

We will recruit patients admitted with heart failure (n = 300) to the Cardiovascular Hospital of Puerto Rico and The Caribbean between 2019-2021. In the first aim, we will implement the Minnesota Living with Heart Failure Questionnaire to assess the quality of life of Puerto Rican Hispanics diagnosed that life with heart failure and the short form-36 (SF-36) for a generic quality of life assessment. For the second aim, we will provide two instruments: The Geriatrics Depression Scale Questionnaire Short Form (GDS-SF) and the Memorial Symptom Assessment Scale Short Form (MSAS-SF) to assess the presence and severity of depression and multiple general symptoms

RESULTS/ANTICIPATED RESULTS: We expect that women living with heart failure will have worse quality of life and higher NYHA scale and NT-pro-BNP. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This contribution is significant because it can clarify the specific risk factors in the Puerto Rican community that are associated with lower quality of life among patients suffering from heart failure. This, in term, can allow physicians to identify which population of HF patients is at risk, and have strategies to improve quality of life

4244

A Community Partnered Research Approach to Promote Health Equity in Diverse Families

Minerva Orellana¹, Linsey Jackson, Numra Bajwa, Melody Ouk, Norman Harrington, Melvin Anderson, and Joyce Balls-Berry¹
¹Mayo Clinic Graduate School of Biomedical Science

OBJECTIVES/GOALS: Youth and Families Determined to Succeed (YFDS), a non-profit organization in Hennepin County, MN, provides programs to address health disparities and increase health equity in diverse families. The objective of this capacity building community engaged research study was to identify factors and opportunities to expand YFDS. **METHODS/STUDY POPULATION:** A community partnered participatory research framework using 3 community engaged (CE) studies was conducted. This structured research process involves a facilitated discussion with a presentation on YFDS programming and a guided discussion with YFDS stakeholders. The theoretical foundation included constructs from the Model of Improvement and Health Belief Model. A trained qualitative research team led the discussion, took detailed notes, and used traditional content analysis to thematically code the notes (n = 29 pages). The studios were not audio recorded for confidentiality. Preliminary findings were presented to YFDS leadership with plans to present the results to YFDS stakeholders and families. **RESULTS/ANTICIPATED RESULTS:** A total of 16 YFDS past and current members participated in the studios. The average age was 42.5 years with 69% female and 75% black participants. The main themes were YFDS programming, outreach, and partnership. Participants mentioned YFDS youth “gained confidence”, found an additional family, and suggested ways to increase outreach and partnerships. Participants suggested YFDS increase their social media presence, create multicultural programming, partner with faith based organizations and schools, and determine new ways to evaluate health, social, and athletic gains. **DISCUSSION/SIGNIFICANCE OF IMPACT:** YFDS has positively impacted the lives of their families. With the use of CE studios, we have the opportunity to hear the voices of the members impacted that is necessary for capacity building community engaged research. We were able to find factors that made YFDS successful and suggestions to better improve and to increase positive wellness gains.

4114

A Community/Academic Partnership to Implement Nutritional and Social/Behavioral Interventions to reduce Hypertension among Seniors Aging in Place

Kimberly Vasquez, MPH¹, Andrea Ronning¹, Moufdi Naji², Glenis George-Alexander¹, Clewert Sylvester², Cameron Coffran¹, Teeto Ezeonu¹, Chamanara Khalida³, Jonathan N. Tobin, PhD¹, Dozene Guishard², and Rhonda G Kost, MD¹

¹Rockefeller University; ²Carter Burden Network; ³Clinical Directors Network

OBJECTIVES/GOALS: The Rockefeller University CCTS, Clinical Directors Network (CDN), and Carter Burden Network (CBN) received a DHHS-Administration for Community Living Nutrition Innovation grant to test whether implementation of DASH-concordant meals and a program to enhance self-efficacy, could lower blood pressure among seniors aging in place. **METHODS/STUDY POPULATION:** CEnR-Nav model to engage stakeholders, enroll seniors age >60 yr., eating 4 meals a week at 2 CBN congregate meal sites; Advisory Committee to facilitate dissemination; menus aligned with Dietary Approaches to Stop Hypertension (DASH) and New York City Department for the Aging (DFTA) nutritional guidelines; interactive sessions for education (nutrition, blood pressure, medication adherence); Omron 10 home BP devices for daily home monitoring. Plate Waste and Meal Satisfaction (Likert scale) to assess taste preference and cost impact. **Outcomes:** *Primary:* Change in Systolic BP at Month 1; change in percent with controlled blood pressure. *Secondary:* change in validated measures of cognitive (e.g. SF-12, PHQ-2), behavioral (Home BP monitoring), nutritional (food frequency) variables, satisfaction, costs. **RESULTS/ANTICIPATED RESULTS:** Menu alignment required multiple iterations. Plate Waste and Menu Satisfaction tools were developed. Site 1 enrollment began June 2019; educational sessions and home BP monitors and training were provided. Baseline mean blood pressure (Site 1) was 138/79 +20.5; (range: 7% hypertensive crisis, 36% stage 2 hypertension, 22% stage 1 hypertension, 22% elevated, and 13% normal). DASH-aligned meals began October 2019; Meal satisfaction declined briefly, chefs adjusted menus, and meal satisfaction rose to pre-intervention levels. Site 2 enrollment is ongoing; dietary intervention will start in 2020. Primary outcome data (change in BP) will be complete in March 2020. Secondary outcome data on social and behavioral impact of the interventions will also be presented. **DISCUSSION/SIGNIFICANCE OF IMPACT:** We leveraged our community-academic research partnership to conduct research addressing uncontrolled hypertension, an urgent unmet health need among seniors. The DASH Implementation Study can inform the broader aging services and healthcare community of the potential for congregate nutrition programs to improve cardiovascular health outcomes.

