

and 61.5% of emergency department visits due to adverse drug events. This study is the first to characterize the relationship of OTC protection motivation and OTC misuse to inform patient-centered interventions for older adult OTC safety.

156

Social and Health Determinants Influencing Adherence and Access to Treatment for Hearing Loss in Puerto Rican Adults

Soami Santiago de Snyder¹, Wanda Lugo-Velez¹, Karen Pabon-Cruz¹, Edna Acosta-Perez¹, Cristina Rivera-Febres¹ and Marcos Roche Miranda¹

¹Medical Sciences Campus, University of Puerto Rico

OBJECTIVES/GOALS: The main objectives are to obtain a preliminary profile of the adult Puerto Rican patient with hearing impairment and to identify the factors, variables and barriers that these patients face accessing intervention and adhering to it. **METHODS/STUDY POPULATION:** Adults between the ages of 21 and 64 years old were surveyed using a questionnaire with items guided to obtain information regarding their socio-demographic and health characteristics and the variables associated to treatment access and adherence to the intervention plan. A descriptive approach will be used to create the sample profile and an age stratified analysis will be used to interpret the empirical data. The identified variables associated to treatment access and adherence will be identified and analyzed to study if there is a possible geographic zone and socio-economical association. **RESULTS/ANTICIPATED RESULTS:** Preliminary results suggest that regardless of the subject's age and degree of hearing loss their socio-economical strata is a decisive factor in treatment adherence as well as the lack of medical insurance coverage for therapy, hearing prosthesis and assistive technology for the hearing-impaired. Access to service was found to be a barrier associated to the subjects geographical place of origin. **DISCUSSION/SIGNIFICANCE:** Research findings suggest that there is an association between the socio-economical status of the Puerto Rican hearing impaired patient, the lack of medical coverage and the level of treatment adherence. Patients from a lower socio-economical status and remote towns exhibited less adherence which points to a health disparity for this population.

157

Evaluating Interest in Clinical Trial Participation for the Treatment of Pediatric Food Allergy

Perry A. Catlin¹, Amy Van Hecke¹, Amal Assa'ad¹ and Ruchi Gupta¹

¹Marquette University

OBJECTIVES/GOALS: Roughly 8% of children in the United States have a diagnosed food allergy (FA). The ubiquity of most food allergens increases the potential for accidental exposures. Clinical trials (CT) are used to test novel treatments for FA. This project will evaluate the influence of biopsychosocial factors on interest in CT participation for pediatric FA. **METHODS/STUDY POPULATION:** This project is subsumed under the FORWARD study (5R01AI130348-04), a multisite study currently underway at four pediatric FA clinics across the United States. Eligible participants include patients and families who meet the following criteria: 1) New clinic visit presenting for a possible FA complaint and/or has a physician diagnosis in a follow-up clinic visit; 2) child is between the age of 6-months and 12

years at intake visit; 3) are English speaking, and 4) no history of developmental disorders. Parents are asked to complete an intake survey, followed by a series of quarterly surveys administered via REDCap. A single variable from the intake survey queries interest in CT participation; quarterly surveys assess FA knowledge, attitudes, health beliefs, and management practices. **RESULTS/ANTICIPATED RESULTS:** To date, 890 families have completed the intake survey. Working hypotheses include: 1) parents of older children and children with a higher condition severity rating will report greater levels of interest in CT participation; 2) parents with greater FA knowledge, more health management beliefs that support action, and less FA-related anxiety, will report greater levels of interest in CT participation; 3) relative to White families, African American families will be less interested in participating; 4) families with >1 child with FA will report greater levels of interest in CT participation; 5) families who are uninsured, low-SES, and are unemployed will report lower levels of interest in CT participation; and 6) families with higher educational attainment will report lower levels of interest in CT participation. **DISCUSSION/SIGNIFICANCE:** This study will advance decision science, address existing disparities, and have far-reaching clinical implications. This novel approach will enhance our ability to predict who is at the greatest risk of anaphylaxis and help healthcare providers identify families who could benefit from experimental treatment options for pediatric FA.

