

focus groups, qualitative perspectives of the intervention's impact on shared decision-making and overall engagement in treatment will be collected. The study's design ensures active collaboration with the study population and aims to enhance MBC understanding and engagement in mental health care among youth. RESULTS/ANTICIPATED RESULTS: We anticipate increased youth involvement within MBC practices, and overall increased engagement in shared-decision making in treatment. We anticipate the developed knowledge product will enhance youth's understanding of MBC, foster dialogue between youth and clinicians, and promote active involvement and informed decision-making in their mental health treatment. By involving youth in the co-design process, our project is poised to foster a sense of ownership and relevance, ultimately improving youth engagement, decision-making, and mental health outcomes within integrated mental health services. DISCUSSION/SIGNIFICANCE: Youth deserve to have an active role in shaping treatment decisions. This tool may bridge a gap by equipping youth with the knowledge needed to engage in decisions that are often practitioner-led. This study will discuss the impact and strategies for increasing involvement in MBC practices on youth engagement within treatment.

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Equity Considerations and Impacts when Implementing Remote Technologies

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OBJECTIVES/GOALS: The Institute of Translational Health Science (ITHS) Remote Technologies for Research Reference Center (REMOTECH) aims to support researchers using remote technologies. Understanding barriers specifically for engagement of diverse populations is critical to improve equitable access and increase diverse participation in research. METHODS/STUDY POPULATION: We conducted semi-structured interviews with researchers (N=30) within the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region, identified through participation in a previous survey as well as those known to have previously implemented remote technologies at ITHS institutions. We solicited specific concerns regarding equity, diversity, and inclusion (EDI) related to remote research participant recruitment, retention, and implementation, as well as outcomes and potential solutions. Interview transcripts were coded, summarized, and emerging themes were identified. RESULTS/ANTICIPATED RESULTS: The pandemic necessitated a shift to the use of remote research engagement strategies. Our interview findings show that researchers have a desire to: increase diversity through remote engagement options; decrease participant burden; and understand and include strategies that advance equity, diversity, and inclusion (EDI) efforts. While geographic diversity was positively impacted by the use of remote technologies, significant barriers and challenges currently exist in the use of remote technologies with respect to other types of diversity, for example access to technologies and limited financial resources. DISCUSSION/SIGNIFICANCE: Remote technologies in research could increase diversity, but interviewees shared barriers and challenges that prevent that from happening. Researchers would

benefit from equity-oriented digital literacy resources to use with diverse populations. Such tools can also be used to guide study design/procedures, materials, and processes.

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Promoting Health Equity in South Los Angeles: A Place-Based Initiative in the Nickerson Gardens Housing Development

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OBJECTIVES/GOALS: Partnering with the Housing Authority of Los Angeles, we launched a place-based initiative in the Nickerson Gardens housing development in South Los Angeles, where we apply our community engagement approach of listening and learning, and trust and relationship building, to deliver public health interventions in a discrete community. METHODS/STUDY POPULATION: Nickerson Gardens is the largest housing development in Los Angeles, with 1,066 units and over 3,000 residents. 58% and 40% of the residents are Hispanic and Black/African American respectively with an average yearly income of less than \$30,000. To build trust and establish relationships, our team began attending community events, holding weekly educational workshops, and participating in the summer program for youth. We also held listening sessions in English and Spanish that asked about the overall health of the Nickerson Gardens community, environment and public space, access and barriers to care, needed healthcare services, and the lived experience within Nickerson Gardens. RESULTS/ANTICIPATED RESULTS: To date, we have held eight 90-minute listening sessions in English and Spanish with 59 participants. The sessions provided insight into the needed health and educational resources and services, the organizational structure of the housing development and how that impacts access to information and services, as well as the nuanced and area-specific transportation issues and the connection to safety concerns. These findings will inform the next phase of this initiative which includes convening a Coordinating Council composed of service providers and Nickerson Gardens residents. This council will oversee the coordination and implementation of needed services, help maintain accountability of the providers, and offer residents the opportunity to take ownership of the process. DISCUSSION/SIGNIFICANCE: Academic-community partnerships are an effective strategy to deliver public health interventions and promote health equity in under-resourced communities. We tested and measured impact in a distinct community to reinforce a widely-applicable place-based model.

