

to be addressed to see if it is a good fit? RESULTS/ANTICIPATED RESULTS: Themed summaries for each CE Studio and one overall themed summary were developed by a designated notetaker on the research team. Of novelty were cultural considerations for each region that included recommendations such as “Foster kinship between those doing the research and the community” speaking to the shared community bond that unites people and the need for researchers to also spend time creating meaningful community bonds throughout the research process. The CE Studio overall summary revealed two main themes for researchers: 1.) Things that help with research participation, and 2.) Things that get in the way of research participation. Overall themes echoed documented best practices for community engagement efforts. DISCUSSION/SIGNIFICANCE: Each CE studio revealed cultural considerations that included recommendations to researchers. Overall themes echoed documented best practices for community engagement efforts implying that while strategies for researchers to engage with communities are well known, more needs to be done to continue to implement these practices.

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### The Community Research Liaison Model: Facilitating community-engaged research

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OBJECTIVES/GOALS: The Community Research Liaison Model (CRLM) is a novel model to facilitate community engaged research (CEnR) and community–academic research partnerships focused on health priorities identified by the community. We describe the CRLM development process and how it is operationalized today. METHODS/STUDY POPULATION: The CRLM, informed by the Principles of Community Engagement, builds trust among rural communities and expands capacity for community and investigator-initiated research. We followed a multi-phase process to design and implement a community engagement model that could be replicated. The resulting CRLM moves community–academic research collaborations from objectives to outputs using a conceptual framework that specifies our guiding principles, objectives, and actions to facilitate the objectives (i.e., capacity, motivations, and partners), and outputs. RESULTS/ANTICIPATED RESULTS: The CRLM has been fully implemented across Oregon. Six Community Research Liaisons collectively support 18 predominantly rural Oregon counties. Since 2017, the liaison team has engaged with communities on nearly 300 community projects. The CRLM has been successful in facilitating CEnR and community–academic research partnerships. The model has always existed on a dynamic foundation and continues to be responsive to the lessons learned by the community and researchers. The model is expanding across Oregon as an equitable approach to addressing health disparities across the state. DISCUSSION/SIGNIFICANCE: Our CRLM is based on the idea that community partnerships build research capacity at the community level and are the backbone for pursuing equitable solutions and better health for

communities we serve. Our model is unique in its use of CRLs to facilitate community–academic partnerships; this model has brought successes and challenges over the years.

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### Comparative Analysis of Emergency Department Visits for Breast Injuries Pre- and Post-COVID

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OBJECTIVES/GOALS: Studies show a decrease in injury-related emergency department (ED) visits during COVID. There is a gap in the literature regarding the effect of the pandemic on breast injury-related ED visits. We aim to compare these visits pre- and post-COVID, and whether this subset reflects the same trends seen in overall injury-related ED visits. METHODS/STUDY POPULATION: A retrospective study of breast injuries was conducted between 2018 and 2022, using the National Electronic Injury Surveillance System. Patients were categorized into pre-COVID and post-COVID groups, for visits occurring before and after January 20, 2020. A total of 1077 breast injuries were stratified into pre-COVID (n = 444) and post-COVID (n = 633) groups. Clinical data on patient demographics, diagnosis, disposition, location, and alcohol use were collected. RESULTS/ANTICIPATED RESULTS: Mean age was significantly different: pre-COVID mean age was 37.29; post-COVID's was 40.40 (p = 0.0338). >90% of patients were female (p = 0.4066). White patients accounted for 36.0% of pre-COVID visits and 47.2% of post-COVID; BIPOC patients were 32.88% and 31.75% respectively. There was significant difference between race and COVID groups (p = 0.0013). No significant differences were found when considering all diagnoses (p = 0.3841) or the top three diagnoses (other, contusions/abrasions, and burns/scald) (p = 0.6176). Incident location showed a weak evidence of association ( $\alpha = 0.1$ ), when including unrecorded data (p = 0.1365) and removing those entries (p = 0.0832). Alcohol use did not reveal a significant association (p = 0.2110). DISCUSSION/SIGNIFICANCE: There are more breast injuries reported post-COVID. No significant difference was identified in the types of injuries diagnosed, the location these injuries took place, and how these injuries were treated. However, the demographics (age, race) of patients seeking care were significantly different.

