

OBJECTIVES/GOALS: This study explores strategies to engage minority and vulnerable populations, including individuals with disabilities, in genomics research. It addresses the ethical, legal, and social implications (ELSI) of human research, with emphasis on data management and culturally sensitive return of actionable results. **METHODS/STUDY POPULATION:** This study will utilize a mixed-methods approach, combining quantitative surveys with qualitative interviews and focus groups to gather data from minority populations and individuals with disabilities in genomics research. Key stakeholders, including community leaders and healthcare providers, will be engaged to ensure the study's design reflects community needs and values. Data management practices will be evaluated to align with ethical standards and community expectations. Additionally, the study will examine how actionable results can be effectively communicated to participants, considering cultural and individual differences. **RESULTS/ANTICIPATED RESULTS:** Preliminary findings suggest that a one-size-fits-all approach to community engagement in genomic research is ineffective. This research emphasizes the importance of engaging diverse populations from the very beginning of the study to ensure that their voices are heard, and their concerns are adequately addressed. Preliminary data reveal significant variations in how communities perceive genetic research, highlighting the need for culturally tailored communication strategies. The proposed study also identifies key barriers to participation, such as mistrust of the research process and concerns about data privacy, which must be addressed to enhance community engagement. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Successful community engagement in genomic research requires understanding the cultural and social dynamics of the populations involved. Researchers must adopt flexible, community-centered approaches that address the unique needs of minority and vulnerable groups, improving inclusivity and leading to more equitable health outcomes.

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Mapping preeclampsia inequalities in medical treatment: Converging medicare/medicaid and clinical trial availability

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OBJECTIVES/GOALS: This study looks to better understand and call attention to the inequalities found within medical treatment options for individuals suffering from preeclampsia during pregnancy in the USA. The goal is to map the terrain of clinical trials and evaluating existing medicare/medicaid covered services on a both national and state levels. **METHODS/STUDY POPULATION:** The study population for this research was limited to: pregnant women, ages 18–45, both pregnant and postpartum suffering from preeclampsia. We began looking at clinical trials targeting preeclampsia treatment conducted within the United States between 2019 and 2024. Using our study population parameters, we searched clinicaltrials.gov. These trials' inclusionary and exclusionary factors were noted, along with participant race. The drug intervention medication used during these clinical trials was compared to those prescribed by doctors via the current national standard of care. We then looked at Medicaid coverage provided to expecting mothers on a state-to-state basis and nationally regulated level. These factors included coverage on ultrasounds, low-dose aspirin, blood pressure monitors, and more. **RESULTS/ANTICIPATED RESULTS:** Preliminary findings demonstrate the

need for more federally regulated policies and programs set in place to help combat the lack of resources faced by expecting mothers across the nation. This research will expose factors contributing to a lack of successful and completed clinical trials and lack of drug intervention innovations taking place to combat the rise in maternal deaths. This study will also focus on the importance of more education and awareness for communities such as African American mothers and those facing multiple gestational pregnancies who are at much higher risk of complications during their pregnancies. We also anticipate a large correlation between a lack of proper childbirth education and mothers who experience complications during birth. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Within the past two decades, rates of preeclampsia have grown 25% within the USA. It affects 5–8% of all pregnancies, and with maternal death rates rising, it is crucial to highlight the alarming lack of government regulation. It is imperative to provide awareness to mothers from disadvantaged backgrounds to treat this preventable condition.

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An asset-based approach to advance minoritized patients' participation in clinical research: Leveraging the expertise of experienced Black clinical research participants

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OBJECTIVES/GOALS: To present an asset-based approach to advance minoritized patients' participation in clinical research by elevating experienced Black research participants' motivations and decision-making processes, favorable sociocultural research contexts, and impactful research questions to reduce chronic disease burden and improve quality of life. **METHODS/STUDY POPULATION:** Data will be extracted from a pilot study to develop an asset-based approach to clinical research with young Black adults living with chronic pain. Participants will be Black patients at an academic medical institution on the West Coast, ages 21 to 44, currently or formerly have chronic pain, and current or previous electronic health record-captured enrollment in a clinical research study. Approximately 25 Black patients will participate in semi-structured focus groups with topics including: motivations for research participation, access to research, preferred research activities, perceived research benefits, favorable structural and cultural contexts, considerations of past ethical and trust violations, and alignment of research questions and patient needs. Data will be collected Fall '24 and analyzed in Winter '25. **RESULTS/ANTICIPATED RESULTS:** We will examine experienced Black clinical research participants' decision-making processes for participating in research, including access to studies, perceived value of research, community support, and alignment of study goals with their personal interests and needs. Results will illuminate the sociocultural, structural, and historical contexts under which Black patients have successfully participated in clinical research, and types of studies they have participated in, and recruitment procedures that have been effective. Also, we will examine the conditions for successful study completion. Investigators will also learn about the types of clinical research questions that minoritized patients believe will have an immediate and long term impact on their lived experienced with chronic illness. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The results will challenge deficit models of minority research participation that focus solely on barriers to participation, previous ethical harms, and violations of trust/trustworthiness by elevating the motivations,

favorable contexts, and empirical priorities of experienced Black clinical research participants.

