

been lacking, and it is relatively untested in community-living seniors who receive their meals in settings such as CBN. We are also exploring mechanistic questions that relate to blood pressure control, such as the impact of the DASH diet on inflammation, which may lead to a better understanding of the underlying mechanism of action of the DASH diet. Our community partner, CBN, was awarded the DHHS-ACL nutrition innovation grant to conduct this 2-year study with CDN and RU-CCTS. The resulting study developed out of the community engaged pilot study represents a unique combination of community-centered care, within an implementation science framework (with embedded mechanistic measures under development). This is an example of the novel, full-spectrum approach to translational research that the RU-CCTS/CDN Community Engaged Research Core has been developing over the last decade. The research to characterize CBN clients' health status is now being extended to address cardiovascular health by way of intervening on diet quality and food insecurity, a key component of the social determinants of health, in partnership with agencies outside of the healthcare delivery system. The outcomes of the DASH Diet implementation study will also serve to inform the broader aging service provider network and the healthcare community about the impact of senior center congregate meal composition and services on health outcomes.

3205

A TL1 Team Approach to Examine Rural Tobacco Users' Barriers to Participating in Research

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OBJECTIVES/SPECIFIC AIMS: Our overarching theoretical framework is the health belief model (HBM). Guided by HBM, we aim to identify rural adults' perceived barriers and motivations to participating in research. Specifically, our research questions are listed below. RQ1: What socio-cultural factors influence rural tobacco users' intentions to a) participate in research studies and b) undertake tobacco cessation? RQ2: What bio-psychological and behavioral factors influence rural tobacco users' intentions to a) participate in research studies and b) undertake tobacco cessation? RQ3: How do rural tobacco users perceive citizen scientists as disseminators of a) tobacco cessation and b) recruitment messages? **METHODS/STUDY POPULATION:** In Phase I of this multi-stage project, we are conducting in-depth interviews with approximately 30 tobacco users in rural Florida. The interview consists of semi-structured questions and multiple validated questionnaires. Specifically, we ask a series of questions about participants' barriers to participating in research. Additionally, we include questionnaires on participants' tobacco use history, nicotine dependence, motivation to quit, and willingness to participate in research studies. **RESULTS/ANTICIPATED RESULTS:** This study consists of two main phases. Data collection for Phase I of the study is ongoing, and we will discuss these recent findings. We anticipate data collection and data analysis to be finalized by May, 2019. Beginning in August 2019 through August 2020, we will focus on Phase II, which entails designing and implementing an intervention to increase rural tobacco users' willingness to participate in research. Given existing literature on other underrepresented groups in research, we anticipate that rural tobacco users will express that logistical barriers, such as transportation and time, prevent them from participating in research. Additionally, we anticipate these individuals may have socio-cultural barriers to participating in research, including distrust in the medical system and apprehension over

discipline-specific terminology. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The results of this formative research will be critical to our development of a targeted intervention to increase rural tobacco users' participation in research. Additionally, our interdisciplinary and community-based approach in this study acknowledges the importance of involving the target population in the research process, which is in line with NIH's updated model of translational research. We will discuss the process of collaborating with extension agents in rural counties in Florida to reach underrepresented communities.

3006

Academic-Community Partnership and Capacity Strengthening for Deaf Community-engaged Research in the Dominican Republic

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OBJECTIVES/SPECIFIC AIMS: Deaf communities in many low- and middle-income countries (LMIC) struggle to organize, advocate, and reach social and health equity in their nations. In the Dominican Republic (DR), the health and social status of Deaf citizens is unclear, which obfuscates action and advocacy based on data. A set of successful pre-existing US-DR partnerships that function well but were not previously connected, organized around submission of a community-based NIH research grant and pilot work to support it. **METHODS/STUDY POPULATION:** Adapting the Partnership Synergy Framework for this purpose, we evaluate the partnership, its evolution, and its experience in implementing formative research. **RESULTS/ANTICIPATED RESULTS:** Our experience showed the local Deaf community organization easily recruited and interfaced with the Deaf community; presence of a trusted external organization facilitated entry of the PUCMM-UR research team; and stakeholders are enthusiastic about the partnership, its outputs, and the ability to recruit Dominican Deaf citizens into research. The partnership organized around production of an R21 to the Fogarty International Center (NIH), including Human Subjects certification, budget and scope of work negotiation, and inclusion of preliminary data. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The engagement of Deaf communities globally is virtually non-existent in clinical and translational research. This partnership in the Dominican Republic shows that partners can organize around common goals and identify logistics required to produce pilot data and an NIH grant.

3125

Acceptability of a Narrative Video to Enhance the Use of Genetic Counseling in Latina Women at-risk of Hereditary Breast and Ovarian Cancer: Community Health Worker's Perspective

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OBJECTIVES/SPECIFIC AIMS: The goal of the study was to assess the acceptability of a culturally targeted narrative video and identify

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.

3235

Acceptability of Robotic-Assisted Exercise Coaching in Diverse Youth

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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

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.

3511

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

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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