4318

A Qualitative Study of Men’s Abortion Attitudes in Restrictive States

Chris Ahlbach¹, Lori Freedman¹, and Jennifer Kerns¹

¹University of California San Francisco

OBJECTIVES/GOALS: Despite its critical importance in reproductive health, access to abortion care continues to be impeded by laws grounded in religious, political, or other ideologies. We will

characterize abortion attitudes among US men who live in areas with restrictive abortion laws using qualitative methods. **METHODS/STUDY POPULATION:** We will use a semi-structured interview guide to elicit men's attitudes about abortion, characterized within moral, legal, religious, political, and other domains. Inclusion criteria include English-speaking cisgender men, ages 18 to 65 who live in states with the most restrictive abortion laws as defined by the Guttmacher Institute. We will recruit participants through Facebook ads and interviews will continue until theoretic sufficiency. Using an inductive thematic analysis approach, transcripts will be coded for emergent themes by two researchers independently in QRS NVivo 12.0, with concurrent refinement of themes as interviews are completed. **RESULTS/ANTICIPATED RESULTS:** We will elucidate emergent themes regarding men's abortion attitudes which could include how men think of abortion as a medical, moral, or personal reality, why they do or do not support abortion provision, among many other possibilities. We anticipate that researchers can use the data obtained from this study to begin to build a conceptual framework of abortion attitudes among US men who lives in restrictive states. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This study will fill an important gap in the literature by qualitatively characterizing abortion attitudes among a population that has political influence on abortion access. Results can inform policy and advocacy campaigns aimed at shifting public abortion attitudes towards increased acceptance.

4127

Achieving health equity in translational research: Applying critical race theory in workforce curricula to address disparity

Kristina Gern Johnson¹, Karen C. Johnston¹, Jennifer Phillips², and Maryellen Gusic²

¹University of Virginia; ²iTHRIV

OBJECTIVES/GOALS: Learners will:

- Identify social structures that serve as root causes of health disparities
- Critically evaluate the ways in which racism, culture, and power perpetuate disparity
- Use critical reflection to shape their research and advocate for institutional change

METHODS/STUDY POPULATION: The Integrated Translational Health Research Institute of Virginia (iTHRIV) Health Equity curriculum provides a lens for participants to view health disparities, social structures that create and perpetuate disparities, and the path to a more equitable future. This longitudinal workforce curriculum incorporates the principles of critical race theory (CRT), including: race as a social construct, structural determinism, intersectionality, and the social construction of knowledge. Learners gain practical experience through facilitated group discussions and critical reflection of their own work including research question design, recruitment, dissemination, and enhancing the faculty pipeline. **RESULTS/ANTICIPATED RESULTS:** To measure the impact of the curriculum, we will evaluate learners' participation in mentoring activities for persons from underrepresented backgrounds; participation in local and national diversity and inclusion efforts; engagement in community-based research; ability to account for implicit bias and power imbalances in their research design, including in recruitment and retention; and share research findings with community members

and research participants. Evaluation strategies will include quantitative and qualitative methodologies. **DISCUSSION/SIGNIFICANCE OF IMPACT:** There is growing recognition of the impact of racism on the development and perpetuation of health disparities. Public health critical race praxis (an adaptation of CRT) is emerging as a theoretical framework to empower researchers to challenge the status quo in order to achieve health equity.

4457

Adopting a Team Science Communication Module for Community-Partnered Teams

Arleen F Brown, Keith Norris¹, Rachele Bross², Yelba Castellon, Norma Mtume, D'Ann Morris³, Aziza Lucas Wright⁴, Juan Barron³, Sarmen Hakopian³, and Maritza Salazar Campo⁵

¹UCLA Division of General Internal Medicine; ²The Lundquist Institute at Harbor-UCLA Medical Center; ³UCLA General Internal Medicine; ⁴Charles Drew University; ⁵University of California, Irvine

OBJECTIVES/GOALS: There is increased recognition that patients and community members are critical to creating impactful research. To this end the UCLA CTSI Community Engagement & Research Program modified an established multidisciplinary team science communication module to train academic-community research teams. **METHODS/STUDY POPULATION:** Community partners who have had previous experience in participatory research provided input such as limiting the emphases of individual academic introductions to group icebreakers (to level the playing field), reduced academic jargon to lay language, reducing the amount of text to key principles, and changed academic team scenarios for the team activity to represent community-academic teams. Academic partners articulated institutional barriers to integrating community into institutional systems. Iterative testing and modifications occurred through pilots with eleven teams (49 individuals). **RESULTS/ANTICIPATED RESULTS:** Embedding community partners in team science training involved creating a level playing field with less emphasis on academic credentials, using lay language in the didactic sessions and ensuring accessibility in all aspects of the training. An example of modifications: communication scenarios were read out loud by participants, which community partners felt were not inclusive of potential varying literacy levels and all partners may not feel comfortable reading aloud in a group setting. The vignettes were replaced with short videos of the scenarios with audio recordings. Several modifications were made the training's team activity of the training module. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Traditional academic team science training required significant modifications for an academic/community-partnered team to allow for optimal collaboration, inclusion, and strategically reduce the power dynamics that can naturally occur. Long-term followup to assess their effectiveness is needed.

4455

Advancing the Science of Community Engagement with Human-Centered Design

Jordan Poll¹, Ayse Buyuktur², Aalap Doshi², Linde Huang², Tricia Piechowski², Meghan Spiroff², and Erica Marsh²

¹University of Michigan School of Medicine; ²Michigan Institute for Clinical & Health Research

OBJECTIVES/GOALS: To describe how the Community Engagement (CE) Program at the Michigan Institute for Clinical & Health Research (MICHHR), a Clinical & Translational Science