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A Mixed Methods Pilot Study of Telemedicine Group Visits for Chronic Migraine in a Safety Net Health System

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OBJECTIVES/GOALS: Limited specialty care within safety net health systems reduces availability of follow-up appointments for chronic conditions. We evaluated patient acceptability of a 6 month series of telemedicine group medical visits for chronic migraine at a county hospital-based clinic as a potential method to improve access to specialty care in this setting. **METHODS/STUDY POPULATION:** We developed and implemented a pilot program of monthly physician-led telemedicine group visits to provide routine follow-up care for adults with chronic migraine. Visits were conducted through the neurology clinic at LAC+USC medical center, a safety net hospital in Los Angeles and included an educational component, peer support, and the opportunity to address individual needs or refill medications. We assessed headache severity (HIT-6) and mood (PHQ-9) through telephone surveys before and 6 months after patients' first telemedicine group visit and compared timepoints using paired t-tests. Patient acceptability of the group visits was elicited through focus groups and key themes identified using grounded field theory. **RESULTS/ANTICIPATED RESULTS:** Baseline data was available for 18/20 pilot participants. Patients were predominantly female (89%) with mean age of 46 (SD 8.6). Mean HIT-6 was 65/78 reflecting a very severe impact on daily life, and mean PHQ-9 was 8.7 reflecting mild depressive symptoms. There was no statistically significant change in either HIT-6 (mean difference 2.36, $p=0.34$) or PHQ-9 (mean difference 2.09, $p=0.12$) after group participation. Key themes from the focus groups included lack of prior exposure to other people with similar headache burden and logistical barriers to care, such as difficulty contacting a provider or extended clinic wait times. Primary patient-reported benefits included more frequent access to a provider and peer support. **DISCUSSION/SIGNIFICANCE:** Telemedicine group visits for chronic migraine are feasible in a safety net context and were well-received by patients. However, this pilot study did not show a benefit of telemedicine group visits for headache control or mood symptoms.

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A Pragmatic Randomized Trial of Home-based testing for COVID-19 in Rural Native American and Latino Communities: Primary results of the Protecting Our Communities Study

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OBJECTIVES/GOALS: To test the effect of a trusted Community Health Worker (CHW) support model to increase accessibility, feasibility and completion of COVID-19 home-testing in Native American and Latino communities. **METHODS/STUDY POPULATION:** We conducted a multi-site pragmatic randomized

controlled trial among adult Native Americans and Latinos from the Flathead reservation in Montana and Yakima Valley in Washington. Participants were block randomized by site location and age to either an active or passive study arm. Participants in the active arm received assistance with online COVID-19 test kit registration and virtual swabbing support from CHWs, while the passive study arm received the standard-of-care support from the COVID-19 home testing kit vendor. Simple and multivariate logistic regression modeled the association between home-testing distribution mechanism and test completion. Multivariate models included community and sex as covariates. Descriptive feedback was collected in a post-test survey. **RESULTS/ANTICIPATED RESULTS:** Overall, 63% of the 268 enrolled participants completed COVID-19 tests, and 50% completed tests yielding a valid result. Active arm participants had significantly higher odds of test completion (OR 1.66, 95% CI: [1.01, 2.75], p -value=0.04). Differences were most pronounced among adults ≥ 60 years, with 84% completing testing kits in the active arm, compared to 58% in the passive arm ($p=0.07$). Ease of use and not having to leave home were top positive aspects of the home-based test while transporting and mailing samples to lab and long/overwhelming instructions were cited as negative aspects. Most test completers (93%) were satisfied with their experience and 95% found CHW assistance useful. Sample expiration and insufficient identifiers were top causes of non-valid test results. **DISCUSSION/SIGNIFICANCE:** While test completion rates were low in both study arms, the CHW support led to a higher COVID-19 test completion rate, particularly among older adults. Still, CHW support alone does not fully eliminate testing barriers. Socio-economic differences must be accounted for in future product development for home-based testing to improve health equity.

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A Program to Deliver Education in Digital Literacy to Create Equity for Elders

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OBJECTIVES/GOALS: Older adults are affected by insufficient access to digital technology including digital healthcare. The aim of this program is to improve digital literacy in elders who were not using digital devices due to age and socioeconomic inequities. We provided technology and education on topics relevant but not limited to navigating health care. **METHODS/STUDY POPULATION:** Through partnerships with a non-profit organization helping elders to age well and independently (cohort 1 ongoing $n=9$) and an urban place of worship (cohort 2 starting), we reached out to elders residing in urban Buffalo, NY's poorest zip codes. Participants received free tablets and Wi-fi hotspots. Participants received weekly interactive sessions over 6 months at their apartments or a place they felt comfortable with. A curriculum was developed but the sessions were not limited to digital health care, rather were also tailored to other individual needs like shopping on line, communication with loved ones, etc. A baseline, mid and post survey were administered to assess needs before the program and measure the impact of the program. An effort was also deployed in identifying

