

parents through a large urban parks and recreation department located in Los Angeles County (LAC) and two community-based organizations who provide services primarily to low-income Black and Latinx residents in LAC. We conducted semi-structured English or Spanish interviews with parents of children ages 6-17 about the impact of activities on families, experiences making it difficult or easier for their child to be involved, and recommendations to meet their needs and facilitate family engagement. We coded the interviews using Dedoose and then performed thematic analysis. RESULTS/ANTICIPATED RESULTS: We completed 34 interviews (17 English, 17 Spanish). Parents shared these central ideas about out-of-school activities: (1) they support families and promote healthy child development; (2) they must create a safe environment and promote a sense of belonging for all families; and (3) service delivery changes reduced barriers, but activities often remained inaccessible. Barriers included lack of awareness about low-cost options, online enrollment, financial costs, waitlists, program timing, inaccessible parks/pools, safety, inconsistent quality, few opportunities for families to participate together, and a desire for more inclusive practices around race, culture, language, gender, children with special needs, and parent involvement. Parents offered recommendations to increase family engagement. DISCUSSION/SIGNIFICANCE: Involving parents in optimizing out-of-school activities may improve access, uptake, and quality of these health-promoting activities in low-income Black and Latinx communities.

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Enhancing the Impact of a Community Feedback Session Service Through Ongoing Evaluation

Nixola Datta¹, Simone C. Frank¹, Mary E. Grewe¹, Chloe Yang^{1,2}, Khadeejatul-Kubraa Lawal^{1,2} and Alicia Bilheimer¹

¹North Carolina Translational and Clinical Sciences (NC TraCS) Institute, University of North Carolina, Chapel Hill, NC, USA and ²UNC Gillings School of Global Public Health, University of North Carolina, Chapel Hill, NC, USA

OBJECTIVES/GOALS: UNC-Chapel Hill's CTSA implemented a community feedback session (CFS) service to help researchers gather actionable, authentic, and constructive feedback on their projects from community experts. Simultaneously, we conducted an ongoing, participatory evaluation process to improve the experience for researchers and community members. METHODS/STUDY POPULATION: Informed by the Community Engagement Studio model (Yoosten, 2015), a CFS is a 2-hour consultative session that includes facilitated discussion with community experts around topics or questions posed by a research team. UNC-Chapel Hill's CTSA staff conducted 7 CFSs during the pilot phase of the service and collected evaluation surveys from researchers and community experts. We held a data party – a participatory evaluation method – to analyze and interpret survey data. Resulting recommendations were used to improve CFS materials and processes. We conducted 11 CFSs after the pilot phase, then analyzed survey data again to gauge improvement and make further adjustments to the service. We also surveyed researchers three months after their last CFS to assess the impact of community experts' feedback on their studies. RESULTS/ANTICIPATED RESULTS: Since January 2022, 108 community experts have participated in 18 CFSs spanning 9 research projects. Data party interpretations of pilot evaluation data yielded several changes in service delivery; since those changes were instituted, all researchers have highly rated the service, unanimously recommending it to colleagues. Researchers praised well-structured

sessions and productive engagement, citing direct benefits to their work and significant impact on recruitment processes 3 months post CFS. Community experts also echoed satisfaction, with 100% finding CFSs worthwhile and 95% desiring to participate again, emphasizing the sessions' supportive atmosphere. A community expert reported that the sessions 'made me feel seen and allowed for a greater understanding of what I have been dealing with.' DISCUSSION/SIGNIFICANCE: The CFS model allows research teams to elicit rapid and meaningful community input, which is key to improving research relevance and impact. Ongoing participatory evaluation of the service ensures continuous improvement, yielding more meaningful interactions and studies that reflect the perspectives of people affected by the research.

