possibility, and engage radical imagination. RESULTS/ANTICIPATED RESULTS: Participants reDefined postpartum health and wellness as physical, mental and social well-being, and material stability. Participants discovered that Black birthing people felt deeply unsupported navigating postpartum including difficulties with feeding, sleep, and mood and strongly believed that "postpartum" is at least a year, with different needs at different phases. Participants dreamed that postpartum care could be more accessible and trustworthy, have opportunities for social connection and creating a village, and have their basic needs (food, housing, clothing, and rest) met. DISCUSSION/SIGNIFICANCE OF IMPACT: The participants' conveyed that postpartum care must be designed and delivered to ensure that it is accessible, creates opportunities for connection, and promotes health, well-being, and joy. Postpartum care that can generate trust and engagement with healthcare, reduce morbidity and mortality, and increase thriving.

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Piloting a novel community-engaged bloodborne infection and drug supply surveillance system to improve harm reduction services for people who inject drugs in Kentucky

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OBJECTIVES/GOALS: Kentucky (KY) is a high priority ending the HIV epidemic state, with high rates of new HIV diagnoses tied to injection drug use. The overall goal of this pilot is to launch sentinel surveillance of bloodborne infections and drug compounds among people who inject drugs (PWID) to monitor trends in near-real time and inform rapid community response. METHODS/STUDY POPULATION: In collaboration with the Clark County, KY, syringe service program (SSP), the pilot study involves two 1-month waves of data collection: enrolling eligible SSP participants and conducting anonymous behavioral surveys, collection of participants' syringes, laboratory testing of syringes to detect HIV and hepatitis C (HCV), drug residue testing through National Institute of Standards and Technology, and statistical modeling approaches to produce outputs of bloodborne infection and drug detection. Syringes are tested from each enrolled individual for: 1) HIV antibody; 2) HCV antibody; 3) HIV and HCV PCR; 4) HIV antigen; and 5) drug residue. Collaboration with community and PWID stakeholders will identify optimal messaging for reporting results. RESULTS/ANTICIPATED RESULTS: The first wave community-facing pilot was conducted in September–October 2024. 29 survey responses were obtained; median age of the sample is 42 years, 55.2% are gender female; 37.9% reported unstable housing in the past week. Primary drugs of injection reported via survey in the prior month were methamphetamine (62.1%), heroin (13.8%), fentanyl (13.8%), buprenorphine (10.3%), meth and fentanyl in combination (3.4%). PWID reported returning 900 used syringes and a median of 15 per participant visit. At most recent testing, 69.0% reported a positive HCV test; 0% reported a positive HIV test. Some level of drug checking with fentanyl test strips in past month was reported by 51.7%. Initially, 20 syringes were tested for drug compounds; results are pending. HIV and HCV detection testing will be completed by early 2025. DISCUSSION/SIGNIFICANCE OF IMPACT: Early results document proof of concept for our sentinel surveillance study; all individuals screened were willing to participate in surveys and syringe collection. New methods to identify risk for disease outbreaks and emerging drugs can inform rapid allocation of prevention resources at a community level, especially where testing is infrequent.

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Staying connected: Community engagement for enhanced HIV care outcomes

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OBJECTIVES/GOALS: Retention in care is vital for people living with HIV. We used human-centered design (HCD) to engage a community-based research panel over a 5-year period, allowing us to incorporate their insights on research guidance and interpretation of findings to investigate correlates of HIV care outcomes. METHODS/STUDY POPULATION: We recruited a diverse panel of individuals who were living with HIV, HIV clinicians, and/or providing non-clinical HIV services in Marion County, Indiana. We conducted biannual sessions using a variety of HCD tools and activities to engage participants. Each session took about three hours, and panelists were compensated for their participation. Due to the COVID-19 pandemic, sessions were initially held virtually. Sessions were designed for project discussion and to facilitate exploration of concerns and challenges facing receipt of HIV services. Our HCD approach put participants in the center of discussion and empowered them to externalize ideas and collaborate meaningfully with our team. RESULTS/ANTICIPATED RESULTS: Since project inception, 48 individuals have joined the panel. Thirty-five are actively engaged, participating in one or more of six sessions conducted to date. We have learned much from the panel. One example is that a residential move might be a risk or protective factor for retention in care and the amount of time one had lived with HIV is a crucial factor. Panel insights have helped guide and prioritize analyses, aided in identification of data missing from our ecosystem, helped interpret results, provided feedback on future interventions, led to a quality improvement project with the local health department, and led to a presentation at a local health equity conference. DISCUSSION/SIGNIFICANCE OF IMPACT: Community engagement is essential to impactful and sustainable research. HCD was a successful approach to engage our panel to inform interventions more relevant to the community. We anticipate these methods will be important for others conducting community-engaged research.

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