a source of connectivity post program. RESULTS/ANTICIPATED RESULTS: The participants were elders who did not have computer/digital knowledge and/or access to the digital world. Mid-intervention data show that 9/9 used the tablets, learned basic skills and felt more comfortable/confident using a digital device. 5/9 participants used their hotspots and the remaining learned to use Wi-Fi provided by the facility they live in. While at baseline only 1/9 participants had attempted to use patient portals, mid-intervention data showed that 8/9 accessed portals. Importantly, the participants are also using other digital functions essential to their well-being including streaming, shopping, bill paying, and communicating with loved ones. Preliminary post-surveys suggest that all participants now rate their internet literacy and web searching skills at an acceptable/good level. DISCUSSION/SIGNIFICANCE: Tailored support and access to technology led to uptake of digital technology among elders, enabling them to access health-related resources and other web activities which improved their quality of life and led to digital equity. This project can be leveraged to obtain funding to train trusted members of the community as digital literacy ambassadors.

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Adapting Motivational Interviewing for Vaccine Hesitancy in Underserved Communities

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OBJECTIVES/GOALS: To adapt and evaluate motivational interviewing (MI) as a tool for better understanding the beliefs that underlie vaccine hesitancy and effectively respond to these beliefs with emphasis on reaching underserved communities disproportionately impacted by COVID-19. METHODS/STUDY POPULATION: Our group reviewed the principals for motivational interviewing, rationale for vaccination, and likely beliefs underlying hesitancy and developed a guide for MI to address vaccine hesitancy. We recruited lay members of Black and Hispanic communities in Washington, DC and Baltimore, MD. 90-minute zoom facilitator training sessions included didactic material, questions and discussion, and role playing. We were not successful recruiting unvaccinated individuals to provide written consent to be followed re vaccination status. Facilitators indicated incorporating MI in their job-related and informal interactions. Surveys were developed to obtain feedback regarding beliefs underlying hesitancy, perceptions of MI effectiveness, and more recently (Oct 2022), evolving concerns regarding the pandemic. RESULTS/ANTICIPATED RESULTS: 67% of facilitators were Black, their average age was 39 years, and 67% had at least a high school education. All had received a COVID-19 vaccination. 82% endorsed utilizing MI in discussions receiving the COVID-19 vaccine. 46% of the facilitators endorsed that MI was moderately effective (46%) in clarifying objections and very effective (50%) in persuading friends, family, and co-workers to consider getting vaccinated. The most common elicited objections to the vaccine were side-effects (21%) and beliefs in government conspiracies (21%). In the second survey respondents indicated receiving another booster followed by getting their children vaccinated as the most common identified concerns. DISCUSSION/SIGNIFICANCE: MI can be adapted to address vaccine hesitancy in underserved minority groups and appears promising for identifying beliefs underlying hesitancy and possibly for increasing vaccination rates among these communities.

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Addressing Institutional and Community barriers to Development and Implementation of Community-engaged Research through Competency-based Academic and Community Training

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OBJECTIVES/GOALS: CEnR plays a crucial role in rapidly translating science to improve health by bridging gaps between research and practice although skills development is critical to enable successful community/academic partnerships. We have developed a curriculum mapped to CEnR domains and competencies that meets the needs of community partners and investigators. METHODS/STUDY POPULATION: We located three comprehensive efforts to identify CEnR domains and competencies that we aligned to develop our curriculum, which we then mapped to these competencies. The first was undertaken by a NCATS Joint Workgroup which identified curricula, resources, tools, strategies, and models for innovative training programs. Using Competency Mapping, they developed a framework for curriculum mapping that included eight domains, each with two to five competencies of knowledge, attitudes, and skills. The second aligned CEnR competencies with online training resources across the CTSA consortium, while the third focused on Dissemination and Implementation training. Informed by a conceptual model to advance health equity, we adapted and integrated these frameworks into a set of six educational modules. RESULTS/ANTICIPATED RESULTS: Although many CEnR training programs have been developed, few curricula are mapped to identified domains and competencies, and fewer still address institutional and community barriers to effective CEnR training. However, many outstanding curricula effectively address these competencies, and our curriculum draws from and builds upon these programs of excellence, including those from our sister CTSA hubs. Our modules serve our local community by educating and empowering faculty, students, and community partners. To date, no CEnR curriculum has been implemented at our institution that meets the needs of all parties who play a significant role in community-engaged research (e.g., IRB members, investigators, and community-based partners). This curriculum thus fills an important gap in our workforce training. DISCUSSION/SIGNIFICANCE: This educational program is designed to educate and empower investigators, trainees, students, and community partners to engage in effective CEnR that promotes community projects and fosters relationships and trust. Following evaluation, we will offer the curriculum for use by others interested in using or adapting it for their own programming.

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An Assessment of Gender-Affirming Language within Patient Encounter Notes

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OBJECTIVES/GOALS: Transgender, non-binary, and gender expansive (TGE) patients experience significant barriers to high-quality care including limited provider expertise and pathologization within health documentation. This study aimed to evaluate the use of gender-