158

Effect of maternal exposure to violence at different life stages on the risk of obesity among postpartum women

Lorelle R. López Mancebo¹, Edna Acosta-Pérez², Nicolas Rosario-Matos³, Zilkia Rivera Orraca², Linda Laras-García⁴, María Kallis-Colón⁵, Soná Rivas-Tumanyan² and Maribel Campos-Rivera^{2,5}

¹University of Puerto Rico Medical Sciences Campus, ²The Hispanic Alliance for Clinical and Translational Research, San Juan, Puerto Rico, ³San Juan City Hospital, San Juan, Puerto Rico, ⁴San Juan Bautista School of Medicine, Caguas, Puerto Rico and ⁵Center for Community Outreach for Health Across the Lifespan (COHeAL)

OBJECTIVES/GOALS: Determine if exposure to violence at different life stages (childhood versus recent exposure) in postpartum women is associated to increased risk of weight retention more than 1 year and no more than 2 years after delivery, thus increasing health risk in short and long term. **METHODS/STUDY POPULATION:** Participants will be recruited from a cohort of post-partum women who received services from the Puerto Rico Women and Children Program (PR WIC) during pregnancy and postpartum period as per PR WIC established criteria. Families that have completed their participation in a Lifestyle intervention trial will be paired 2:1 with eligible nonparticipants that fulfill trial enrollment criteria. Language, culture validated instruments will be used to document maternal violence exposure in childhood and recent exposure, defined as within the last 12 months. To assess weight retention, pre-pregnancy weight will be compared to actual weight at the moment of evaluation, anthropometric measurements (weight, length, body composition, and fat mass) will be used to determine the health risk category for each participant. **RESULTS/ANTICIPATED RESULTS:** Expected results will be that there is an association between violence exposure and weight retention among post-partum women, thus influencing their weight status. The use of the questionnaires as screening tool for history of violence and whether recent or childhood exposure should be considered a health risk during pregnancy and post-partum predisposing women to adipose tissue related disorders.

DISCUSSION/SIGNIFICANCE: Findings will reinforce the importance of integrated screening and proactive management of social determinants of health within clinical and social services that target this population. Also, contribute to the development of strategies tailored to break violence cycle as a public health measure.

159

Community Engagement (CE) Brokers: Diversity and the Science of CE

Patricia Piechowski¹, Gina Claxton², Nicola Spencer³, Elizabeth Vasile⁴, UC Davis Health and Robynn Zender⁵

¹Michigan Institute for Clinical & Health Research (MICH), University of Michigan, ²Program Manager, Community Health Partnerships and All IN for Health, Associate Director of Operations, Research Jam, Indiana University School of Medicine, Indiana Clinical and Translational Sciences Institute (CTSI), ³Program Manager, Translational Research Institute, University of Arkansas for Medical Sciences, ⁴Health Equity Resources and Outreach (HERO), Program Manager, Integrating Special Populations into Research (INSPIRE), Clinical and Translational Science Center (CTSC), UC and ⁵Community Health Research Manager, Institute for Clinical and Translational Science, University of California, Irvine

OBJECTIVES/GOALS: Since 2013, managers of community engagement (CE) programs across the Clinical and Translational Science Award (CTSA) consortium funded by the National Center for Advancing Translational Sciences (NCATS) have convened monthly to build connections, share knowledge, and enable collaboration. METHODS/STUDY POPULATION: Notable for focus on staff leadership, the CE Brokers group has been central to the ongoing success of CTSA community engagement partnerships and approaches to research. In early 2022, a survey of the 139-member group asked about their roles and responsibilities, the ways the CE Brokers network has contributed to their hubs adoption and development of best practices and innovations, resources and lessons learned, and the creation of opportunities for members to collaboratively conduct and disseminate original research, and research on the science of community engagement. The survey also asked CE Brokers if they or their community partners are part of an underrepresented community. RESULTS/ANTICIPATED RESULTS: These demographic data will be shared, along with analyses of data on growth of the group over time, evolving themes, and a SWOT analysis completed in 2021. DISCUSSION/SIGNIFICANCE: This will provide a platform to explore new avenues for the CE Brokers and their impact within the NCATS CTSA consortium, in line with the evolving direction of the clinical and translational research enterprise.

