

hosted the live poster session. **RESULTS/ANTICIPATED RESULTS:** Despite being conducted online, the virtual Indiana CTSI annual meeting registered more participants than in years past and secured high feedback scores of 90%, all while experiencing 87% cost savings over last year's in-person meeting. By utilizing Microsoft Teams as a technology for attendees to the meeting to 'chat' and 'network' with one another during the poster presentations and virtual lunch break we were able to demonstrate the implementation of translational science through online plenary and general session presentations as well as the poster presentations. Mailing certificates to the poster winners in advance, allowed them to share their accolades with the audience by holding up their certificates once their winning posters were announced. An e-annual report also supported the success of the meeting. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The cost savings and traditionally high feedback scores received through this year's Indiana CTSI annual meeting, mean virtual meetings are a viable way to disseminate and implement translational science. In addition the 2020 Indiana CTSI annual report received a Gold MarComm award, providing third party recognition of its impact.

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### A Technology Evaluation Framework for Rural Health Research

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**ABSTRACT IMPACT:** As technologies emerge at an increasing pace, the product developed through this work will guide rural health experts through a repeatable method of technology evaluation and selection at a faster and more reliable pace than otherwise possible. **OBJECTIVES/GOALS:** New technologies are emerging at an increasing pace, which leads to the question: 'how is one to select a specific technology for their research?' In response, this project endeavored to develop a technology evaluation and selection framework for rural health researchers. **METHODS/STUDY POPULATION:** The approach selected for this project included three phases. Phase one was to gain an understanding of rural health challenges, health-related emerging technologies, and rural health resources. Phase two involved using the information from phase one to select and adapt a set of technology foresight and forecasting analysis tools to be compiled within a framework. The third phase of the project was to prototype the framework, obtain researcher feedback, and iteratively implement improvements. Recommendations for the future of the framework were also developed during the third phase. **RESULTS/ANTICIPATED RESULTS:** The resulting product is the 'Rural Health: Evaluation and Selection of Technology (RHEST) Framework.' The RHEST Framework is a guide made available to use to aid in technology selection during the development of a new rural health project. The framework guides researchers through various stages, including ideation, analysis, and decision. Technology analysis tools are introduced in each stage, with links to additional information. The guide also contains a resource catalog for quick information look-up to find data sources, funding opportunities, and expert connections. Quantitative and qualitative data captured indicate that the product would add value for rural health researchers. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The initial version of the RHEST framework is limited in value because

it is a static document and the primary audience are researchers. The value potential could improve considerably, however, if the framework were expanded to be a dynamic resource available to rural health care providers.

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### Al-Anon Intensive Referral (AIR): A qualitative formative evaluation for implementation

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**ABSTRACT IMPACT:** This formative evaluation can inform selection and development of implementation strategies for implementing this and other similar interventions in future implementation studies or practice. **OBJECTIVES/GOALS:** Al-Anon mutual-help groups help concerned others (COs; e.g., families, friends) of persons with an alcohol use disorder better cope with their own problems. Despite widespread availability of Al-Anon meetings, participation is limited. We developed and evaluated an intervention to facilitate CO engagement in Al-Anon. **METHODS/STUDY POPULATION:** Al-Anon Intensive Referral (AIR) was developed to facilitate COs' engagement in Al-Anon through four coaching sessions and is being tested in a NIAAA-funded randomized controlled trial (RCT). Consistent with a hybrid type 1 effectiveness-implementation design, we also conducted a formative evaluation to learn about facilitators, barriers and recommendations for AIR implementation in substance use disorder (SUD) treatment programs. We interviewed key informants (director and two staff) at eight sites in the AIR RCT and two 'naive' sites unfamiliar with AIR. Sites included community and Veterans Administration (VA) treatment programs in Arkansas, California, and Nebraska. Semi-structured interviews were based on the Consolidated Framework for Implementation Research, and were thematically analyzed. **RESULTS/ANTICIPATED RESULTS:** Facilitators included AIR's face validity, adaptability, and alignment with staff values and skills, requiring only minimal training. Several community sites thought AIR would fit with their current practices (e.g. family groups), and some sites reported having sufficient staff available for delivering AIR. Barriers included limited staff time (some sites), and VA sites having limited resources for providing services to COs. Furthermore, many clients have no COs, or COs who are unwilling or unable to engage. Recommendations included fitting AIR within existing workflows and focusing on COs with highest readiness. Participants also thought AIR could be adapted as an online or smartphone app, which may expand its reach to younger and more tech-savvy populations while decreasing staff burden. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** AIR has strong potential for implementation, but sites vary on implementation capacity and readiness. Most sites could implement it partially (e.g., case-by-case basis), and sites with sufficient capacity (e.g., family groups, staff time) could implement it more fully. An app-based AIR could help mitigate some barriers.