

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**

Anabela Esteves Cotovio, Sumaya Bhatti, Julia Kulczynski and Osarumwense Omoruna  
University of Toronto

**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.**

Joel Acevedo-Nieto, Karen Martínez, Claudia Amaya and Valerie Wojna

Medical Sciences Campus, University of Puerto Rico

**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**

Matthew Prebeg, Izzar Linares, Brianna Dunstan, Edyta Marcon and Joseph Ferenbok

University of Toronto

**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

focus groups, qualitative perspectives of the intervention's impact on shared decision-making and overall engagement in treatment will be collected. The study's design ensures active collaboration with the study population and aims to enhance MBC understanding and engagement in mental health care among youth. **RESULTS/ANTICIPATED RESULTS:** We anticipate increased youth involvement within MBC practices, and overall increased engagement in shared-decision making in treatment. We anticipate the developed knowledge product will enhance youth's understanding of MBC, foster dialogue between youth and clinicians, and promote active involvement and informed decision-making in their mental health treatment. By involving youth in the co-design process, our project is poised to foster a sense of ownership and relevance, ultimately improving youth engagement, decision-making, and mental health outcomes within integrated mental health services. **DISCUSSION/SIGNIFICANCE:** Youth deserve to have an active role in shaping treatment decisions. This tool may bridge a gap by equipping youth with the knowledge needed to engage in decisions that are often practitioner-led. This study will discuss the impact and strategies for increasing involvement in MBC practices on youth engagement within treatment.

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### **Equity Considerations and Impacts when Implementing Remote Technologies**

Gigi Perez<sup>1</sup>, Kathryn M. Porter<sup>2</sup>, Brian Saelens<sup>2</sup>, Allison A. Lambert<sup>1</sup>, Maria Savage<sup>3</sup>, Lindsie Boerger<sup>1</sup>, Charlie Gregor<sup>1</sup>, Ann Melvin<sup>2</sup> and Christopher H. Goss<sup>1</sup>

<sup>1</sup>University of Washington - Institute of Translational Health Sciences; <sup>2</sup>Seattle Children's Hospital - Institute of Translational Health Sciences and <sup>3</sup>University of Washington - Human Subjects Division

**OBJECTIVES/GOALS:** The Institute of Translational Health Science (ITHS) Remote Technologies for Research Reference Center (REMOTECH) aims to support researchers using remote technologies. Understanding barriers specifically for engagement of diverse populations is critical to improve equitable access and increase diverse participation in research. **METHODS/STUDY POPULATION:** We conducted semi-structured interviews with researchers (N=30) within the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region, identified through participation in a previous survey as well as those known to have previously implemented remote technologies at ITHS institutions. We solicited specific concerns regarding equity, diversity, and inclusion (EDI) related to remote research participant recruitment, retention, and implementation, as well as outcomes and potential solutions. Interview transcripts were coded, summarized, and emerging themes were identified. **RESULTS/ANTICIPATED RESULTS:** The pandemic necessitated a shift to the use of remote research engagement strategies. Our interview findings show that researchers have a desire to: increase diversity through remote engagement options; decrease participant burden; and understand and include strategies that advance equity, diversity, and inclusion (EDI) efforts. While geographic diversity was positively impacted by the use of remote technologies, significant barriers and challenges currently exist in the use of remote technologies with respect to other types of diversity, for example access to technologies and limited financial resources. **DISCUSSION/SIGNIFICANCE:** Remote technologies in research could increase diversity, but interviewees shared barriers and challenges that prevent that from happening. Researchers would

benefit from equity-oriented digital literacy resources to use with diverse populations. Such tools can also be used to guide study design/procedures, materials, and processes.

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### **Promoting Health Equity in South Los Angeles: A Place-Based Initiative in the Nickerson Gardens Housing Development**

Nicole Wolfe<sup>1</sup>, Tyrone Nance<sup>1</sup>, Mayra Rubio-Diaz<sup>1</sup>, Natayla Seals<sup>1</sup>, Esther Karpilow<sup>1</sup>, Alma Garcia<sup>1</sup>, Sara Calderon<sup>1</sup> and Michele D. Kipke<sup>1,2</sup>

<sup>1</sup>University of Southern California and <sup>2</sup>Children's Hospital Los Angeles

**OBJECTIVES/GOALS:** Partnering with the Housing Authority of Los Angeles, we launched a place-based initiative in the Nickerson Gardens housing development in South Los Angeles, where we apply our community engagement approach of listening and learning, and trust and relationship building, to deliver public health interventions in a discrete community. **METHODS/STUDY POPULATION:** Nickerson Gardens is the largest housing development in Los Angeles, with 1,066 units and over 3,000 residents. 58% and 40% of the residents are Hispanic and Black/African American respectively with an average yearly income of less than \$30,000. To build trust and establish relationships, our team began attending community events, holding weekly educational workshops, and participating in the summer program for youth. We also held listening sessions in English and Spanish that asked about the overall health of the Nickerson Gardens community, environment and public space, access and barriers to care, needed healthcare services, and the lived experience within Nickerson Gardens. **RESULTS/ANTICIPATED RESULTS:** To date, we have held eight 90-minute listening sessions in English and Spanish with 59 participants. The sessions provided insight into the needed health and educational resources and services, the organizational structure of the housing development and how that impacts access to information and services, as well as the nuanced and area-specific transportation issues and the connection to safety concerns. These findings will inform the next phase of this initiative which includes convening a Coordinating Council composed of service providers and Nickerson Gardens residents. This council will oversee the coordination and implementation of needed services, help maintain accountability of the providers, and offer residents the opportunity to take ownership of the process. **DISCUSSION/SIGNIFICANCE:** Academic-community partnerships are an effective strategy to deliver public health interventions and promote health equity in under-resourced communities. We tested and measured impact in a distinct community to reinforce a widely-applicable place-based model.

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### **Strategies used by trained Peer Mentors in an intervention designed to increase engagement in new modalities for HIV prevention**

Nina Harawa<sup>1</sup>, Emerald Dang<sup>2</sup>, Charles L. Hilliard<sup>3</sup>, Charles McWells<sup>4</sup> and Maria Morales<sup>1</sup>

<sup>1</sup>David Geffen School of Medicine at UCLA; <sup>2</sup>Charles R. Drew University; <sup>3</sup>University of Southern CA and <sup>4</sup>Los Angeles Centers for Alcohol and Drug Abuse

**OBJECTIVES/GOALS:** Peer supporters are frequently engaged to help people with marginalized identities access a range of health