

sensitivity is often an issue in medically underserved areas because stakeholders may feel professionals providing services do not relate to them effectively. Finally, the community does not understand the economic impact of the crisis. These issues make it difficult for community advocates and providers to work with elected officials, providers and others on the opioid crisis because they do not have the data and informed required to effectively flush out a hypothesis and form solutions. Information captured in the learning community series (i.e., presentations by experts, facilitated discussion and personal testimony) will be summarized in a policy brief after each session and the entire series. Recommendations and priorities from the community will be shared with providers, policymakers, the business community, consumers and others to provide community input on problem solving approaches, new interventions, types of data not currently available that should be captured, and other important strategies and information to address the crisis. This information will also encourage designing research questions to guide developing new community engaged and community based participatory research to address the crisis. Finally, utilizing a purposive approach in participant recruitment will encourage partnership development from a team science and capacity building perspective.

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Promoting Stakeholder Research Competencies to Culturalize Health Science by the Miami CTSA: National Partnership for Training Community Health Workers in Patient-Centered Outcomes Research (PCOR) in 4 States

Brendaly Rodriguez, MA, CPH

University of Miami Clinical and Translational Science Institute

OBJECTIVES/SPECIFIC AIMS: To mobilize and engage CHWs/promotores as stakeholders, we aim to promote the capacity for CHWs participate in patient centered research (PCOR) by locally implementing a structured research training curriculum for CHWs. **Main Questions:** How the process of mobilization and engagement would be implemented at local/state level? What would be project challenges, risks and barriers at each and across sites? What modifications would be made to the initial PCOR for CHWs training curriculum and toolkit based on local feedback from collaborators, in both English and Spanish? What would be lessons learned on mobilization, engagement of, and sustainability for CHW training organizations as partners in PCOR? **METHODS/STUDY POPULATION:** **Measures:** Monthly calls and quarterly reports from local organizations on activities, deliverables status, modifications, project implementation challenges/barriers and solutions (experienced and potential) to achieve goals of training 10 PCOR CHW Champions and a total of 360 CHWs/promotores trained in PCOR. Input from Note taker reports, Feedback and Evaluation Forms from training attendees at each session. Co-authorship of team members on dissemination activities (submissions for presentations, posters, blogs entries, webinars). **Activities/Procedures:** Via a highly participatory, consensus-driven decision-making approach, each of the organizations in the target states provide input into refining the toolkit for local use, select the training champions and develop CHW/promotor outreach and recruitment plans, and deliver the PCOR training to CHWs. In addition, the organizations will also set up a local stakeholder CHW/promotores advisory group. Environmental scan and literature review continues on training content areas to complement field experience in implementing the trainings at local sites. Project information tools developed (info sheet for local organizations,

