both BCTs include the prevalence of OUD and that help is available in the local primary care office. Community-tailored messages are distributed through posters and flyer inserts, drink coasters, newspaper articles, letters to local judges, restaurant placemats, and websites. Examples of the materials and messages will be presented. DISCUSSION/SIGNIFICANCE OF IMPACT: Local community members are eager to help address the OUD crisis. Built on community-based participatory research principles, BCT can be used to translate complex information and guidelines around OUD and MAT into messages and materials that reflect local culture and community needs.

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Trust in Research Among Older Adults

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OBJECTIVES/SPECIFIC AIMS: Adults, 60 years of age and older, are in high demand for enrollment in many types of health research. Here we aimed to examine baseline, 60-day and 120-day follow-up trust in research and researchers of Floridians 60 years of age and older engaged in University of Florida's HealthStreet community engagement initiative. METHODS/STUDY POPULATION: HealthStreet Community Health Workers (CHWs) assess health needs and trust in research of community members and screen for dementia, before providing medical and social services referrals and linkages to opportunities to participate in relevant health research at UF. In addition, participants are followed up at 60 and 120 days. RESULTS/ANTICIPATED RESULTS: Among the 2,193 older adults assessed by CHWs, 62.6% were female, 46.8% were African American, and 6.1% Hispanic/Latino. At baseline, 28.3% reported ever being in a research study; 7.7% reported not being interested in participating in research. Trust in research and researchers was high at baseline [scored from 1 to 10 where 10 was high; mean of 7.4 each for trust in research (SD=2.0) and trust in researchers (SD=2.1)] and high at both follow-ups [60 days 7.8 (SD=2.1) and 7.7 (SD=2) for trust in research and researchers respectively; 120 days 8.0 for both (SD=1.9 and 1.8 respectively)]. DISCUSSION/SIGNIFICANCE OF IMPACT: Individuals who are 60 and older have high trust in research and researchers when approached and high interest in research. Their trust continues through work with HealthStreet CHWs. Community engagement is an important part of the pipeline for recruitment of older adults for research.

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Understanding Community-engaged Research at an Academic Medical Center and Learning Healthcare System in the US South

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OBJECTIVES/SPECIFIC AIMS: Wake Forest Baptist Health (WFBH) is an Academic Learning Healthcare System (aLHS) serving 24 counties in North Carolina and Virginia. Like many aLHSs, WFBH experiences strained community relationships attributable to a history of medical and research abuses against marginalized populations. This legacy accompanies longstanding community mistrust in the healthcare system and research. To overcome these challenges, community-engaged research (CEnR) approaches have potential to repair community-academic relationships, improve public health, and empower groups that traditionally have been neglected by or overlooked in research. To develop and revise our understanding of how CEnR is harnessed at WFBH, semi-structured interviews were conducted with investigators and study staff experienced in CEnR approaches. In-depth interview guides were designed iteratively to capture socio-contextual and detailed descriptions of perceptions, experiences, and strategies specific to the use of CEnR. METHODS/STUDY POPULATION: A keyword search performed within WFBH study records identified 51 investigators whom had submitted research proposals related to CEnR within the past ten years. Sixteen were confirmed eligible based on a review of proposal abstracts, of which 14 responded to email invitations agreeing to participate. Four additional participants were referred by initial participants. Eighteen investigators (16 faculty and 2 research associates) provided consent and completed Interviews. RESULTS/ANTICIPATED RESULTS: The participant sample was 50% female with a mean age of 55 years, 11% Black and 89% White, with representation across various academic backgrounds (e.g., anthropology, medicine, psychology, and public health) A majority of participants (89%) hold doctoral degrees (i.e., PhD, DrPH, EdD, MD, and MD-PhD). On average, participants had been employed at WFBH for 13.9 years, and represented various departments including dermatology, epidemiology and prevention, family medicine, neurology, social sciences and health policy, and psychiatry. Nearly all participants (89%) indicated they had never received formal education or training in CEnR, though 100% reported "on-the-job" training in CEnR. Interviews were audio-recorded, transcribed, coded, and analyzed following an inductive thematic approach, from which twenty-two themes emerged across six domains related to CEnR (Table 2), including: Conceptualization and Purpose, Value and Investment, Community-Academic Partnerships, Sustainability, Facilitators, and Challenges. Results also provided key characteristics that define CEnR (Table 3), and yielded 11 emerging needs necessary to enhance CEnR within aLHSs (Table 4). DISCUSSION/SIGNIFICANCE OF IMPACT: The results of this study provide information critical to understanding how CEnR frameworks and approaches can be harnessed not just in Schools of Public Health, but within aLHSs to build and repair community-academic partnerships, inform research and institutional priorities, and address community health concerns. Despite the small sample size, the number of participant interviews was sufficient to achieve saturation while also providing broad and unique perspectives across various fields and CEnR approaches. Overall, participants conceptualized the purpose and goals of CEnR quite similarly, though there was a great deal of variance in how CEnR was defined and operationalized across interviews, indicating a need to more clearly articulate important features that enhance understanding of what CEnR is and what it is not (Table 3). These discrepancies and inconsistencies indicate a potential need for additional formal training in the understanding and use of CEnR approaches, which is supported by the fact that nearly all participants reported receiving no formal training in CEnR. Across all interviews, participants expressed a need for health care providers and researchers to better understand community contexts, social determinants of health, and historical factors influencing

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