potential avenues for dissemination in a sample of bilingual community health workers who provide services to the Latino community in the United States. METHODS/STUDY POPULATION: We piloted the video in a sample of bilingual community health workers who provide services to Latinos (n=31). After watching the video, participants filled out a survey. The survey captured sociodemographic data (e.g. education), their role and experience working with Latinos (e.g. patient navigators), acceptability of the video (e.g. general satisfaction, length of the video, amount of information), and potential dissemination (e.g., dissemination channels, preferred settings to watch the video, and preferred context). Three open ended questions captured information about how the video could be useful for the Latino community, what they liked the most from the video, and suggestions for improvement. Data was entered in SPSS version 25. We used descriptive statistics to analyze the survey, and content analysis to summarize the feedback from the open-ended questions. RESULTS/ANTICIPATED RESULTS: Participants (n = 31) had an average age of 46 years (SD=16.99), all self-identified as Hispanic or Latinos, most were female (90.3%), and worked as patient navigators (29%) or community outreach workers (25.8%). The video's general acceptability was very high. Participants reported high ratings for overall satisfaction, how much they liked the video, enjoyed it, and considered it to be interesting (all means >9.6, range 1-10). Most participants strongly agreed or agreed that the length was adequate (80.7%), that the information presented was very helpful (100%), that the video could be useful for the Latina community (96.8%), and that they would share the video with women at-risk of HBOC (100%). The highest endorsed channels for dissemination were Facebook (90.3) and YouTube (87.1%). The highest endorsed settings were community centers (100%), churches (96.8%), and hospitals (80.6%). Most participants (90.3%) considered that the best context to watch the video would be with relatives, followed by watching with other women at-risk of HBOC (71.0%), friends (71.0%), and lastly by oneself (41.9%) DISCUSSION/SIGNIFICANCE OF IMPACT: This study represents a multidisciplinary approach to intervention development that aims to reduce well-documented knowledge gaps and disparities in the use of GCRA among at-risk Latinas. A culturally targeted video has the potential to reach underserved populations with low literacy and English proficiency and it can be widely disseminated. The video was well received by community health workers who reported high acceptability. These findings are promising given that community health workers could play a key role in the dissemination of the video if it is proven to be efficacious.

reduce the risk of obesity and to encourage maintenance of a healthy weight. Since adolescents enjoy digital technologies, robotic-assisted platforms might be a novel, innovative and engaging mechanism to deliver physical activity interventions. The objective of this study was to assess the potential acceptability of robotic-assisted exercise coaching among diverse youth. METHODS/STUDY POPULATION: This was a pilot study that used a cross-sectional survey design. Adolescents ages 12-17 were recruited at 3 community-based sites. We obtained written informed consent from participants' parents and guardians as well as assent from participants. We demonstrated the robotic system human interface (also known as the robotic human trainer) to groups of adolescents. We delivered the exercise coaching in real time via an iPad tablet placed atop a mobile robotic wheel base and controlled remotely by the coach using an iOS device or computer. After the demonstration participants were asked to complete a 28- item survey that included questions about socio demographics, smoking history, weight, exercise habits, and depression history. The survey also included the 8- item Technology Acceptance Scale (TAS). RESULTS/ANTICIPATED RESULTS: Participants (N = 190) were 55% (103/189) male, 43% (81/190) racial minority, 6% (11/190) Hispanic, and 28% (54/190) lived in a lower-income community. The mean age of participants was 15.0 years (SD=2.0). Approximately 25% (47/190) of participants met national recommendations for physical activity. Their mean body mass index (BMI) was 21.8(SD_4.0) kg/m2. Of note, 18% (35/190) had experienced depression now or in the past. The mean Technology Acceptance Scale (TAS) total score was 32.8 (SD 7.8) of a possible score of 40, indicating high potential receptivity to the technology. No significant associations were detected between TAS score and gender, age, racial minority status, median income of participant's neighborhood, BMI, meeting national recommendations for physical activity levels, or depression history. Of interest, 68% (129/190) of participants agreed that they and their friends were likely to use the robot to help them exercise. DISCUSSION/SIGNIFICANCE OF IMPACT: This pilot survey study demonstrated that among a racially and socio-economically diverse group of adolescents, robotic-assisted exercise coaching is likely acceptable. The discovery that all demographic groups represented in this sample had similarly high receptivity to the robotic human exercise trainer is encouraging for ultimate considerations of intervention scalability and reach among diverse adolescent populations. Next steps include a study to assess the impact of robotic-assisted exercise coaching on adolescents' exercise and health outcomes.

3235

Acceptability of Robotic-Assisted Exercise Coaching in Diverse Youth

Amelia Barwise[1], Martha Bock[2], Christine Hughes[2], Joyce Balls-Berry[2], Christi Patten[2], James Levine[3], Chung-Il[2], Tabetha Brockman[2], Miguel Valdez Soto[2] and Young Juhn[2]
[1]Mayo Clinic; [2]Mayo Clinic Rochester, MN and [3]Case Western Reserve University

OBJECTIVES/SPECIFIC AIMS: Approximately 80% of adolescents do not meet the current national guidelines of engaging in 60 minutes or more of physical activity daily. Physical activity is widely recognized as being beneficial for healthy growth as well as important for good mental health and fitness. Interventions are needed that promote and encourage physical activity among this population to

3511

Adapting Community Engagement Studios to Accommodate Participants from Diverse and Rural/Frontier Communities

Barbara Heather Coulter[1], Brieanne Witte[1] and Louisa A Stark, PhD[1]
[1]The University of Utah School of Medicine

OBJECTIVES/SPECIFIC AIMS: Our goals in developing adaptations to the Community Engagement Studio model have been to: (1) enable investigators to consult with as broad a range of community "experts" (stakeholders) as possible, (2) make Studio participation feasible for stakeholders from rural and frontier areas, (3) create a safe environment for stakeholders from communities facing health disparities, who have had low participation in research, and (4) enable stakeholders to speak in the language in which they are