informational slide set to be used at calls and statewide seminars, a templates for flyer for training recruitment, agenda, certificates). FL and TN pilot of the translation of the curriculum, addressing problematic concepts and terms, collecting feedback forms eliciting input on terminology variations across Spanish speaking populations and literacy levels. **Project Collaborators:** Día de la Mujer Latina, a patient advocacy group in Texas with CHW trainings in several states and Puerto Rico Chula Vista Community Collaborative, a community health empowerment organization in Southern California Progresso Community Center, a Latino-focused health coalition based in Tennessee Florida Community Health Worker Coalition, a statewide partnership dedicated to the support and promotion of the CHW profession in Florida. **RESULTS/ANTICIPATED RESULTS:** Results: Trainings per State - Y1 Jan-October 2018 Totals: 11 PCOR Champions and 252 PCOR-Trained CHWs in CA-TX-TN Y2 Plans (October 2018-September 2019): Will continue to collect CHW trainee demographic data, CHW certification and patient/patient advocate status. Will conduct qualitative and quantitative analysis of all quarterly reports, Note taker, and trainee Feedback and Evaluation forms. Will reach goal of 360 PCOR-trained CHWs in FL, CA, TX and TN. Will continue to submit abstracts on our story on building patient and stakeholder capacity to participate as partners in patient-centered outcomes research, engagement and mobilization, from topic generation through the dissemination of research results. From evaluation analysis of content and process measures, we will discuss sustainability strategies as shared learning collaborative. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Challenges/Decision Points Y1: On Mobilization and Engagement: Across partners, different levels of readiness/capacities/structures, and access to local resources Process application for request for content and guest instructor approvals to the Texas Department of State Health Services (DSHS) for CHW and CHW Instructor credit Co-branding of informational products (recruitment flyers, agendas, certificates), slides of Welcome section On Content and Curriculum Development: Address different levels of literacy Format (1-day vs spread, in person/online, prescriptive vs open) Clear distinction between service provision and research; paradigm shift of transfer of skills Inserting examples of unethical health research past activities with both African American and Hispanic/Latino populations Reinstating phases of clinical studies basic information Creating a study research design activity in Chapter 1 CHW role as member of research team Adding PCORI-funded project summary fact sheet per state On translations: Diversity of nuances of meaning in vocabulary for concepts On sustainability: Different degrees of organizational and personal involvement Next for newly PCOR-trained CHWs Meaningfully engaging patients and other stakeholders is increasingly recognized as requisite to generate research findings that are trusted, meaningful, and useful to clinicians, patients, and their families. One key engagement strategy used for engaging specific patients/caregivers and patient advocates in underserved communities is leveraging our partnerships with Community Health Workers (CHWs). Moreover, there is a documented need for higher level of training skills to undertake activities such as community health assessments, program evaluations and clinical studies. University of Miami (UM) along FL partners has successfully developed a 7-hr specialized toolkit on patient-centered research for CHWs and trained 148 CHWs/promotores (original plans were for 100) across the six major statewide regions. Evaluation data resulted in 100% of attendees responses' as excellent and 99% would recommend it to others. Qualitative comments included "even though the training was tailored for research, I feel

that it applies to many other aspects of the CHW role” and “I feel more empowered in my role after hearing explicitly the opportunities . . . for a CHW to be more involved in the research process”. UM has partnered with stakeholders in FL, Texas, southern California and Tennessee to develop a Spanish version of the PCOR for CHWs Training Toolkit (including a slide deck, Facilitator’s Guide and Student Workbook) that can be culturally and linguistically appropriate, to train local CHWs/promotores as PCOR CHW Champions. Attendees will receive lunch and a certificate of participation upon completion of the module. In turn, they agree to train local CHWs in their region. These 7 credit hrs could be used as credits towards state certification requirements, in states with CHW certification programs. This partnership for the mobilization and engagement of CHWs/promotores aims to strengthen their capacity to be involved in PCOR at the local and national level and increase the organizational capacity of CHW representative organizations in their promotion of PCOR. This type of research aims to help patients and those who care for them make better-informed decisions about the healthcare choices they face every day, guided by those who will use that information. In doing so, CHWs/promotores are contributing to PCOR in addressing health disparities and achieving health equity as a more culturally and linguistically diverse healthcare workforce and PCOR research team members.

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Readability, Understandability, and Actionability of Inpatient Discharge Instructions: A Health Literacy Perspective

Alexander Glick¹, Kyara Marquez, Michael Migotsky, Benard Dreyer, Suzy Tomopoulos, Arthur Fierman, Alan Mendelsohn and H. Shonna Yin

