

English-language learners as well. The book has recently been translated into Spanish and Arabic through a partnership with the International Institute of Buffalo, which “welcomes, connects and empowers the foreign born”. Some of the book’s images have been modified in order to be sensitive to the readers’ culture and we are in the process of collaborating with the International Institute to disseminate it to their clients. We are in the initial phase of planning a mobile application which we anticipate will significantly enhance dissemination. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This presentation will describe the development process, the underpinning concepts and our plans and current progress towards a more formal community and school dissemination and evaluation. This project was made possible by Team Science in that the expertise of a millennial pre-medical student and an anthropologist with high community involvement was coupled with that of a senior clinical translational researcher. Moreover, much research and attention was devoted to the creation of images that are culturally inclusive. To this end, with the exception of the cover page, we have intentionally created the book in black and white so that the child may use his/her imagination and color the way he/she sees the protagonists and the environment. Great attention was devoted to names of the protagonists with the names of the two main characters being among the most common in the world in numerous countries. Also, the book lends itself to a mobile application which will allow the reader to change colors and shapes of the protagonists to fit his/her cultural background. We are in the early planning stages and will share our progress as part of this presentation. We have strived to disseminate the book with a broad approach in our community. This phase is being followed by a more formal dissemination phase via libraries, schools and community events. This part of the project exemplifies the challenge between wanting to disseminate the book broadly while obtaining formal feedback and outcomes in compliance with regulations protecting the anonymity and/or confidentiality of children and families. Therefore for this second phase of dissemination IRB approval is being sought in order to collect more quantitative and qualitative data on the impact of the book. We have already conducted a focus group with teachers to overcome the challenges around informed consent, especially in the public school system. Our initial findings suggest this resource will improve knowledge and perception of research among children and their families. To our knowledge most of the materials explaining research to children are geared to older children and are often sponsored by pharmaceutical companies for a specific trial. If successful, this book can have a profound impact in reaching out to children outside of the research and medical environments, with the ultimate goal of increasing the child’s and family’s willingness to participate in clinical research and clinical trials.

3310

A Community-Academic Partnership to Understand the Association Among Health Status and Senior Services Utilization to Improve Nutrition and Blood Pressure Control for Low Income Seniors Aging in Place

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OBJECTIVES/SPECIFIC AIMS: The Rockefeller University Center for Clinical and Translational Science (RU-CCTS), Clinical

Directors Network (CDN), and Carter Burden Network (CBN), a multi-site senior services organization serving East Harlem, NY, formed a community-academic research partnership to characterize the health of the CBN seniors (many who are racial/ethnic minorities, low-income, and suffering from multiple chronic conditions) and to explore the use and associations of a measure of overall health status and frailty in this population. A simple validated measure of health status could standardize and streamline community-based translational research to study the impact of CBN’s services on health outcomes. The CCTS-funded Pilot Project aims to: 1) Engage CBN seniors and stakeholders in priority-setting, joint protocol development, research conduct, analysis and dissemination; 2) Characterize the health status of the CBN seniors using validated measures; 3) Establish an electronic database infrastructure for current and future research; 4) Understand how health and senior activities information can be used to implement programs to improve senior health and well-being. **METHODS/STUDY POPULATION:** 1) We used Community Engaged Research Navigation (CEnR-Nav) methods to facilitate partnership development, and to engage CBN seniors and stakeholders in each step of the research; 2) Research staff conducted recruitment, informed consent, and physical assessments (e.g., pulse, blood pressure, BMI); and administered validated surveys to collect health status information. 3) Data were captured on a REDCap-based platform. The primary outcome, frailty, was measured by the validated Short Physical Performance Battery (SPPB). 4) Secondary outcomes include the association of use of services/activities with the primary outcome. Research participants consented to sharing of their health, demographic and services utilization data compiled by CBN staff and the NYC Department for the Aging (DFTA). DFTA provided comparison datasets of de-identified health and demographic data for clients attending other NYC DFTA-funded senior centers. **RESULTS/ANTICIPATED RESULTS:** 1) 43 residents and stakeholders engaged in partnership-building, study design and implementation. 2) 218 participants from two senior centers were enrolled. Mean age, 68 ± 11 years; 58% Hispanic; 33% African American, 23% White, 1% Asian, 18% Unknown, 17% Other; 69% reported <\$20000 annual income; 40% had not completed high school; 30% scored as moderately or severely frail; 83% were overweight or obese; and 33% reported a history of diabetes. 84% had uncontrolled high blood pressure; many participants were previously aware of their hypertension diagnosis. 3) A REDcap database was developed to store historical and prospective data. 4) Across frailty categories, there was a significant difference in utilization of non-meal ($p = 0.0237$) and meal services ($p = 0.0127$) and there was an inverse proportional relationship between the number of meal and non-meal visits, and frailty. Additional associations among health status measures (e.g., SPPB, demographics, biological measures: pulse, blood pressure, BMI; psychosocial and nutritional scales) and CBN service utilization (i.e., meals vs. non-meals activities) will be presented. **DISCUSSION/SIGNIFICANCE OF IMPACT:** We developed a community-academic research partnership, infrastructure and capacity, built through our Community-Engaged (CEnR-Nav) model, to conduct a pilot study characterizing the health status and services utilization of low-income minority seniors. Our pilot study identified an urgent health priority, uncontrolled hypertension in 84% of CBN’s seniors. We then leveraged the team’s expertise and CBN’s meal services program to develop a research proposal for external funding to conduct a community-based multi-component intervention study. Replacement of a typical Western diet with the Dietary Approaches to Stop Hypertension (DASH) diet has been proven to reduce blood pressure in hypertensive and normotensive individuals in as little as 14 days, yet effective implementation has