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### How virtual communication affects the mental stress of caregivers communicating with their loved one's healthcare providers during the COVID-19 pandemic

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OBJECTIVES/GOALS: The COVID-19 pandemic limited family caregivers' in-person visits to their loved one's healthcare appointments, and many switched to phone and video calls with their loved one's healthcare providers. We sought to determine the relationship between virtual communication with their loved one's healthcare providers and caregiver's mental stress. METHODS/STUDY

**POPULATION:** This research utilizes cross-sectional retrospective data from the National Study of Caregiving (NSOC) Round VI (June 2021 – January 2022), a nationally representative cohort of caregivers of Medicare enrollees ages 65+. Caregivers reported the frequency of contact with their loved one's healthcare providers and the healthcare provider's rated helpfulness. Univariate, bivariate, and multivariate analyses will be performed in Stata to characterize how communication frequency between caregivers and their loved one's healthcare providers may be associated with outcome variables including symptoms of anxiety and depression, as measured by the Generalized Anxiety Disorder-2 (GAD-2) and Patient Health Questionnaire-2 (PHQ-2) scales. **RESULTS/ANTICIPATED RESULTS:** Analysis is ongoing. We anticipate that this research will help in determining significant symptoms of anxiety and depression as measured by the GAD-2 and PHQ-2 scales amongst caregivers according to their virtual communication use. In addition, we anticipate that results may vary based on socio-demographic characteristics including gender, age, race, ethnicity, socioeconomic status, and level of education. Other possible covariates that might be associated with varying levels of stress in using virtual communication include caregiver's health status and comfort with technology. **DISCUSSION/SIGNIFICANCE:** This research is important as many caregivers cannot attend their loved one's healthcare appointments in-person, like in situations of geographic distance or inflexible work hours. Further, study results may identify stress disparities among caregiver sociodemographic groups for future targeted intervention.

### **Promoting Academics and Community Engagement (PACE): A Protocol on the Science of Community Engagement in Clinical and Translational Science**

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**OBJECTIVES/GOALS:** The Michigan Institute for Clinical & Health Research Community Engagement (MICHRC CE) has collaborated for 15+ years with underserved communities on public health issues. As Michigan's sole CTSA institution, we aim to advance the science of community engagement in translational science statewide. **METHODS/STUDY POPULATION:** MICHRC CE PACE (Promoting Academic-Community Engagement) will advance clinical and translational science. Key steps include: 1) form a PACE Steering Committee; 2) PACE Trainings with community-academic partner Detroit Urban Research Center; 3) PACE Training Manual; 4) community Grand Rounds to bridge academic-community insights; and 5) community resources (e.g., toolkits). PACE projects will spotlight community-engaged research (CEnR) via diverse

media including social media and community-level communications. The PACE ScienCE initiative will embody cultural humility by addressing power imbalances, emphasizing trust. We will utilize assessments and root cause analyses to navigate CEnR barriers. **RESULTS/ANTICIPATED RESULTS:** Anticipated results from MICHRC CE's planned approach with PACE include strengthened academic-community relationships. Formation of the PACE Steering Committee and collaborations are expected to foster more structured and impactful CEnR trainings. The PACE Training Manual will become a foundational resource for CEnR best practices. Community Grand Rounds will reveal increased interdisciplinary insights and community trust. All PACE projects will utilize diverse media to enhance CEnR visibility and community-level access. Lastly, by addressing power disparities via PACE ScienCE, we foresee enhanced trust, reduced barriers, and more transparent community-academic collaborations. **DISCUSSION/SIGNIFICANCE:** This strategy, based on co-planned efforts and community consultations, aims to reshape Michigan's CEnR landscape and offers a replicable model for other regions. The insights gained will guide community-academic collaborations promoting translational, inclusive, and efficient community engagement.

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### **Eighty-six-fold increase in HIV diagnosis with "Opt-out" Screening: Frontlines of Communities in the U.S. (FOCUS) Program in the UHealth Tower (UHT) Emergency Department (ED) - path to eliminate HIV transmission in the U.S.**

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**OBJECTIVES/GOALS:** Early HIV detection and treatment are key to reducing patient morbidity and mortality, yet 40% of people living with HIV do not know their status. "OPT-OUT" approaches to HIV testing, in which patients #\_MSOCOM\_1 are informed that an HIV test will be conducted unless they decline, are being increasingly recognized as a means to increase HIV testing. **METHODS/STUDY POPULATION:** the ed at Uhealth tower (UHT) implemented #\_MSOCOM\_1 the focus program that integrates routine "opt-out" HIV screening into the existing electronic medical record workflow to increase the number of individuals who know their HIV status, optimize linkage to care, and reduce stigma associated with HIV. the emr facilitates the opt-out screening model and maximizes the use of information systems to seamlessly integrate screening as a routine practice in a high-volume ed. our partnership with the florida department of health in miami dade (FDOH) allows uht to verify whether cases are new or known /out-of-care, link individuals immediately to care, and increase efficiencies with real-time data reconciliation. **RESULTS/ANTICIPATED RESULTS:** since implementation#\_MSOCOM\_1, from October 2019 - Dec 2022, the UHT ED screened 34, 314 eligible patients for HIV, of which, 17, 850 were tested. 228 people with hiv were identified; 37 were newly diagnosed. of HIV+ Diagnoses, 54.67% of HIV+ individuals were black and 36.89% HISPANIC. HIV+ individuals were referred