¹New York University - H+H Clinical and Translational Science Institute

OBJECTIVES/SPECIFIC AIMS: Parents often make errors in comprehending and executing their child’s inpatient discharge instructions, putting their child at risk for adverse post-discharge outcomes. Suboptimal provider-caregiver communication has been linked to errors in comprehension and execution of provider instructions, especially for parents with limited health literacy. Few studies have systematically examined features of pediatric inpatient written discharge instructions that may contribute to errors. Our objective was to assess the readability, understandability, and actionability of pediatric inpatient written discharge instructions. METHODS/STUDY POPULATION: This was a cross-sectional analysis of the written discharge instructions (standardized template, content not standardized) provided to parents at an urban public hospital, enrolled as part of a prospective cohort study (n=171) focused on parent ability to comprehend their child’s discharge instructions. Inclusion criteria were: English/Spanish-speaking parents of children ≤12 years old discharged on ≥1 daily medicine. Discharge instructions were assessed for: 1) Readability (Average of 5 formulas [Flesh Reading Ease, Flesch-Kincaid, Gunning Fog, Simple Measure of Gobbledygook, Forcast]), 2) Understandability and actionability (AHRQ Patient Education Materials Assessment Tool [2 independent reviewers; κ>0.8 for both]). RESULTS/ANTICIPATED RESULTS: Mean (SD) reading grade level was 11.4 (0.7); none of the instructions were written at a recommended reading level of 6th to 8th grade or below. Mean (SD) understandability was 37.7 (6.9)%; mean actionability was 41.7 (8.4)%. All 171 sets of instructions used medical

terminology without adequate plain language explanations and included information that was not relevant to the child’s diagnosis and associated care (e.g., obesity counseling, smoking cessation given to a child with appendicitis). None of the sets of instructions presented information in a logical sequence (e.g., diet instructions in more than one location) or included any pictographic information or other visual aids to support the text (e.g., diagram of medication dose within a dosing tool). DISCUSSION/SIGNIFICANCE OF IMPACT: Written discharge instructions provided in the pediatric inpatient setting were suboptimal. Use of a systematic approach to improve discharge instructions, using a health literacy perspective, has the potential to improve post-discharge outcomes in children.

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Service referral follow up rate among participants of a community engagement initiative in Florida

Deepthi S Varma, PhD¹, Piyush V Chaudhari, MS¹, Krishna Vaddiparti, PhD, MSW, MPE¹, Catherine Woodstock Striley, PhD, MSW, MPE¹ and Linda B. Cottler, FACE¹

¹University of Florida

OBJECTIVES/SPECIFIC AIMS: To examine the rate of medical and social service referral utilization among community members who are enrolled in HealthStreet - a community engagement initiative at University of Florida. METHODS/STUDY POPULATION: HealthStreet utilizes the CHW model to conduct health needs assessment, provide referrals to medical and social services and link them to health research at UF. Across two follow-up schedules, these participants are contacted to assess their rate of referral utilization. RESULTS/ANTICIPATED RESULTS: From October 2011-October 2018, HealthStreet completed 10,829 health needs assessments and provided a total of 15,723 medical and/or social service referrals with an average of 1.48 referrals per person. About a third of people completed first and second follow-up respectively (n=3,461; 32.0% and n=3,477; 32.1%), and another third (n=3,891; 35.9%) completed neither. The total number of follow up attempts was 40,863, with an average of 3.85 attempts per person. The overall service utilization rate was 17.02%. The top barriers to utilization included, could not schedule an appointment (26.3%), busy on the date of appointment (21.9%), transportation (9.4%), and already received the service from elsewhere (4.7%). Others (28.3%) did not identify a specific barrier for non-utilization. DISCUSSION/SIGNIFICANCE OF IMPACT: Findings show that those who need services are still hampered by barriers to care that CHWs and other service providers could help them overcome. Facilitating the appointment and providing transportation would assist over a third of those needing services.

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Strengthening Translational Research Through Citizen Scientist Education

Janet Brishke¹, Christy Evans and Elizabeth Shenkman

¹University of Florida Clinical and Translational Science Institute

OBJECTIVES/SPECIFIC AIMS: This project aimed to offer Citizen Scientists basic knowledge about clinical and translational research, as well as introductory information to the topics a Citizen Scientist may work with at the University of Florida (UF). As part of that goal,