management measures (e.g., A1C and BP monitoring). We categorized insurance stability status during each 6-month interval as 6 separate categories based upon type (private, public, uninsured) and continuity of insurance (continuous, switches, or gaps in coverage). We will examine the association between insurance stability status and DM outcomes adjusting for time, age, sex, comorbidities, site of care, education, and income. Additional analysis will examine if insurance stability moderates the impact of race/ethnicity on DM outcomes. RESULTS/ANTICIPATED RESULTS: Overall, we anticipate that stable health insurance coverage will improve measures for DM care, particularly for racially/ethnically diverse patients. DISCUSSION/SIGNIFICANCE OF IMPACT: The finding of an interaction between insurance stability status and race/ethnicity in improved diabetes management and control would inform the national health care policy debate on the impact of stable health insurance.

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The role of community in an evolving community-university pilot award program

Sarah Wiehe[1], Gina E. M. Claxton, Lisa Staten, Ann Alley[2], Eric Beers[3] and Elaine Lipscomb
[1] Indiana University School of Medicine; [2] Office of Primary Care, Indiana State Department of Health; [3] Indiana Healthy Weight Initiative, Indiana Public Health Association

OBJECTIVES/SPECIFIC AIMS: To fulfill the Indiana Clinical and Translational Sciences Institute's (Indiana CTSI) Community Health Partnerships' (CHeP) mission of improving the health of Indiana residents through community-university partnerships, CHeP engaged with community partners to develop and implement a pilot award program for community-based participatory research, the Trailblazer Award (TA). The objective is to describe the engagement processes throughout the pilot program timeline and as the pilot program evolved over the 6-year period since the program started. METHODS/STUDY POPULATION: Though a process of engagement with community stakeholders, we assessed the process for each year of the TA, noting what changes occurred and how they occurred. Engagement for the TA process occurred during the following phases: RFA development, review, active project support, dissemination of project results, and project/partnership follow-up. RESULTS/ANTICIPATED RESULTS: During the RFA development phase, we decided to focus the award on health equity for 5 years; and we implemented structural changes to encourage new partnerships in underrepresented and rural areas. During the review phase, we incorporated both community and university reviewers and co-moderators. To increase capacity among our reviewer pool, we offered webinars and repeated opportunities to serve as reviewers. During the project support phase, we added the following: community-based CITI training; opportunities for networking with peer awardee teams; and community and academic co-led sessions on addressing recruitment barriers, grant writing, and dissemination to a community audiences. Through our active engagement of the CHeP Advisory Board, one Board member (from Indiana State Department of Health) leveraged matching funds for the TA, effectively doubling the number of projects supported each year. DISCUSSION/SIGNIFICANCE OF IMPACT: Whereas previous work has reported on engagement during the review process of pilot award applications, we discuss ways to extend engagement to include other aspects of a pilot program both before and after the review process. In our process, several key partners offered insightful changes that have resulted in a more engaged program.

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The value of storytelling in community stakeholder feedback for clinical and translational research

Laurie L. Novak[1], Sheba George[1], Kenneth Wallston[1], Yolanda Vaughn[1], Tiffany Israel[1], Yvonne Joosten[1], Neely Williams[1], Consuelo Wilkins[1] and Al Richmond[2]
[1] Vanderbilt University School of Medicine; [2] Community-Campus Partnerships for Health

OBJECTIVES/SPECIFIC AIMS: Community stakeholder engagement along the translational spectrum of biomedical research has been identified as a potentially crucial factor for encouraging participation among underrepresented groups, improving research relevance, and adoption of evidence into practice. Although we have developed various methods to improve communication between researchers and community stakeholders, we have not focused much attention on the manner by which community stakeholders choose to communicate with researchers in scientific feedback settings. In our PCORI funded study using Community Engagement Studios to elicit feedback on research from community stakeholders, we found that feedback from participants was frequently provided in the form of stories. This presentation aims to describe these narratives, examine their function in the feedback process and consider how a focus on these narratives enhances our understanding of community engagement for clinical and translational research. METHODS/STUDY POPULATION: The present study comes from a larger randomized, controlled methodological study. We randomized 20 investigators seeking input on their research to either a Community Engagement Studio (a panel of community members or patients) or a Translational Studio (a panel of researchers). Any faculty member or research trainee at Vanderbilt University or Meharry Medical College was eligible to participate. Each Studio panel was convened to provide project-specific input. The 153 stakeholders who participated in CE Studios were patients, caregivers, or patient advocates identified by health status, health condition, or demographic variables based on the project-based needs of the 20 researchers randomized in this project. Stakeholders include individuals with diabetes, heart failure, Parkinson's disease, sickle cell disease, and ICU survivors. All stakeholders had experience as a partner or consultant on a research project or through serving on a research advisory board or committee. All Studios were recorded and transcribed, and experienced qualitative researchers analyzed the data. For this paper, we focus on the narrative feedback in the form of stories elicited in the CE Studios. Using qualitative methods, we coded the transcripts from the 20 CE Studios to identify stories and their functions in the feedback. Stories were defined as narratives with (a) at least one actor (b) action that unfolds over time, and (c) a realization, destination, or conflict resolution (i.e., a point of the story). For example, "I refilled my mother's pillbox on Sunday and on Friday I found the pillbox still completely full" would be a story, however, "my mother doesn't take her meds correctly" would not. We coded the stories for how they facilitated communication in the Studio using an open-coding style, that is we did not apply a specific theoretical framework of interaction or communication. It was possible for any given story to have more than one code applied to it; that is they were not classified in a mutually exclusive way. RESULTS/ANTICIPATED RESULTS: We found 5 major functions of stories in the Studios. Basic sender-receiver functions were noted, including responding to queries and seeking mutual understanding. The other functions served to move or add to the conversation, including adding expansion and depth, characterizing abstract concepts, and providing context, with the latter being the most frequent function of stories. Speakers provided context in a wide variety of dimensions, ranging from the context of the body to spatial and institutional contexts. These stories served to help others understand the speakers' lived experiences. DISCUSSION/SIGNIFICANCE OF IMPACT: We often engage community members in research for their expertise with regards to their lived experiences as patients or community members, and for their experiences of healthcare and social determinants of health in particular community contexts. Yet we may expect them to share their expertise in a manner that is consistent with a scientific, explanatory framing and language. However, we know there is a difference in the way that professional researchers discuss research Versus how community members discuss research. In our PCORI study, we found that our Community Studio participants relied on storytelling as an important means to communicate their lived experiences. Their stories were often key to communicating the complex contexts of their experiences. We focus on examining these narrative practices and their functions in how community members engaged with and provided advice to researchers. This understanding may help us in: (1) Characterizing the contexts, processes, and meanings associated with community stakeholder experiences that are otherwise difficult to access. (2) Identifying community priorities relevant to research that are embedded in community narratives to better align research priorities with community needs and to improve patient outcomes. (3) Collecting insights for improving the design of community engagement activities in research. (4) Harnessing more fully the potential of community engagement in research.

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Tool to assess opportunities to augment health literacy and culturally responsive components of research design to enhance diverse engagement

Grisel Robles-Schrader[1], Ashley Sipocz, Evelyn Cordero[2] and Gina Curry[3]
[1] Northwestern University; [2] Office of Human Resources, Northwestern University; [3] Clinical & Translational Sciences Institute, Northwestern University

OBJECTIVES/SPECIFIC AIMS: The goals of this project are to: (1) Help research teams better understand, anticipate, and adapt research to address the needs of