

to improve OTC safety for older adults. The Protection Motivation Theory (PMT) provides a framework for evaluating the interplay of threat and coping appraisals in the assessment of perceived risk severity and OTC misuse. Health literacy, known to contribute to coping appraisals, is measured with the Newest Vital Sign survey. The TRI-RISK model, originally used to measure risk perception of disease, was adapted and subject to rigorous cognitive interviewing and testing with 8 older adults. This adapted survey is used to measure older adult risk perception of adverse drug events. Walking interviews with older adult participants are conducted in a community pharmacy. In these interviews, participants verbalize their process of selection and use of an OTC to treat a pain, cough/cold, or sleep issue. Additional patient factors such as age, race, gender, education level, and co-morbidities are collected in a survey. Structural equation modeling is used for data analysis. RESULTS/ANTICIPATED RESULTS: It is hypothesized that poor health literacy leads to lower risk perception, which will result in increased instances of potential adverse drug events. Data collection will be complete by Spring 2019 and preliminary results will be presented. DISCUSSION/SIGNIFICANCE OF IMPACT: Few interventions have attempted to decrease misuse of high-risk OTC medications in older adults, and not one has addressed system barriers. Compared to efforts to improve prescription medication safety, efforts to decrease OTC medication misuse in community-dwelling older adults have been practically ignored. This is the first study to characterize and operationalize health literacy and risk perception of adverse drug events in the development of a system-level intervention to address OTC safety for older adults. The population aged 65 and older is expected to increase by 38.5 million from the year 2020 to 2050. Interventions tailored to target the older adult patient population are expected to have greater efficacy in improving older adult medication safety and in alleviating the significant corresponding strain on the US healthcare system.

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Implementing an Interdisciplinary, Student-Run Consult Service for Homeless Patients: The Critical Role of Community Partnerships

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OBJECTIVES/SPECIFIC AIMS: Elucidate the unique challenges associated with hospital discharge planning for patients experiencing homelessness. Assess the impact of robust community partnerships and strong referral pathways on participating patients' health care utilization patterns in an interdisciplinary, student-run hospital consult service for patients experiencing homelessness. Identify factors (both patient-level and intervention-level) that are associated with successful warm hand-offs to outside social agencies at discharge. METHODS/STUDY POPULATION: To assess the impact of participation in HHL on patients' health care utilization, we conducted a medical records review using the hospital's electronic medical record system comparing patients' health care utilization patterns during the nine months pre- and post- HHL intervention. Utilization metrics included number of ED visits and hospital admissions, number of hospital days, 30-day hospital readmissions, total hospital costs, and follow-up appointment attendance rates, as well as percentage of warm hand-offs to community-based organizations upon discharge. Additionally, we collected data regarding patient demographics, duration of homelessness, and characteristics of homelessness (primarily sheltered versus primarily unsheltered, street

homeless versus couch surfing, etc) and intervention outcome data (i.e. percentage of warm hand-offs). This study was reviewed and approved by the Tulane University Institutional Review Board and the University Medical Center Research Review Committee. RESULTS/ANTICIPATED RESULTS: For the first 41 patients who have been enrolled in HHL, participation in HHL is associated with a statistically significant decrease in hospital admissions by 49.4% ($p < 0.01$) and hospital days by 47.7% ($p < 0.01$). However, the intervention is associated with a slight, although not statistically significant, increase in emergency department visits. Additionally, we have successfully accomplished warm hand-offs at discharge for 71% percent of these patients. Over the next year, many more patients will be enrolled in HHL, which will permit a more finely grained assessment to determine which aspects of the HHL intervention are most successful in facilitating warm hand-offs and decreased health care utilization amongst patients experiencing homelessness. DISCUSSION/SIGNIFICANCE OF IMPACT: Providing care to patients experiencing homelessness involves working within complex social problems that cannot be adequately addressed in a hospital setting. This is best accomplished with an interdisciplinary team that extends the care continuum beyond hospital walls. The HHL program coordinators believe that ED visits amongst HHL patients and percentage of warm hand-offs are closely related outcomes. If we are able to facilitate a higher percentage of warm hand-offs to supportive social service agencies, we may be able to decrease patient reliance on the emergency department as a source of health care, meals, and warmth. Identifying the factors associated with successful warm hand-offs upon discharge from the hospital may assist us in building on the HHL program's initial successes to further decrease health care utilization while offering increased interdisciplinary educational opportunities for medical students.

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It all starts with a dialogue – Stimulating Engaged Research Opportunities through Stakeholder-Academic Resource Panel (ShARPs)

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OBJECTIVES/SPECIFIC AIMS: The foci of this evaluation is to: determine if cultural and contextual adaptations identified by community stakeholders via ShARP sessions change research design/implementation/dissemination strategies. examine changes in stakeholder engagement by the research team after the initial ShARP session. METHODS/STUDY POPULATION: CCH staff measured session effectiveness for multiple stakeholders at multiple time points. Researchers and community stakeholders completed surveys to assess process and function at the end of the session. CCH staff follow-up with researcher team members approximately 12-18 months after the session to assess longer term outcomes and changes resulting from stakeholder input gathered at the ShARP. RESULTS/ANTICIPATED RESULTS: 16 ShARPs sessions were hosted in a three year period. o 4 hosted in Spanish o 2 focused solely on youth populations. 141 stakeholders representing diverse professional backgrounds participated in sessions and represented a cross section of: o Ages: 12- 17 (5%); 18-24 (6%); 25-34 (24%); 35-44 (23%); 45-54 (12%); 55-64 (9%); 65 and older (13%); No Response (8%) o Gender Identities: Female (62%); Male (34%); Transgender (0%); No Response (4%) o Race/Ethnicities: Asian, Pacific Islander (13%);