been lacking, and it is relatively untested in community-living seniors who receive their meals in settings such as CBN. We are also exploring mechanistic questions that relate to blood pressure control, such as the impact of the DASH diet on inflammation, which may lead to a better understanding of the underlying mechanism of action of the DASH diet. Our community partner, CBN, was awarded the DHHS-ACL nutrition innovation grant to conduct this 2-year study with CDN and RU-CCTS. The resulting study developed out of the community engaged pilot study represents a unique combination of community-centered care, within an implementation science framework (with embedded mechanistic measures under development). This is an example of the novel, full-spectrum approach to translational research that the RU-CCTS/CDN Community Engaged Research Core has been developing over the last decade. The research to characterize CBN clients' health status is now being extended to address cardiovascular health by way of intervening on diet quality and food insecurity, a key component of the social determinants of health, in partnership with agencies outside of the healthcare delivery system. The outcomes of the DASH Diet implementation study will also serve to inform the broader aging service provider network and the healthcare community about the impact of senior center congregate meal composition and services on health outcomes.

3205

A TL1 Team Approach to Examine Rural Tobacco Users' Barriers to Participating in Research

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OBJECTIVES/SPECIFIC AIMS: Our overarching theoretical framework is the health belief model (HBM). Guided by HBM, we aim to identify rural adults' perceived barriers and motivations to participating in research. Specifically, our research questions are listed below. RQ1: What socio-cultural factors influence rural tobacco users' intentions to a) participate in research studies and b) undertake tobacco cessation? RQ2: What bio-psychological and behavioral factors influence rural tobacco users' intentions to a) participate in research studies and b) undertake tobacco cessation? RQ3: How do rural tobacco users perceive citizen scientists as disseminators of a) tobacco cessation and b) recruitment messages? **METHODS/STUDY POPULATION:** In Phase I of this multi-stage project, we are conducting in-depth interviews with approximately 30 tobacco users in rural Florida. The interview consists of semi-structured questions and multiple validated questionnaires. Specifically, we ask a series of questions about participants' barriers to participating in research. Additionally, we include questionnaires on participants' tobacco use history, nicotine dependence, motivation to quit, and willingness to participate in research studies. **RESULTS/ANTICIPATED RESULTS:** This study consists of two main phases. Data collection for Phase I of the study is ongoing, and we will discuss these recent findings. We anticipate data collection and data analysis to be finalized by May, 2019. Beginning in August 2019 through August 2020, we will focus on Phase II, which entails designing and implementing an intervention to increase rural tobacco users' willingness to participate in research. Given existing literature on other underrepresented groups in research, we anticipate that rural tobacco users will express that logistical barriers, such as transportation and time, prevent them from participating in research. Additionally, we anticipate these individuals may have socio-cultural barriers to participating in research, including distrust in the medical system and apprehension over

discipline-specific terminology. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The results of this formative research will be critical to our development of a targeted intervention to increase rural tobacco users' participation in research. Additionally, our interdisciplinary and community-based approach in this study acknowledges the importance of involving the target population in the research process, which is in line with NIH's updated model of translational research. We will discuss the process of collaborating with extension agents in rural counties in Florida to reach underrepresented communities.

3006

Academic-Community Partnership and Capacity Strengthening for Deaf Community-engaged Research in the Dominican Republic

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OBJECTIVES/SPECIFIC AIMS: Deaf communities in many low- and middle-income countries (LMIC) struggle to organize, advocate, and reach social and health equity in their nations. In the Dominican Republic (DR), the health and social status of Deaf citizens is unclear, which obfuscates action and advocacy based on data. A set of successful pre-existing US-DR partnerships that function well but were not previously connected, organized around submission of a community-based NIH research grant and pilot work to support it. **METHODS/STUDY POPULATION:** Adapting the Partnership Synergy Framework for this purpose, we evaluate the partnership, its evolution, and its experience in implementing formative research. **RESULTS/ANTICIPATED RESULTS:** Our experience showed the local Deaf community organization easily recruited and interfaced with the Deaf community; presence of a trusted external organization facilitated entry of the PUCMM-UR research team; and stakeholders are enthusiastic about the partnership, its outputs, and the ability to recruit Dominican Deaf citizens into research. The partnership organized around production of an R21 to the Fogarty International Center (NIH), including Human Subjects certification, budget and scope of work negotiation, and inclusion of preliminary data. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The engagement of Deaf communities globally is virtually non-existent in clinical and translational research. This partnership in the Dominican Republic shows that partners can organize around common goals and identify logistics required to produce pilot data and an NIH grant.

3125

Acceptability of a Narrative Video to Enhance the Use of Genetic Counseling in Latina Women at-risk of Hereditary Breast and Ovarian Cancer: Community Health Worker's Perspective

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OBJECTIVES/SPECIFIC AIMS: The goal of the study was to assess the acceptability of a culturally targeted narrative video and identify