

that it applies to many other aspects of the CHW role” and “I feel more empowered in my role after hearing explicitly the opportunities . . . for a CHW to be more involved in the research process”. UM has partnered with stakeholders in FL, Texas, southern California and Tennessee to develop a Spanish version of the PCOR for CHWs Training Toolkit (including a slide deck, Facilitator’s Guide and Student Workbook) that can be culturally and linguistically appropriate, to train local CHWs/promotores as PCOR CHW Champions. Attendees will receive lunch and a certificate of participation upon completion of the module. In turn, they agree to train local CHWs in their region. These 7 credit hrs could be used as credits towards state certification requirements, in states with CHW certification programs. This partnership for the mobilization and engagement of CHWs/promotores aims to strengthen their capacity to be involved in PCOR at the local and national level and increase the organizational capacity of CHW representative organizations in their promotion of PCOR. This type of research aims to help patients and those who care for them make better-informed decisions about the healthcare choices they face every day, guided by those who will use that information. In doing so, CHWs/promotores are contributing to PCOR in addressing health disparities and achieving health equity as a more culturally and linguistically diverse healthcare workforce and PCOR research team members.

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Readability, Understandability, and Actionability of Inpatient Discharge Instructions: A Health Literacy Perspective

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OBJECTIVES/SPECIFIC AIMS: Parents often make errors in comprehending and executing their child’s inpatient discharge instructions, putting their child at risk for adverse post-discharge outcomes. Suboptimal provider-caregiver communication has been linked to errors in comprehension and execution of provider instructions, especially for parents with limited health literacy. Few studies have systematically examined features of pediatric inpatient written discharge instructions that may contribute to errors. Our objective was to assess the readability, understandability, and actionability of pediatric inpatient written discharge instructions. METHODS/STUDY POPULATION: This was a cross-sectional analysis of the written discharge instructions (standardized template, content not standardized) provided to parents at an urban public hospital, enrolled as part of a prospective cohort study (n=171) focused on parent ability to comprehend their child’s discharge instructions. Inclusion criteria were: English/Spanish-speaking parents of children ≤12 years old discharged on ≥1 daily medicine. Discharge instructions were assessed for: 1) Readability (Average of 5 formulas [Flesh Reading Ease, Flesch-Kincaid, Gunning Fog, Simple Measure of Gobbledygook, Forcast]), 2) Understandability and actionability (AHRQ Patient Education Materials Assessment Tool [2 independent reviewers; κ>0.8 for both]). RESULTS/ANTICIPATED RESULTS: Mean (SD) reading grade level was 11.4 (0.7); none of the instructions were written at a recommended reading level of 6th to 8th grade or below. Mean (SD) understandability was 37.7 (6.9)%; mean actionability was 41.7 (8.4)%. All 171 sets of instructions used medical

terminology without adequate plain language explanations and included information that was not relevant to the child’s diagnosis and associated care (e.g., obesity counseling, smoking cessation given to a child with appendicitis). None of the sets of instructions presented information in a logical sequence (e.g., diet instructions in more than one location) or included any pictographic information or other visual aids to support the text (e.g., diagram of medication dose within a dosing tool). DISCUSSION/SIGNIFICANCE OF IMPACT: Written discharge instructions provided in the pediatric inpatient setting were suboptimal. Use of a systematic approach to improve discharge instructions, using a health literacy perspective, has the potential to improve post-discharge outcomes in children.

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Service referral follow up rate among participants of a community engagement initiative in Florida

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OBJECTIVES/SPECIFIC AIMS: To examine the rate of medical and social service referral utilization among community members who are enrolled in HealthStreet - a community engagement initiative at University of Florida. METHODS/STUDY POPULATION: HealthStreet utilizes the CHW model to conduct health needs assessment, provide referrals to medical and social services and link them to health research at UF. Across two follow-up schedules, these participants are contacted to assess their rate of referral utilization. RESULTS/ANTICIPATED RESULTS: From October 2011-October 2018, HealthStreet completed 10,829 health needs assessments and provided a total of 15,723 medical and/or social service referrals with an average of 1.48 referrals per person. About a third of people completed first and second follow-up respectively (n=3,461; 32.0% and n=3,477; 32.1%), and another third (n=3,891; 35.9%) completed neither. The total number of follow up attempts was 40,863, with an average of 3.85 attempts per person. The overall service utilization rate was 17.02%. The top barriers to utilization included, could not schedule an appointment (26.3%), busy on the date of appointment (21.9%), transportation (9.4%), and already received the service from elsewhere (4.7%). Others (28.3%) did not identify a specific barrier for non-utilization. DISCUSSION/SIGNIFICANCE OF IMPACT: Findings show that those who need services are still hampered by barriers to care that CHWs and other service providers could help them overcome. Facilitating the appointment and providing transportation would assist over a third of those needing services.

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Strengthening Translational Research Through Citizen Scientist Education

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OBJECTIVES/SPECIFIC AIMS: This project aimed to offer Citizen Scientists basic knowledge about clinical and translational research, as well as introductory information to the topics a Citizen Scientist may work with at the University of Florida (UF). As part of that goal,