

to improve OTC safety for older adults. The Protection Motivation Theory (PMT) provides a framework for evaluating the interplay of threat and coping appraisals in the assessment of perceived risk severity and OTC misuse. Health literacy, known to contribute to coping appraisals, is measured with the Newest Vital Sign survey. The TRI-RISK model, originally used to measure risk perception of disease, was adapted and subject to rigorous cognitive interviewing and testing with 8 older adults. This adapted survey is used to measure older adult risk perception of adverse drug events. Walking interviews with older adult participants are conducted in a community pharmacy. In these interviews, participants verbalize their process of selection and use of an OTC to treat a pain, cough/cold, or sleep issue. Additional patient factors such as age, race, gender, education level, and co-morbidities are collected in a survey. Structural equation modeling is used for data analysis. RESULTS/ANTICIPATED RESULTS: It is hypothesized that poor health literacy leads to lower risk perception, which will result in increased instances of potential adverse drug events. Data collection will be complete by Spring 2019 and preliminary results will be presented. DISCUSSION/SIGNIFICANCE OF IMPACT: Few interventions have attempted to decrease misuse of high-risk OTC medications in older adults, and not one has addressed system barriers. Compared to efforts to improve prescription medication safety, efforts to decrease OTC medication misuse in community-dwelling older adults have been practically ignored. This is the first study to characterize and operationalize health literacy and risk perception of adverse drug events in the development of a system-level intervention to address OTC safety for older adults. The population aged 65 and older is expected to increase by 38.5 million from the year 2020 to 2050. Interventions tailored to target the older adult patient population are expected to have greater efficacy in improving older adult medication safety and in alleviating the significant corresponding strain on the US healthcare system.

3247

### Implementing an Interdisciplinary, Student-Run Consult Service for Homeless Patients: The Critical Role of Community Partnerships

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OBJECTIVES/SPECIFIC AIMS: Elucidate the unique challenges associated with hospital discharge planning for patients experiencing homelessness. Assess the impact of robust community partnerships and strong referral pathways on participating patients' health care utilization patterns in an interdisciplinary, student-run hospital consult service for patients experiencing homelessness. Identify factors (both patient-level and intervention-level) that are associated with successful warm hand-offs to outside social agencies at discharge. METHODS/STUDY POPULATION: To assess the impact of participation in HHL on patients' health care utilization, we conducted a medical records review using the hospital's electronic medical record system comparing patients' health care utilization patterns during the nine months pre- and post- HHL intervention. Utilization metrics included number of ED visits and hospital admissions, number of hospital days, 30-day hospital readmissions, total hospital costs, and follow-up appointment attendance rates, as well as percentage of warm hand-offs to community-based organizations upon discharge. Additionally, we collected data regarding patient demographics, duration of homelessness, and characteristics of homelessness (primarily sheltered versus primarily unsheltered, street

homeless versus couch surfing, etc) and intervention outcome data (i.e. percentage of warm hand-offs). This study was reviewed and approved by the Tulane University Institutional Review Board and the University Medical Center Research Review Committee. RESULTS/ANTICIPATED RESULTS: For the first 41 patients who have been enrolled in HHL, participation in HHL is associated with a statistically significant decrease in hospital admissions by 49.4% ( $p < 0.01$ ) and hospital days by 47.7% ( $p < 0.01$ ). However, the intervention is associated with a slight, although not statistically significant, increase in emergency department visits. Additionally, we have successfully accomplished warm hand-offs at discharge for 71% percent of these patients. Over the next year, many more patients will be enrolled in HHL, which will permit a more finely grained assessment to determine which aspects of the HHL intervention are most successful in facilitating warm hand-offs and decreased health care utilization amongst patients experiencing homelessness. DISCUSSION/SIGNIFICANCE OF IMPACT: Providing care to patients experiencing homelessness involves working within complex social problems that cannot be adequately addressed in a hospital setting. This is best accomplished with an interdisciplinary team that extends the care continuum beyond hospital walls. The HHL program coordinators believe that ED visits amongst HHL patients and percentage of warm hand-offs are closely related outcomes. If we are able to facilitate a higher percentage of warm hand-offs to supportive social service agencies, we may be able to decrease patient reliance on the emergency department as a source of health care, meals, and warmth. Identifying the factors associated with successful warm hand-offs upon discharge from the hospital may assist us in building on the HHL program's initial successes to further decrease health care utilization while offering increased interdisciplinary educational opportunities for medical students.

3151

### It all starts with a dialogue – Stimulating Engaged Research Opportunities through Stakeholder-Academic Resource Panel (ShARPs)

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OBJECTIVES/SPECIFIC AIMS: The foci of this evaluation is to: determine if cultural and contextual adaptations identified by community stakeholders via ShARP sessions change research design/implementation/dissemination strategies. examine changes in stakeholder engagement by the research team after the initial ShARP session. METHODS/STUDY POPULATION: CCH staff measured session effectiveness for multiple stakeholders at multiple time points. Researchers and community stakeholders completed surveys to assess process and function at the end of the session. CCH staff follow-up with researcher team members approximately 12-18 months after the session to assess longer term outcomes and changes resulting from stakeholder input gathered at the ShARP. RESULTS/ANTICIPATED RESULTS: 16 ShARPs sessions were hosted in a three year period. o 4 hosted in Spanish o 2 focused solely on youth populations. 141 stakeholders representing diverse professional backgrounds participated in sessions and represented a cross section of: o Ages: 12- 17 (5%); 18-24 (6%); 25-34 (24%); 35-44 (23%); 45-54 (12%); 55-64 (9%); 65 and older (13%); No Response (8%) o Gender Identities: Female (62%); Male (34%); Transgender (0%); No Response (4%) o Race/Ethnicities: Asian, Pacific Islander (13%);

