

to explore the needs of community members and how partnerships with Penn State Faculty could help to address the community needs. RESULTS/ANTICIPATED RESULTS: A Community Advisory Board (CAB) of leaders (e.g., school officials, business owners) was created to identify community needs. After an initial workshop with the CAB, an assessment was created and distributed to the larger community to identify the top community health needs. Details from the assessment were then used to prioritize the themes for the Community Driven Research Day (CDRD). The CERC team identified Penn State University faculty with research interests related to these prioritized themes. The faculty identified and community leaders were then invited to the CDRD. The agenda for the event included an introduction to Community Engaged Research, a presentation from a researcher and community partner working together, round table discussions based on the themes selected, and an overview of pilot grants. DISCUSSION/SIGNIFICANCE: The CDRD will facilitate partnerships between the Penn State faculty and local community leaders to help effectively move forward addressing the community's health needs. The PSU CTSI will offer pilot grants to formalize and strengthen these partnerships and conduct community engaged research initiatives to discover optimal ways to address them.

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### Community Engagement Forum: Sharing best practices in community-engaged research<sup>++</sup>

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OBJECTIVES/GOALS: The Community Engagement Forum (CEF), a quarterly series hosted by the Colorado Clinical and Translational Science Institute (CCTSI) and the ACCORDS Education program, provides seminars from leading academic and community research partners. Our goal is to share the process and outcomes so others may implement a similar forum in their institution. METHODS/STUDY POPULATION: In 2019, CCTSI and the ACCORDS Education Program partnered to offer a forum to exchange best practices for investigators and study teams conducting community-engaged research. Each forum features presenters from community and academic partnerships. Initially this series was offered in-person; during the COVID-19 Pandemic the Forum moved online. At registration we collect data on current position, school/department or organization, and how they heard about the forum. Post session evaluations are also collected. Various topics have been covered including: community engagement foundations, creating advisory boards, responding appropriately to community needs in a pandemic, data equity, and community dissemination. RESULTS/ANTICIPATED RESULTS: Between October 2019 and October 2022, we hosted twelve Community Engagement Forums. A total of 442 people have attended the forums, with the School of Medicine having the highest representation. Among attendees, university research staff are the highest represented position in attendance, with 115 attendees over the 12 forums. 133 people have completed evaluation questions since the start of the forum series. High percentages of agreement were seen from the question, will you use this information to make adjustments/improvements or continue the conversation. Additionally, most respondents agreed that the presentations were useful to their current or future work. DISCUSSION/SIGNIFICANCE: The CEF

<sup>++</sup>The spelling of Montelle Tamez's name has been corrected. An erratum detailing this change has also been published (doi:10.1017/cts.2023.564).

series has filled a gap for desired resources related to best practices for community-engaged research. CCTSI CE&HC and ACCORDS Education have created a learning community for investigators and study teams to share lessons learned and provide opportunities for trouble-shooting research ideas as they arise.

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### Community Engagement, One Mile High: Developing a pipeline for training in community-based participatory research for investigators in Colorado<sup>+++</sup>

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OBJECTIVES/GOALS: Describe the pipeline of training, coaching, and council opportunities through the Partnerships of Academicians and Communities for Translation (PACT) and how it enhances Community-Based Participatory Research (CBPR) practices and increases community participation and capacity. METHODS/STUDY POPULATION: We conceptualized a pipeline for building capacity for community-based participatory research (CBPR). Key components include Colorado Immersion Training in Community Engagement which introduces academic investigators to specific geographic and demographic communities in Colorado, Partnership Development grants that fund time to building relationships between research and community, Joint Pilot Grants to provide subsequent funding for collaborative research, and the PACT, consisting of Community Research Liaisons (CRLs) and Community and Academic Council Members. RESULTS/ANTICIPATED RESULTS: The pilot grants program was created in 2008; to date has awarded 138 partnerships. In response to academic and community needs, our core developed CIT in 2010. 16 CIT Participants received Partnership Development pilot grant funding, six of whom went on to receive Joint Pilot funding, and an additional 8 who started with a Joint Pilot award. There have been 24 Partnership Development awardees who received subsequent Joint Pilot funding. Ten CIT participants have either become a PACT council member, pilot grants reviewer, or PACT trainer or coach. There has been one person to complete the entire pipeline from CIT, pilot grant awardee, to PACT council member. DISCUSSION/SIGNIFICANCE: The pipeline is a strong foundation for engaging with academic and community researchers who aim to improve CBPR in Colorado. Our signature programs, CIT and Pilot Grants, are unique opportunities to increase community engagement across sectors and improve research practices.