160

Sustaining community engagement during COVID-19: High stress and loneliness reported

Catherine Woodstock Striley¹, Deepthi S. Varma¹, Piyush V. Chaudhari¹ and Linda B. Cottler¹

¹University of Florida

OBJECTIVES/GOALS: COVID-19 has taken a big toll on health, mental health and community well-being. COVID-19 has also presented unique opportunities for community engagement programs to sustain their work within communities. Low-tech methods of engagement might provide opportunities for success. METHODS/STUDY POPULATION: When we could not be in

the field due to COVID-19, we recontacted our 12.4k HealthStreet members by phone and in 12 months successfully contacted 3.2k. By contrast, over the two COVID affected years (2019 & 2020), our in-person recruitment efforts in the community fell to 832 from 1817 in the two prior years (2017 & 2018). Reconnecting with existing members is an important aspect of sustainable community engagement. RESULTS/ANTICIPATED RESULTS: While 8/10 of the 3.2 K sample had internet access in their homes, 9/10 said having it was somewhat to very important. Importantly, 1 in 3 people who had additional needs or suggestions were looking for better COVID-19 knowledge or ways to reduce the threat of illness, 1 in 4 wanted resources; and 1 in 5 encouraged us to keep doing what we were doing. Among recontacted members, 30.2% indicated a high stress level (8 & over on a 10 point scale) while 15.2% reported a high level of loneliness (8 & over on a 10 point scale). High stress was significantly more likely among those identifying as African American (23.1%) compared to non-African American (16.6%). Loneliness did not vary (10.1% among both). DISCUSSION/SIGNIFICANCE: Sustainable community engagement was important to reach community members during the pandemic, especially given the high rates of stress and loneliness among members contacted. In-person connections were reduced, but phone contact provided an opportunity for successful engagement.

161

Barriers to Kidney Transplant Waitlisting among Patients with End-Stage Kidney Disease in Puerto Rico

Bryan Vélez-López¹ and Nilka de Jesús-Gonzalez²

¹University of Puerto Rico - School of Medicine Department of Pediatrics and ²University of Puerto Rico - School of Medicine Department of Pediatrics, Auxilio Mutuo Hospital Transplant Center

OBJECTIVES/GOALS: The prevalence of patients with end-stage kidney disease (ESKD) in PR has increased in the last decade along with an aging population, while waitlisted patients have decreased. Our objective is to compare clinical and sociodemographic characteristics of patients with ESKD on dialysis who are waitlisted from those who are not waitlisted. METHODS/STUDY POPULATION: Retrospective study of all patients with ESKD who received dialysis in PR from 2013-2019, based on the United States Renal Data System data. Variables: (1)waitlisting status (yes or no; waitlisting date); (2) sociodemographics (age at dialysis initiation, sex, zip-code area, health insurance type, and employment status); and (3)clinical characteristics (dialysis initiation date, primary diagnosis of renal disease, comorbidities including obesity, diabetes, peripherovascular/cardiovascular disease, cancer, etc.). Statistics: (1)descriptive statistics (continuous - central tendency [mean, median] and dispersion [standard deviation, interquartile range]; and categorical [frequencies and percentages]); (2)Chi-square test, Students t-test, and Mann Whitney U test to evaluate differences. RESULTS/ANTICIPATED RESULTS: We expect patients on dialysis not waitlisted will be older and have more comorbidities than those who are on dialysis and waitlisted. DISCUSSION/SIGNIFICANCE: Kidney transplant is the choice of therapy for ESKD and its benefits are better quality of life, improved survival, and best long term-cost effectiveness. If our hypothesis is true, findings will highlight the importance of characterizing which patients with ESKD on dialysis are kidney transplant candidates when considering barriers to waitlisting.