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### Establishing Quality and Universal Access for LGBTQIA2+ Patients (EQUAL)

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**OBJECTIVES/GOALS:** LGBTQIA2+ patients experience many healthcare inequities and often do not seek healthcare due to stigma and previous traumatic experiences in the healthcare system. A paucity of healthcare centers provides reduced-fee or free healthcare to LGBTQIA2+ individuals. **METHODS/STUDY POPULATION:** This project was initiated by the primary author who volunteered at an established student-run free clinic in Columbus, OH. The primary author engaged other students and faculty members, including the co-authors. A needs assessment was conducted by the authors, highlighting the unique needs of LGBTQIA2+ patients in central Ohio. In April 2022, members of the community and volunteer faculty providers established the Rainbow Clinic. The Rainbow Clinic provides primary care services including sexual health/STI testing and gynecology care. The Rainbow Clinic exclusively serves members of the LGBTQIA2+ community in central Ohio and creates a safe and inclusive space to educate medical and nurse practitioner students on the care of LGBTQIA2+ patients in a culturally sensitive way. **RESULTS/ANTICIPATED RESULTS:** The Rainbow Clinic has provided care for 60 patients equating to 78 visits. Most patients sought care for general primary care (17.9%), gynecological care (11.5%) or STI testing and treatment (7.7%). In addition to medical services, social work services are also provided as part of available mental health services and to provide additional linkage to care. To our knowledge, The Rainbow Clinic is the first student-run free clinic in Ohio to offer pre-exposure HIV prophylaxis (PrEP) medication as well as the required laboratory monitoring. The Rainbow Clinic has ongoing research evaluating patient comfortability throughout their encounters and has launched research studies to evaluate how best to address social determinants of health that affect the health and healthcare of the LGBTQIA2+ community. **DISCUSSION/SIGNIFICANCE:** The Rainbow Clinic delivers free healthcare and social work services to patients who experience healthcare inequities and disparities. Additionally, the Rainbow Clinic is a source of education for medical and nurse practitioner students to ensure their cultural humility in treating future LGBTQ+ patients.

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### Transforming the Academy of Community Reviewers (ACR) course into an E-Learning course in the Post COVID-19 Pandemic Era

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**OBJECTIVES/GOALS:** The objectives of the Academy of Community Reviewers (ACR) serve to: (1) provide comprehensive education and training to community members about clinical research and the community review process for clinical research grants; and (2) collaborate with the community in the development of the training to ensure beneficent and meaningful engagement. **METHODS/STUDY POPULATION:** This training targets community members who will serve as future grant reviewers for The Ohio State University Center for Clinical Translational Science (CCTS) pilot grant submissions, other grant submissions and as expert

consultants on other projects needing community perspectives. In 2019 and 2020, this training was offered as a live session. Thirty-eight community reviewers were trained and have served as grant reviewers and consultants on over 70 projects. Based on feedback of former graduates, time demands, logistics, and technology advances warranted transitioning the course to an online learning platform. ACR graduates were consulted in course redesign and updates. Course revisions include material on DEIA, implicit bias and health equity in clinical research with narrated lectures. **RESULTS/ANTICIPATED RESULTS:** Each of the 7 modules (including a total of 15 submodules) will have a brief summary knowledge check. The module "How to incorporate diversity, equity, inclusion and accessibility in health research" will invite trainees to independently explore their own social identity and biases through a guided exercise. The last (7th) module will have interactive opportunities for submitting grant reviews and participation in an online grant review session, geared to The Ohio State University CCTS. ACR graduates have been invited to consult on educational material and pilot the new course. Demographic, knowledge assessments and module evaluations will be collected. An overall course evaluation and focus group interviews with graduates will also be analyzed for quality improvement and contributions in grant reviews. **DISCUSSION/SIGNIFICANCE:** The increased accessibility of the ACR course will foster more inclusive community engagement and support the development of clinical and translational research that is innovative, efficient, equitable, and relevant to its beneficiaries. This in depth community reviewer training has been designed to be used and customized to other CTSA Hubs.

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### Translation of Community Engagement Studios into Practice: Increased Research Participation and Diversity in a Multicenter Trial

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**OBJECTIVES/GOALS:** Women and healthcare providers from underserved rural and urban communities participated in Community Engagement (CE) studios to offer perspectives for increasing research participation of women from diverse backgrounds prior to initiating recruitment for a randomized-controlled trial comparing treatments for urgency urinary incontinence. **METHODS/STUDY POPULATION:** CE studios are listening sessions to gather patient or community input on specific study areas of interest before implementation. Ten CE studios were held via Zoom at five study sites (Rhode Island, Washington DC, Alabama, New Mexico, and Southern California). Each site held two studios: 1) women living with urgency urinary incontinence, 2) clinicians providing care in their areas. Participants gave recommendations on ways to increase study participation of women from diverse racial and ethnic backgrounds with a focus on recruitment and retention, identification of barriers to participation, and suggested approaches to overcome those barriers. Summaries were compiled from each CE studio to identify similar and contrasting recommendations across sites. **RESULTS/ANTICIPATED RESULTS:** A total of 80 participants (47 community women experiencing urgency urinary incontinence, and 33 healthcare

professionals) participated across all sites. Studio participants discussed anticipated barriers for participant recruitment and retention with a focus on solutions to those barriers. Based on these suggestions, we created recruitment materials using pictures, videos, and simple terminology. We created educational content to help providers with current best practices for urinary urgency incontinence. We have allowed most study visits to be conducted virtually, identified affiliated clinics in various locations to improve proximity to underserved communities, and have earmarked additional funds to help offset travel costs including gas, public transportation, and childcare. **DISCUSSION/SIGNIFICANCE:** CE studios have provided pragmatic patient- and provider-centered recommendations that have been incorporated into functional strategies to improve research participation and diversity. CTSA CE core expertise can support successful CE studio planning and implementation.

