. 172 were excluded and 13 full-text articles were accessed for eligibility. One was removed. 12 studies involving 974 study participants met inclusion criteria for analysis. Despite the disproportionately high risk of HIV infection, black women only represented 29% of the study participants. Top three barriers to low PrEP use were stigma, socio-economic factors, and personal factors. Stigma included concerns about HIV and sexuality. Socio economic barriers were related to homelessness and low income. Personal factors included substance abuse, incarceration, and commercial sex work. The data confirms that these risk factors were not always rigid but changed based on patient characteristics and external factors. **DISCUSSION/SIGNIFICANCE:** The study outcomes confirmed a multitude of risk factors that serve as impediments in the use of PrEP among cisgender black women. When these risk factors are identified and addressed, the decision to use PrEP among cisgender black women may increase, therefore this warrants further investigation.

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Engaging the public in bidirectional communications to increase research literacy and improve the health of Indiana residents through All IN for Health

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OBJECTIVES/GOALS: All IN for Health has initiated social media engagement strategies to create bi-directional communication around improved health and research literacy with the public. In addition, the All IN for Healths community-led advisory board, comprised of diverse individuals and organizations, will provide insight on research design and dissemination. **METHODS/STUDY POPULATION:** The Indiana Clinical and Translational Sciences Institute (CTSI) has committed to enhancing the public engagement efforts in the All IN for Health program. This program was established in 2017 to improve the health of Indiana residents through the promotion of health resources and opportunities to participate in research. In 2021, the Indiana CTSI decided to integrate public engagement more formally. An official collaboration with the Indiana CTSIs Community Health Partnerships program was created, a digital engagement specialist was hired, and several new community and population health advisory board members were welcomed for quarterly meetings representing the rural and urban areas of the state, faith-based communities, health departments, and underrepresented groups in research. **RESULTS/ANTICIPATED RESULTS:** A social media campaign, informed by the All IN for Health advisory board was launched in November 2021, and the advisory board has been meeting on a quarterly basis. All IN for Healths established priority area is currently COVID-19 vaccination uptake, and our prioritized audiences are underserved and under resourced in urban and rural communities, and minoritized populations. All IN for Health has posted approximately 20 times per month on topics including COVID-19, Alzheimers Disease, Diabetes, fitness, mental health, and research studies with a goal to increase followers and engagements by 20%. The hope is that this engagement will also result in an increase in the monthly e-newsletter subscribers and study volunteer registry participants. **DISCUSSION/SIGNIFICANCE:** All IN for Health has initiated new public engagement efforts to increase the value of the services offered to Indiana residents. Through consultation

and co-design with members of the public and dissemination of research opportunities All IN for Health will be better suited to improve health and research literacy.

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Feasibility of Implementing Community Engaged Recruitment Approaches into a Multisite Trial with an Accelerated Timeline

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OBJECTIVES/GOALS: The objective of this project was to recruit racially and ethnically diverse participants with an accelerated timeline into a COVID-19 vaccine trial. **METHODS/STUDY POPULATION:** Recruitment of diverse populations was a priority. Culturally appropriate strategies were implemented to increase enrollment of African Americans and Hispanics from the DC Metropolitan area. These strategies included the use of the Community Advisory Board for consultation, faith-based community events, town halls, radio advertisements which targeted the African American community, and the NIAID COVID-19 registry. Meaningful patient engagement by the study recruiter/coordinator throughout the study was key to recruitment and retention of participants (i.e. listening attentively, sharing personal experiences with vaccination, providing participants with enough information to make an informed decision). Education on the importance of research and vaccines was a component throughout the process. **RESULTS/ANTICIPATED RESULTS:** The Howard University site screened 188 participants. Of those, 150 were recruited into the vaccine trial from diverse racial and ethnic backgrounds (30% AA, 21% Hispanic, 5% Asian, 1% mixed race), a total of 57% over seven weeks. Of the 150 participants 64% were male and 36% females. The study involved a 2:1 randomization with vaccine vs. placebo. All of the 150 participants received the first and second COVID-19 vaccine/placebo doses administered 21 days apart. **DISCUSSION/SIGNIFICANCE:** Culturally-relevant recruitment strategies allowed for meaningful community and patient interactions and were important determinants for effectively recruiting a racially and ethnically diverse group of participants within a short amount of time. Strategies employed could be applied effectively in other trials.

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Challenges to home-based COVID testing in rural Latino and Native American communities

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OBJECTIVES/GOALS: Test the effects of a community health worker supported model to deliver home-based COVID-19 testing in the Yakima Valley (Washington) and Flathead Reservation (Montana) **METHODS/STUDY POPULATION:** A pragmatic, randomized controlled clinical trial evaluating the effects of a

community health worker supported model to deliver home-based COVID-19 testing in the Yakima Valley (Washington) and Flathead Reservation (Montana) vs. a modified direct-to-consumer. 400 participants will be enrolled, 200 from each community. Outcomes include comparing the number of completed testing kits as well as the number of testing kits with successful (detected vs not-detected) results. **RESULTS/ANTICIPATED RESULTS:** The poster presents preliminary results from 191 participants, blinded to study assignment. To date, 53% of enrolled participants returned a sample for testing and 39% received a usable (detected or not-detected) result. Our populations experienced a high-rate (16%) of sample errors, required 28 replacement kits and had 20 participants randomized to the control arm receive the intervention to ensure participants received testing during the pandemic. **DISCUSSION/SIGNIFICANCE:** Home-based testing models are built for those who are proficient in verbal and written English, have high tech. literacy and continuous access to internet. For home-based testing to have similar success rates as white Americans, cultural and demographic differences and disparities will need to be accounted for in development and implementation.

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A Community Mini-Grant Program: Community Leaders and Academic Partners Work Together to Improve Health in Appalachian Kentucky

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OBJECTIVES/GOALS: Through the Community Mini-Grant program, the University of Kentucky Center for Clinical and Translational Science Community Engagement and Research Core (CERC) provides a unique funding mechanism designed to empower community response by supporting local solutions to complex health issues facing central Appalachian Kentucky communities. **METHODS/STUDY POPULATION:** Four \$2500 grants are awarded annually to Appalachian organizations to implement evidence-based programs responsive to community-identified priority health needs. The CERC also supports program implementation and evaluation by facilitating collaborations between the organizations, community practitioners, and academic researchers. **RESULTS/ANTICIPATED RESULTS:** Since inception, grants have been awarded to 20 community organizations in 14 Appalachian counties. Health issues addressed have ranged from Alzheimers disease, cancer treatment and prevention, obesity, healthy lifestyle, and chronic disease management and prevention. Evidence-based programs have focused on improving health outcomes among older adults, caregivers, youth, children, women and infants, and families. Program outcomes have included immediate health benefits and long-term benefits resulting from community adoption of and ongoing financial support for programs. As example, results of an evidence-based educational program to improve diabetic foot assessment among clinicians in a large Appalachian healthcare network resulted in establishment of a traveling podiatrist program. **DISCUSSION/SIGNIFICANCE:** Community mini-grant recipients have successfully implemented projects that address the most significant health disparities in the region. Also of benefit are expanded partnerships that are foundational to the creation of new academic-community collaborations to address the challenging health issues of Appalachian populations in Kentucky.