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### COPD Care for Patients in Rural Clinics: A Mixed Methods Evaluation

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OBJECTIVES/GOALS: To assess barriers and recommendations for improving delivery of care for chronic obstructive pulmonary disease (COPD) in rural clinics, we assessed COPD care metrics and

<sup>+++</sup>The spelling of Montelle Tamez's name has been corrected. An erratum detailing this change has also been published (doi:10.1017/cts.2023.565).

obtained perspectives of primary care providers (PCPs) who practice in rural clinics. **METHODS/STUDY POPULATION:** Quantitative retrospective analysis of patients with COPD using VA data. We included patients whose primary care clinic is located in a rural VA Midwest Health Care Network (HCN) facility and quantified binary measures for receipt of: spirometry, pulmonary specialty care, and optimal inhaler therapy (regimen with LAMA or LABA monotherapy). **Qualitative semi-structured individual interviews of PCPs** (physicians, nurse practitioners, and physician assistants) whose clinics are located in a rural VA Midwest HCN facility. We elicited perceived barriers to and recommendations for receiving spirometry, pulmonary specialty care, and optimal inhaler therapy from PCPs. **RESULTS/ANTICIPATED RESULTS:** 6,350 rural patients had a new diagnosis of COPD in 2016-2019. 48.4% had spirometry, 14.4% had pulmonary encounters, and among patients who were prescribed long-acting inhaler therapy, 48.8% received optimal inhaler regimens. Rural PCPs (n=14) highlighted lack of access to spirometry, pulmonary specialty care, and clinic staff support in local clinics and suggested: 1) leveraging the expertise of pharmacists in COPD management and 2) improving access to resources, including use of telehealth technologies. **DISCUSSION/SIGNIFICANCE:** Less than 50% of rural COPD patients received recommended diagnostic testing and therapy. Resource limitations in rural clinics were the main barrier. The main recommendation was to leverage pharmacists' expertise in COPD care. These findings provide a pathway forward to improving rural COPD care.

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### COVID-19 Vaccine Uptake in Latinx Sexual and Gender Minorities in South Florida

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**OBJECTIVES/GOALS:** Intersecting marginalized identities and multimorbidity elevate Latinx sexual and gender minority (SGM) risk for severe COVID-19, making vaccination critically important for this group. This study provides some of the first data on strategies for improving vaccination efforts in this community. **METHODS/STUDY POPULATION:** Data come from the Latinx SGM substudies of the NIH-funded Florida Community Engaged Alliance against COVID-19 Health Disparities (FL-CEAL), recruited between April 2021-August 2022 (n=215). Descriptive statistics and univariate analyses informed a multivariable logistic regression model with a dichotomous outcome variable for respondents who received at least one COVID-19 vaccine dose. Covariates included, gender, education, poverty, immigration status, an index of six COVID-19-related challenges, and dominant COVID-19 strain. Dichotomous measures of trust in six information sources (e.g., doctors, community organizations, social media) were also included. **RESULTS/ANTICIPATED RESULTS:** 182 respondents (85%) had received one or more vaccines. Key findings of statistical significance associated with vaccination from the adjusted model include White race (p=0.028), college degree attainment (p=0.006), high trust in community organizations (p=0.022), and the dominant variant at the time of survey (p). **DISCUSSION/SIGNIFICANCE:** In a departure from non-SGM Latinx samples, high trust in community organizations was significantly associated with vaccine uptake. This highlights the importance of LGBT organizations to Latinx SGM and suggests messaging regarding vaccination via these organizations may be especially effective.

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### Delving into Sociocultural Influences in Access to Care in Black Women and Latinas with Uterine Fibroids

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**OBJECTIVES/GOALS:** Uterine fibroids (UF) are a significant public health concern with a lifetime prevalence of over 70% in all women, however Black/African American women (BW) are disproportionately affected by UF, and Hispanic/Latinas (HL) mostly understudied. Our goal is to investigate sociocultural influences on menstrual and UF experiences of BW and HL with UF. **METHODS/STUDY POPULATION:** We have taken a community engaged research approach and partnered with the Fibroid Foundation, a patient UF advocacy group. Following IRB approval, the study was advertised on the Fibroid Foundation's various social media platforms, such as Instagram. Screening began on October 25, 2022, the screening survey included participants' contact information, preferred time of contact, time zone, and confirming identifying as a BW and/or HL diagnosed with UF. Ensuring eligibility, we plan to conduct semi-structured interviews for participants. The interviews will be conducted via phone or video call based on participant preference. The interviews will be sent for transcription to an external HIPAA compliant vendor then analyze the interviews for a priori and new themes using traditional content analysis. **RESULTS/ANTICIPATED RESULTS:** As of November 13, 2022, over 200 participants have completed the screening survey with a total of 133 (66.5%) being eligible to participate. The demographics are the following: 109 (82%) Black women, 14 (10.5%) Latinas, 4 (3%) Afro-Latinas, and 6 (4.5%) did not disclose ethnorracial identity. The participants were sent a consent form and will be interviewed. We anticipate achieving our goal of interviewing a minimum of 60 women for this study. Based on our previous research, we expect to find sociocultural influences leading to negative experiences of menstruation that affect access to care for UF. We also expect women will lack sufficient and accurate information regarding menstrual symptoms and UF. We additionally anticipate seeing delays in UF diagnosis. **DISCUSSION/SIGNIFICANCE:** There is a need to discuss sociocultural influences around menstruation as negative perceptions lead to delayed diagnosis of UF and can be translated to other gynecological diseases, such as endometriosis and endometrial and ovarian cancer. This suite of female-specific conditions all share increased disparity in historically minoritized women.

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### Development of an Individualized Responsive Feeding Coaching Intervention

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**OBJECTIVES/GOALS:** Responsive infant feeding (RIF) promotes healthy dietary patterns and infant weight gain. Research is needed to assist caregivers recognize infant hunger/satiety cues and overcome barriers to using RIF. The Learning Early Infant Feeding Cues (LEIFc) intervention was designed to fill this gap by using a