dedicated teams of human-centered designers that assist investigators with the application of HCD in their studies. MICHR's service approach utilizes facilitated Design Sprints with study teams, guiding them from early conception of a research question through the co-design of interventions and innovations with end-users. Pitt CTSI's training and consultation approach employs a two-day intensive training with group coaching sessions that provide investigators and research staff with skills and knowledge needed to implement HCD within translational research projects. Both hubs offer consultations on methodology for investigators interested in pursuing funding for studies utilizing HCD. RESULTS/ANTICIPATED RESULTS: Research teams at both hubs are pursuing HCD to co-design health research interventions and mHealth technologies with end-users locally and internationally, to facilitate meaningful engagement within advisory boards and collaboratives, and to enhance team science. To date, MICHR has conducted 13 research study-focused Design Sprints with 73 participants, as well as providing consultations to 26 research teams. Pitt CTSI has trained 164 investigators and staff and provided 146 consultations with research teams. Requests for HCD training have increased at MICHR while requests for HCD service provision have increased at Pitt CTSI. Both hubs are now building capacity to enact a more holistic approach to HCD that combines service delivery and training approaches to better meet the needs of investigators. DISCUSSION/SIGNIFICANCE: Increasing CTSA hub capacity to support the use of HCD in translational research by offering service and training opportunities can position investigators to conduct high impact health research that elevates the voices of those most likely to benefit from interventions, treatments, and innovations.

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Highlighting the Expansion and Reach of the Meharry-Vanderbilt Community Engaged Research Core (CERC) Researcher Training Series

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OBJECTIVES/GOALS: * Describe the Community Engaged Research Core (CERC) Researcher Training Program modules and objectives. * Examine the expansion and reach of the CERC Researcher Training Program across various institutions/organizations. METHODS/STUDY POPULATION: Through joint efforts from Meharry Medical College and Vanderbilt University Medical Center, the Community Engaged Research Core (CERC) Researcher Training Program began as a resource to provide CERC post-docs with knowledge of the basic principles of community engaged research (CEnR). It has since expanded to reach researchers at different institutions/organizations. This series examines topics from ethics to dissemination of research findings. The purpose of this project is to describe the CERC Researcher Training Program modules and present the expansion and reach of the training series. We examined both online training requests and series evaluations to determine: (1) participant reach, (2) number of module requests, and (3) purpose for using training modules. RESULTS/ANTICIPATED RESULTS: Since its inception in 2018, the program has expanded to reach 16 institutions/organizations across the United States. On average, 45 researchers register for the training series and approximately 16 researchers participate each year. As time progresses, the number of registrants and attendees continues to increase. To date, there have been 110 online training module requests. The majority (~75%) of participants are requesting content for self-training purposes, while others are using the information to train others in their home institutions/organizations (~25%). Researchers are using modules for a range of reasons including recruitment, career development, and developing their own CEnR training. DISCUSSION/SIGNIFICANCE: CEnR has the ability to make research better in how it is planned, executed and disseminated. Implementing the CERC researcher training series and expanding its reach demonstrates the desire and need to alleviate health disparities through researcher and community partnerships.

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Enhancing Nephrology Care Access: Development and Implementation of a Telenephrology Dashboard Through Human-Centered Design

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OBJECTIVES/GOALS: Our objective is to develop a Telenephrology dashboard for the 150,000 Veterans that obtain care through the Iowa City Veterans Affairs Health Care System. Our goal is to create a comprehensive and user-friendly tool for monitoring kidney health and facilitating remote nephrology consultations. METHODS/STUDY POPULATION: We structured our intervention according to the five stages of human-centered design: (1) Empathize, (2) Define, (3) Ideate, (4) Prototype and (5) Test. During the empathy stage, the principal investigator spent 10 hours immersed in the clinical setting observing how nephrologists approach a remote nephrology consultation. These observations were augmented by unstructured interviews with clinicians and patients to better understand the process and dynamics. Following this, a rapid ideation workshop was convened to generate creative solutions that balance technical requirements with the needs of clinicians and patients. These led to rapid prototyping and testing to identify what elements of the prototypes worked and which needed improvement. RESULTS/ANTICIPATED RESULTS: Through the empathy and define stages, three needs were identified: (1) clarity in visualizing data, (2) accuracy of information, and (3) balancing standardization with individualization. During the rapid ideation workshop, the concept of a four-frame dashboard was settled upon. This led to the creation of five prototypes, which were tested. These were reconciled and modified to make a final product. This final product, the Telenephrology Dashboard, contains 5 elements that support nephrologists and supporting staff: (1) a graph of kidney function over time, (2) tables synthesizing lab data, (3) options to drill down events to specific times, (4) customization of views, and (5) integration of kidney disease progression models. DISCUSSION/SIGNIFICANCE: A Telenephrology dashboard was created to facilitate remote nephrology consultations through a Human-Centered Design process. Our next steps include determining if this dashboard may improve end-user satisfaction, referring clinician satisfaction, access to specialist care, and patient outcomes.

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