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Strategies used by trained Peer Mentors in an intervention designed to increase engagement in new modalities for HIV prevention

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OBJECTIVES/GOALS: Peer supporters are frequently engaged to help people with marginalized identities access a range of health

services, including newly developed interventions. Understanding how that individuals in these lay roles approach their interactions with clients may help to inform their future selection and training in order to support T3-T4 translation. **METHODS/STUDY POPULATION:** We examined the strategies and perspectives of Peer Mentors in an HIV/STI prevention intervention (Passport to Wellness, PtW) designed to encourage regular screening for HIV and sexually transmitted infections and the use of HIV biomedical prevention (pre- and post-exposure prophylaxis). Fifteen men were trained to serve as Mentors for this novel PtW intervention for Black sexual minority men (SMM) that was being tested in Los Angeles County. Surveys were conducted at the start of their training and both surveys and semi-structured qualitative interviews were conducted after the Mentors had provided peer services for several months. Thematic analysis was conducted on interview transcripts for the 10 men who actually served as program Mentors during the pilot study and small randomized trial of the intervention. **RESULTS/ANTICIPATED RESULTS:** Peer Mentors described trust, rapport, accountability, encouragement, and flexibility as key characteristics of successful mentor-mentee relationships. The Mentors, their peers, and the mentor training and intervention design facilitated these dynamics. Mentors established trust, rapport, and accountability in the first 1-2 sessions with mentees through self-disclosure, reassurance, non-judgement, and discussion of roles and expectations. They also reviewed the goals and referrals developed at baseline with each mentee and used this plan as an accountability tool throughout their sessions. Participants had also viewed an introductory video and read a short mentor biography prior to their first mentor meeting – a step mentors felt increased participants' enthusiasm and willingness to engage. **DISCUSSION/SIGNIFICANCE:** Despite similar histories and demographics that made them peers, the mentors had progressed beyond those they served and often approached interactions with mentees in a manner similar to that of academic mentors. Mentors' expertise and life progress elevates their roles; additional tools from academic mentoring may aid their training and support.

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Association of Parity and Previous Birth Outcome With Brachial Plexus Birth Injury Risk

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OBJECTIVES/GOALS: To evaluate the association of maternal delivery history with a brachial plexus birth injury (BPBI) risk in

subsequent deliveries, and to estimate the effect of subsequent delivery method on BPBI risk. **METHODS/STUDY POPULATION:** We conducted a retrospective cohort study of all livebirth deliveries occurring in California-licensed hospitals from 1996-2012. The primary outcome was recurrent BPBI in a subsequent pregnancy. The exposure was prior delivery history (parity, shoulder dystocia in a previous delivery, or previously delivering an infant with BPBI). Multiple logistic regression was used to model adjusted associations of prior delivery history with BPBI in a subsequent pregnancy. The adjusted risk (AR) and adjusted risk difference (ARD) for BPBI between vaginal and cesarean delivery in subsequent pregnancies were determined, stratified by prior delivery history, and the number of cesarean deliveries needed to prevent one BPBI was determined. **RESULTS/ANTICIPATED RESULTS:** Of 6,286,324 infants delivered by 4,104,825 individuals, 7,762 (0.12%) were diagnosed with a BPBI. Higher parity was associated with a 5.7% decrease in BPBI risk with each subsequent delivery (aOR 0.94, 95%CI 0.92, 0.97). Previous shoulder dystocia or BPBI were associated with 5-fold (aOR=5.39, 95%CI 4.10, 7.08) and 17-fold increases (aOR=17.22, 95%CI 13.31, 22.27) in BPBI risk, respectively. Among individuals with a history of delivering an infant with a BPBI, cesarean delivery was associated with a 73.0% decrease in BPBI risk (aOR=0.27, 95%CI 0.13, 0.55), compared with an 87.9% decrease in BPBI risk (aOR=0.12, 95%CI 0.10, 0.15) in individuals without this history. Among individuals with a previous history of BPBI, 48.1 cesarean deliveries are needed to prevent one BPBI. **DISCUSSION/SIGNIFICANCE:** Parity, previous shoulder dystocia, and previously delivering a BPBI infant are associated with future BPBI risk. These factors are identifiable prenatally and can inform discussions with pregnant individuals regarding BPBI risk and planned mode of delivery.

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Community-Campus Research Incubator (CCRI) Grant Program: 13 years of partnerships improving community health

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OBJECTIVES/GOALS: With the knowledge that population health will not improve without including community voices in research, analysis of the UCI Institute for Clinical and Translational Science (ICTS) Community-Campus Research Incubator (CCRI) grants awarded since 2010 provides the foundation for understanding research partnerships impact on community health. **METHODS/STUDY POPULATION:** Over the past 13 years, the UCI ICTS CCRI program has funded 63 partnered research pilot or capacity-building projects, providing up to \$30K annually to academic-community partnerships. Each year since 2010, between 3 and 7 projects were funded up to \$5,000 annually for capacity-building activities and up to \$10,000 annually for pilot research activities. Additionally, during the COVID-19 pandemic, a collaboration between the UCI ICTS and the local Healthcare Agency provided up to \$20,000 to research partnership teams to study impact and interventions related to the pandemic, where 10 CCRI awards were given out. Evaluations of these research teams was completed at the end of the project, and at years 2 and 3 after the project ended. Analysis of the projects and partnerships aim to reveal the impact of these projects. **RESULTS/ANTICIPATED RESULTS:** In 2023, we compiled all evaluation data collected from 2010 – 2023 from the CCRI partnership grants, including traditional metrics of