African American/Black (28%); Hispanic/Latino/x (25%); Native Americans, First Nations, American Indian (0%); Caucasian/White (24%); Multiracial (2%); No Response (9%). Feedback from research teams (aggregate of Strongly Agreed/Agreed responses) o ShARP panel was made up of relevant stakeholders (97%) o ShARP session was worthwhile (100%) o Stakeholder input will improve my research project (100%) o I would engage stakeholders in future projects (40%). Feedback from community stakeholders (aggregate of Strongly Agreed/Agreed responses) o ShARP session worthwhile (89%) o I have an increased understanding of research after participating in this session (89%) o Based on the experience, would consider providing input on a research study in the future (90%) o This session was the first time I was asked to provide input on a research study (46%)

**DISCUSSION/SIGNIFICANCE OF IMPACT:** Preliminary results indicate engaging stakeholders in research can provide cultural and contextual adaptations that increase research relevance and feasibility in any phase of research. Conversely, stakeholders indicated an increased understanding of research. This poster will feature stakeholder and researcher perspectives. Increasing dialogues between research teams and community stakeholders can improve research design and relevance. The ShARPs programs aims to increase these types of dialogues which can be especially important for research teams who are unsure of who or how to begin engaging stakeholders in research. Gathering additional data via follow-up interviews will help us better understand the impact this program has on long term stakeholder engagement in research.

3578

### Partnership Development: A learning community to advance institutional responsiveness to the opioid crisis in the city of Detroit and Wayne, County, Michigan

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**OBJECTIVES/SPECIFIC AIMS:** Facilitate relationships and partnership development to address the opioid crisis in Detroit and Wayne County. Contribute to real-time conversations on opioid epidemic policy and practice to identify and build consensus on research questions. Apply findings from each learning community session to policy briefs to better inform policymakers, providers and consumers; and advocate for institutional responsiveness.

**METHODS/STUDY POPULATION:** The study population utilizes a purposive sampling approach to intentionally organize relationships and partnership development. For example, participants registered for the December 2018 session, "Detroit/Wayne County Opioid Crisis Learning Community Series: Data Session," include representation from school-based health clinics, community and faith-based organizations, health systems, city and county level public health, addiction/recovery organizations, law enforcement, academia and citizens. The team feels this approach ensures and builds diverse,

team science perspectives and regional collaboration. The Detroit Area Mental Health Leadership Team formed in 2015 at a retreat held by the University of Michigan's Clinical and Translational Science Initiative attended by nearly 100 community-academic partners. Mental health, stigma and suicide were identified as community priorities by participants who attended the summit. A mental health workgroup formed and later expanded its membership to strengthen diverse perspectives. The team immediately designed and administered a survey amongst its partners creating the following priorities and focus: substance abuse interventions, healthcare access, and consumer awareness of mental health issues/available resources. Since data, policy and service are common threads to design interventions, the partnership decided to facilitate dialogue and discussion from the community on special topics related to the crisis, and share the community's recommendations on how to address them. The learning community series was designed as a bi-lingual format for sharing and expression. Deliberative democracy encourages inclusion of voices, interests and opinions often not heard or included in decision-making processes; driving the project's purposive sampling approach. Institutional responsiveness and advocacy for adoption of the community's recommendations will occur through strategic policy briefs summarizing each learning community session and the entire series. A dissemination plan will be utilized to encourage the policy briefs reach appropriate audiences for capacity building and institutional responsiveness. The learning community series will provide 5 sessions on data (impacting adolescents, emerging adults, and 20-mid 30 year-old adults), recovery/law enforcement, prescribing, and marijuana. The session topics arose from earlier assessment conducted by the Detroit Area Mental Health Leadership Team.

**RESULTS/ANTICIPATED RESULTS:** A response to the opioid crisis should address community priorities identified through data, research and community input. Community providers should have access to real-time data and research to develop appropriate interventions and institutional responsiveness. Equally important is the need for legislators and others impacting resource allocation to hear from the community on priorities they feel should be addressed, and to better understand the need for new types of data and information to drive service delivery, policy and resources to address the crisis. The learning community series will focus on describing the epidemic and building infrastructure to collaborate, and share data and information to strengthen advocacy and responsiveness to address the crisis. We feel this will enable more efficient programming to strengthen service delivery that captures life experiences from those who directly interface with individuals impacted by the crisis.

**DISCUSSION/SIGNIFICANCE OF IMPACT:** There is limited knowledge and consensus on types of data and information to effectively describe the opioid crisis. For example, data and information connecting gateway drugs such as marijuana with more hardcore drugs (i.e., opioids and heroin) is not available; community-based providers have limited access to what research says about the crisis; and local public and community providers are dependent upon the state for surveillance data. Individuals dealing with addiction and recovery often need immediate attention. A gap in access to services exists depending on types of insurance. For example, Medicaid and some HMOs require an assessment before clients can seek treatment, resulting in uncompensated care among providers to immediately address patients need. Access to healthcare is a longstanding issue in medically underserved communities. The impact of the crisis varies geographically in communities and regions due to cultural and ethnic differences, yet data and information on these differences is not readily available. Cultural competency and