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Caregiver Perspectives on Telehealth Assessment and Other Supports for Infants with Early Developmental Concerns

Meagan Talbott, Daltrey Schmidt and Sarah Dufek
UC Davis Health

OBJECTIVES/GOALS: Caregivers often identify signs of autism in infancy but face multiple barriers when seeking specialized evaluations and subsequent services. This study sought to understand the experiences of families with early developmental concerns to identify acceptable and feasible strategies to support them during this period of uncertainty. METHODS/STUDY POPULATION: We interviewed 15 families participating in a larger longitudinal project developing telehealth assessments for infants with early developmental concerns. Interviews were conducted virtually following the final toddler-age assessment, and focused on caregivers' experiences navigating early concerns, appropriateness of existing supports, and suggestions for future directions. Interviews were transcribed and coded across multiple passes, focusing on both phenomenological experience and frequency of specific supports mentioned. RESULTS/ANTICIPATED RESULTS: Core themes expressed across multiple included: (1) Uncertainty; (2) Navigating Supports; (3) Community and Connection; and (4) Information is Power. Caregivers also provided specific suggestions for addressing these areas. These included suggestions for parent coaching topics, modalities for sharing information with parents (e.g., group meetings, online modules), and research practices. DISCUSSION/SIGNIFICANCE: There have been recent efforts to develop pre-diagnostic interventions for infants, but few studies have investigated the needs and priorities of families during this period. Our approach can help bridge the gap between research and practice by identifying family priorities to target when developing interventions.

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Investigating the Transitional Process from Pediatric to Adult Care and Improving Transitional Readiness for Youth with Sickle Cell Disease (SCD) through Co-Designing an Intervention

Janine Noorloos, Fairuz Karim, Jaspreet Randhawa, Geil Astorga and Peola Ellis
University of Toronto

OBJECTIVES/GOALS: The goal is to use a participatory design approach involving patients and healthcare providers to create an intervention aiming to improve the transition readiness of youth with sickle cell disease (SCD) when going from pediatric to adult care

in Ontario. **METHODS/STUDY POPULATION:** The study employed a participatory design approach, utilizing co-design and community-consulted design practices. The co-design process involved three design sessions with 7 adult participants (3 with SCD, 3 with SCD working in healthcare, and 1 without SCD but working in healthcare) to actively involve them in designing an intervention that addressed their unmet needs. A thematic analysis of the first design session was conducted to gain insight into their experiences. The community-consulted design included three internal research team sessions to synthesize the participants' insights. Zoom was used for all sessions, and Miro as the online collaboration tool for participatory design activities, resulting in a prototype that reflected the collective input of the target users and the broader community. **RESULTS/ANTICIPATED RESULTS:** With the thematic analysis, one prominent theme emerged, labeled as 'Barriers to Successful Transition,' which consisted of four subthemes: 1) Lack of Education and Awareness; 2) Constraints in Healthcare Delivery, 3) Managing Multiple Transitions; and 4) Racial Bias in Healthcare. The word 'hospital' emerged as the most frequently mentioned word, following closely were the terms 'school,' 'person,' 'sickle cell disease,' and 'education.' This analysis underscores the crucial involvement of hospitals and healthcare providers in facilitating the transition of youth with SCD. Following the design sessions, the most desirable/feasible intervention was to create an accredited digital educational module for adult healthcare providers specifically focusing on youth transitioning with SCD. **DISCUSSION/SIGNIFICANCE:** 3,500 people in Ontario have SCD, with an average age of 24 years, where one-third are aged 14 or younger. Youth with SCD face unique challenges, so effective communication and comprehensive care coordination are needed from healthcare providers. The digital module will increase awareness and ultimately improve transition readiness.

