

Health Equity and Community Engagement

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Heart Failure Clinical Trial Enrollment at a Rural Satellite Hospital

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OBJECTIVES/GOALS: Heart failure (HF) is a clinical condition that notably affects the lives of patients in rural areas. The partnering of a rural satellite hospital with an urban academic medical center may provide geographically underrepresented populations with HF an opportunity to access controlled clinical trials (CCTs). **METHODS/STUDY POPULATION:** We report our experience in screening, consenting and enrolling subjects at the VCU Health Community Memorial Hospital (VCU-CMH) in rural South Hill, Virginia, that is part of the larger VCU Health network, with the lead institution being VCU Health Medical College of Virginia Hospitals (VCU-MCV), Richmond, VA. Subjects were enrolled in a clinical trial sponsored by the National Institutes of Health (ClinicalTrials.gov: NCT03797001) and assigned to treatment with an anti-inflammatory

drug for HF or placebo. We used the electronic health record and remote guidance and oversight from the VCU-MCV resources using a closed-loop communication network to work with local resources at the facility to perform screening, consenting and enrollment. **RESULTS/ANTICIPATED RESULTS:** One hundred subjects with recently decompensated HF were screened between January 2019 and August 2021, of these 61 are enrolled to date: 52 (85 %) at VCU-MCV and 9 (15%) at VCU-CMH. Of the subjects enrolled at VCU-CMH, 33% were female, 77% Black, with a mean age of 52 \pm 10 years. **DISCUSSION/SIGNIFICANCE:** The use of a combination of virtual/remote monitoring and guidance of local resources in this trial provides an opportunity for decentralization and access of CCTs for potential novel treatment of HF to underrepresented individuals from rural areas.

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Developing AMILDA: An Intervention to Improve Symptoms and Medication Adherence among Latinx Adults with Depression and Anxiety

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OBJECTIVES/GOALS: To develop the Adherence to Medications In Latinx adults with Depression and Anxiety (AMILDA) intervention using community engaged research principles, AMILDA will integrate culturally tailored messaging to improve depression and anxiety symptoms and adherence to antidepressant medications. **METHODS/STUDY POPULATION:** Bilingual steering committee members representing primary care and behavioral health professionals from 2 primary care clinics, and 1 lay community member met monthly for 1 year to develop the intervention. One clinic is an academic health center and the other is a federally qualified health center. Members identified, developed, and voted on the interventions components, therapeutic goals, and the mechanisms underlying its effectiveness that needed to be studied. To evaluate AMILDAs components, we conducted an observational study of health care providers (N=13) and Latinx adults with depression and/or anxiety (patients; N=26) from both clinics, and community pharmacists (N=9) from surrounding pharmacies to gather feedback. Based on their input, we revised the intervention. **RESULTS/ANTICIPATED RESULTS:** AMILDA consists of culturally tailored collaborative drug therapy management with a collaborative practice agreement between the physician and pharmacist. Patients recently started on an antidepressant receive language and culturally concordant motivational interviewing, teach back, and infographics; AMILDA is designed to improve symptoms, adherence, and health determinants. Most provider, pharmacist, and patient participants reported that AMILDA could be beneficial. Several participants indicated a lack of understanding about a US pharmacists scope of practice. Recommendations included ensuring language concordance, incorporating more statistics and scientific data, using images that are relatable, avoiding idioms and stereotypes, taking the time to build rapport, and being friendly. **DISCUSSION/SIGNIFICANCE:** AMILDA will be tested in a pilot effectiveness randomized controlled study to determine if it improves depression and anxiety symptoms and adherence to antidepressants among Latinx adults compared with enhanced usual care. The mechanisms to be assessed include self-efficacy, antidepressant knowledge, and personal health literacy.