

and co-design with members of the public and dissemination of research opportunities All IN for Health will be better suited to improve health and research literacy.

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Feasibility of Implementing Community Engaged Recruitment Approaches into a Multisite Trial with an Accelerated Timeline

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OBJECTIVES/GOALS: The objective of this project was to recruit racially and ethnically diverse participants with an accelerated timeline into a COVID-19 vaccine trial. **METHODS/STUDY POPULATION:** Recruitment of diverse populations was a priority. Culturally appropriate strategies were implemented to increase enrollment of African Americans and Hispanics from the DC Metropolitan area. These strategies included the use of the Community Advisory Board for consultation, faith-based community events, town halls, radio advertisements which targeted the African American community, and the NIAID COVID-19 registry. Meaningful patient engagement by the study recruiter/coordinator throughout the study was key to recruitment and retention of participants (i.e. listening attentively, sharing personal experiences with vaccination, providing participants with enough information to make an informed decision). Education on the importance of research and vaccines was a component throughout the process. **RESULTS/ANTICIPATED RESULTS:** The Howard University site screened 188 participants. Of those, 150 were recruited into the vaccine trial from diverse racial and ethnic backgrounds (30% AA, 21% Hispanic, 5% Asian, 1% mixed race), a total of 57% over seven weeks. Of the 150 participants 64% were male and 36% females. The study involved a 2:1 randomization with vaccine vs. placebo. All of the 150 participants received the first and second COVID-19 vaccine/placebo doses administered 21 days apart. **DISCUSSION/SIGNIFICANCE:** Culturally-relevant recruitment strategies allowed for meaningful community and patient interactions and were important determinants for effectively recruiting a racially and ethnically diverse group of participants within a short amount of time. Strategies employed could be applied effectively in other trials.

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Challenges to home-based COVID testing in rural Latino and Native American communities

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OBJECTIVES/GOALS: Test the effects of a community health worker supported model to deliver home-based COVID-19 testing in the Yakima Valley (Washington) and Flathead Reservation (Montana) **METHODS/STUDY POPULATION:** A pragmatic, randomized controlled clinical trial evaluating the effects of a

community health worker supported model to deliver home-based COVID-19 testing in the Yakima Valley (Washington) and Flathead Reservation (Montana) vs. a modified direct-to-consumer. 400 participants will be enrolled, 200 from each community. Outcomes include comparing the number of completed testing kits as well as the number of testing kits with successful (detected vs not-detected) results. **RESULTS/ANTICIPATED RESULTS:** The poster presents preliminary results from 191 participants, blinded to study assignment. To date, 53% of enrolled participants returned a sample for testing and 39% received a usable (detected or not-detected) result. Our populations experienced a high-rate (16%) of sample errors, required 28 replacement kits and had 20 participants randomized to the control arm receive the intervention to ensure participants received testing during the pandemic. **DISCUSSION/SIGNIFICANCE:** Home-based testing models are built for those who are proficient in verbal and written English, have high tech. literacy and continuous access to internet. For home-based testing to have similar success rates as white Americans, cultural and demographic differences and disparities will need to be accounted for in development and implementation.

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A Community Mini-Grant Program: Community Leaders and Academic Partners Work Together to Improve Health in Appalachian Kentucky

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OBJECTIVES/GOALS: Through the Community Mini-Grant program, the University of Kentucky Center for Clinical and Translational Science Community Engagement and Research Core (CERC) provides a unique funding mechanism designed to empower community response by supporting local solutions to complex health issues facing central Appalachian Kentucky communities. **METHODS/STUDY POPULATION:** Four \$2500 grants are awarded annually to Appalachian organizations to implement evidence-based programs responsive to community-identified priority health needs. The CERC also supports program implementation and evaluation by facilitating collaborations between the organizations, community practitioners, and academic researchers. **RESULTS/ANTICIPATED RESULTS:** Since inception, grants have been awarded to 20 community organizations in 14 Appalachian counties. Health issues addressed have ranged from Alzheimers disease, cancer treatment and prevention, obesity, healthy lifestyle, and chronic disease management and prevention. Evidence-based programs have focused on improving health outcomes among older adults, caregivers, youth, children, women and infants, and families. Program outcomes have included immediate health benefits and long-term benefits resulting from community adoption of and ongoing financial support for programs. As example, results of an evidence-based educational program to improve diabetic foot assessment among clinicians in a large Appalachian healthcare network resulted in establishment of a traveling podiatrist program. **DISCUSSION/SIGNIFICANCE:** Community mini-grant recipients have successfully implemented projects that address the most significant health disparities in the region. Also of benefit are expanded partnerships that are foundational to the creation of new academic-community collaborations to address the challenging health issues of Appalachian populations in Kentucky.