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Assessing the Role of Youth Sports in Diabetes Prevention and Perceived Discrimination

Leesi George-Komi and Dr. Leah Robinson
University of Michigan

OBJECTIVES/GOALS: Our study aims to 1) examine the link between engagement in CLR Academy and youth diabetes risk factors—physical activity, nutrition, mental health, and weight status; 2) examine CLR's role in moderating the relationship between perceived discrimination and these risk factors. Includes a program evaluation of CLR & interviews of members. **METHODS/STUDY POPULATION:** Youth-onset diabetes is rising in American minority communities. Youth sports programs like the Community Leadership Revolution (CLR) Academy in Washtenaw County, MI are emerging responses to this issue. CLR targets diabetes risk factors through team sports by promoting mindfulness and healthy habits. Employing a mixed-methods, pre-test-posttest approach, our study focuses on how the frequency of engagement in CLR impacts CLR's effect on youth's diabetes risk factors. Considering the discrimination minority youth experience, we also aim to see if CLR potentially buffers the impact of perceived discrimination on diabetes risk factors. A posttest program evaluation of CLR will also include semi-structured interviews with CLR staff and participants. **RESULTS/ANTICIPATED RESULTS:** There is potential that youth with high engagement in CLR Academy may

see enhanced benefits in managing diabetes risk factors compared to less active participants. This may be particularly true for youth experiencing high perceived discrimination, with potential marked improvements in mental health, like reduced anxiety and depression. Additionally, through a program evaluation and semi-structured interviews, our study aims to uncover the factors contributing to CLR's success as a community-led intervention while also identifying areas for enhancement. Post-study, CLR will receive financial support to integrate these insights into their program, furthering their effectiveness in youth diabetes prevention and overall well-being. **DISCUSSION/SIGNIFICANCE:** This study may provide significant insights into the relationship between sports participation, diabetes risk factors, and perceived discrimination. The findings could help CLR improve its program and guide more effective diabetes prevention strategies in minority youth through other youth sports programs.

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The CoBo Study: Combined Contingency Management for Both Stimulant Use and HIV

Gabriela Steiner¹, Elise Riley¹, Gabriel Chamie¹, Stefan Baral², Kelly Knight¹, Phillip Coffin¹, Monica Gandhi¹ and Ayesha Appa¹
¹University of California, San Francisco and ²Johns Hopkins University

OBJECTIVES/GOALS: Contingency management (CM), wherein patients earn prizes for behavior change, is the gold-standard for reducing stimulant misuse and has been shown to improve medication adherence. We aim to describe the feasibility, acceptability, and effectiveness of CM to reduce stimulant use and optimize ART adherence in Women's HIV primary care. **METHODS/STUDY POPULATION:** Using the ADAPT-ITT model for adapting evidence-based HIV interventions, we implemented the CoBoStudy at the Ward 86 Women's Clinic at San Francisco General Hospital. Inclusion criteria are (1) adult age women with HIV, (2) suboptimal ART adherence, (3) stimulant use disorder with goal of reduced-use. Participants receive weekly CM for 12 weeks with escalating incentives for point-of-care urine testing negative for stimulants and positive for tenofovir ART. We use mixed methods to evaluate feasibility and acceptability of CoBo with quantitative process measures, sequential explanatory in-depth interviews with participants and staff, and effectiveness by proportion of point-of-care urine tests without stimulants and with tenofovir. **RESULTS/ANTICIPATED RESULTS:** CoBoStudy enrollment began in September 2023; n=10 participants have enrolled with an additional n=20 planned. We will report feasibility and acceptability using: 1) the number of women with HIV, stimulant use disorder, and suboptimal ART adherence enrolled vs. recruited, 2) the number and proportion of CM sessions attended/missed, 3) cost per participant, and 4) participant-reported facilitators and barriers to CM engagement. We will report preliminary effectiveness based on: 1) proportion of POC tests negative for stimulants, positive for ART, and 2) trend in self-reported stimulant use assessed weekly during CM. **DISCUSSION/SIGNIFICANCE:** Women with comorbid HIV and stimulant use disorder have demonstrated poor outcomes including reduced ART adherence and faster progression to AIDS. This work aims to expand access to evidence-based treatment for stimulant use disorder for women with HIV and share key opportunities and challenges for doing so in the women's health HIV primary setting.