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### **Revitalizing Tenant Wellness: Piloting the Implementation of an In-Building Primary Care Wellness Hub at 100 High Park Avenue for Greater Access to Long-Term Mental Health Services for Underserved Tenants**

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**OBJECTIVES/GOALS:** In a collaborative effort with Toronto Community Housing (TCH), West Toronto Ontario Health Team (WTOHT), and our translational research team, we seek to increase the availability and long-term use of mental health care services through an in-building Wellness Hub for underserved tenants residing in a medical desert, 100 High Park Avenue. **METHODS/STUDY POPULATION:** In our pilot study, we will use an evaluative framework based on resident feedback to gauge the effectiveness of wellness hub implementation. We will examine both survey results, information from key stakeholder conversation and final interview data from the resident participants. Post wellness hub implementation we will inquire about various aspects of their experience in residence related to the main pillars of our project, including the presence of key wellness resources, accessibility of resources, effectiveness of those resources. Qualitative data management softwares results from the semi-structured interview will be coded and analyzed to extract themes and relevant changes throughout and after intervention implementation. **RESULTS/ANTICIPATED RESULTS:** The anticipated project results would be based on the following research question findings: How might we develop and integrate accessible mental health services through the wellness hubs for tenants at 100 High Park Avenue to improve the long-term follow-through of their care? The primary outcome of this project would be collective improvement in mental health of tenants at TCH 100 High Park Avenue. Qualitative evidence in the form of semi-structured interviews of tenants at baseline and after wellness hub implementation are expected to indicate an improvement in their mental health. Secondary outcomes for tenants include fewer incidences of feeling unsafe, reduced drug dependency, and improved community cohesion. **DISCUSSION/SIGNIFICANCE:** A wellness hub will foster well-being and resilience among residents, ultimately enhancing their overall quality of life and community cohesion. Furthermore, the wellness hub model could be scaled across 2,100 TCHC buildings and other metropolitan cities facing similar crisis i.e. New York.

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### **Association Between Gait Limitation and Alzheimer's Disease: Comparison among Elderly in Puerto Rico and Mainland U.S.**

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**OBJECTIVES/GOALS:** In 2022, 116,000 Puerto Ricans were estimated to be affected by Alzheimer's disease (AD). Gait limitation (GL) has been associated with different stages of AD. We study the GL-AD association in two elderly populations: Hispanics residing in PR and Americans in the mainland U.S., and identify the effects, and social determinants of health. **METHODS/STUDY POPULATION:** We propose a cross-sectional study involving data analysis from elderly (>65 years) Hispanics in PR and Americans in the U.S. Data will come from the National Alzheimer Coordinating Center (NACC) and a cohort of AD in PR. Our analysis will consider gait parameters, cognitive performance assessments, and AD stage (mild, moderate, and severe) as determined by the Alzheimer's Association. We will examine social determinants of health and their association with GL and cognitive performance by AD. **RESULTS/ANTICIPATED RESULTS:** Our analysis will evaluate data about GL and AD stages to 1) investigate the association between GL and the distinct stages of AD and 2) evaluate the effects of social determinants of health in the association between GL and AD. We seek to profoundly understand how these factors interact within elderly populations. This exploration encompasses a diverse demographic, including elderly individuals in the U.S. and PR. We seek to identify disparities in social determinants among elderly individuals experiencing GL and AD by comparing PR and US populations. Through this association analysis, our study aspires to offer insight into the connections between GL and AD while considering the effects of social determinants of health in diverse populations. **DISCUSSION/SIGNIFICANCE:** The prevalence of AD is higher among Hispanic populations (e.g., Puerto Ricans) in the USA when compared to other ethnic groups. Experiencing GL may affect their daily lives, leading to exacerbating AD stages. The findings from this study will contribute to possible interventions to improve their GL and AD progression.

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### **Empowering Youth in Mental Health Treatment: A Co-Designed Approach to Measurement-Based Care**

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**OBJECTIVES/GOALS:** This integrated knowledge translation project aims to increase youth engagement in mental health services through enhancing shared decision-making processes. To do this, a knowledge product to support greater involvement in measurement-based care practices will be evaluated and co-developed with youth study participants. **METHODS/STUDY POPULATION:** This study population includes youth (aged 12-25) with lived/living experience of accessing mental health services through an integrated service delivery model in Ontario. Study methods focus on co-designing a knowledge product with youth partners guided by the Knowledge-to-Action (KTA) Framework. The prototype knowledge product addressing identified barriers to MBC understanding, will be quantitatively evaluated by study participants. Through semi-structured