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Training researchers in community-engaged research: A protocol to update a 2020 systematic review of current curricula

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OBJECTIVES/GOALS: Update a 2020 systematic review evaluating comprehensiveness of curricula on community-engaged research (CEnR) principles. Our protocol assesses CEnR training at academic medical centers on inclusion of topics critical in building community-researcher trust, such as self-evaluation of personal traits and understanding power dynamics. **METHODS/STUDY POPULATION:** Researchers' well-intentioned interest in CEnR may contribute to mistrust if executed without adequate training in three key domains: 1) community dynamics (e.g., power imbalances, local context), 2) self-evaluation of personal traits (e.g., implicit bias), and 3) dissemination and advocacy. Piasecki et al.'s systematic review found that CEnR trainings at institutions funded by the Clinical and Translational Science Award program inadequately covered these domains. Our protocol builds upon theirs by 1) linking domains to community-researcher trust, as Hallmark et al. recommend; 2) comparing faculty versus community partner CEnR trainings (from CTSA-funded institutions); and 3) including National Cancer Institute-designated cancer centers' trainings. **RESULTS/ANTICIPATED RESULTS:** Data collection is underway with analyses to be completed by March 2024. We will determine if programs fortified trainings in Piasecki et al.'s 8 domains (>20% with documented learning objectives, didactic presentations, and experiential learning activities). We will identify exemplar programs to provide recommendations for optimizing curricula. This updated review will gauge progress in the field of CEnR training and guide development of more robust modules, particularly seeking thoughtful, intentional engagement with the target community to cultivate and sustain trust. Strong CEnR training programs are critical for forming inclusive, long-lasting partnerships that benefit researchers and communities alike. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Monitoring and evaluating progress of CEnR training programs ensures the next generation of researchers are prepared to sustain partnerships that benefit individual and community health. Institutional investment in improving CEnR practices is essential to correct historical and prevent future injustices.

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Using qualitative interviews to ascertain caregiver lived experiences when accessing post emergency department follow-up for children with headaches

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OBJECTIVES/GOALS: To explore the caregivers' lived experiences related to facilitators of and barriers to effective primary care or neurology follow-up for children discharged from the pediatric emergency department (PED) with headaches. **METHODS/STUDY POPULATION:** We used the descriptive phenomenology qualitative study design to ascertain caregivers' lived experiences with making follow-up appointments after their child's PED visit. We conducted semi-structured interviews with caregivers of children with headaches from 4 large urban PEDs over HIPAA-compliant Zoom conferencing platform. A facilitator/co-facilitator team (JH and SL) guided all interviews, and the audio of which was transcribed using the TRINT software. Conventional content analysis was performed by two coders (JH and AS) to generate new themes, and coding disputes were resolved by team members using Atlas TI (version 24). **RESULTS/ANTICIPATED RESULTS:** We interviewed a total of 11 caregivers (9 mothers, 1 grandmother, and 1 father). Among interviewees, 45% identified as White non-Hispanic, 45% Hispanic, 9% as African-American, and 37% were publicly insured. Participants described similar experiences in obtaining follow-up care that included long waits to obtain neurology appointments. Participants also described opportunities to overcome wait times that included offering alternative healthcare provider types as well as telehealth options. Last, participants described desired action while awaiting neurology appointments such as obtaining testing and setting treatment plans. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Caregivers perceived time to appointment as too long and identified practical solutions to ease frustrations while waiting. Future research should explore sharing caregiver experiences with primary care providers, PED physicians, and neurologists while developing plans to implement caregiver-informed interventions.

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Immune checkpoint inhibitor-induced endocrinopathies in a large prospective cohort of Black and White cancer patients

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OBJECTIVES/GOALS: Knowledge about predictive factors for immune-related endocrinopathies can help identify appropriate populations for specific screening approaches, provide recommendations for ICI therapy selection, guide clinical monitoring strategies to improve patient outcomes, and guide research efforts to provide equitable healthcare for all patients. **METHODS/STUDY POPULATION:** This is an analysis of the demographic and clinical data available of patients from DiRECT Cohort, a longitudinal study that prospectively follows adult cancer patients who self-identify as Black or White and undergo anti-PD-(L)1 ICI therapy. Endocrinopathies were graded using the CTCAE criteria. Kaplan-Meier method was used to calculate the incidence within the first year of treatment. Bivariate analysis (Chi-square and log-rank test) examined the associations between patient demographics, clinical characteristics, and endocrinopathies. **RESULTS/ANTICIPATED RESULTS:** Among 955 patients, 13.20% developed endocrinopathies of any grade, most commonly hyper-/hypothyroidism and adrenal