

this approach, addressing mental health disparities, and enhancing treatment engagement and outcomes in underserved populations. The study will inform future research to refine and expand this intervention in rural communities of Hispanics and/or other rural underserved populations in the US. DISCUSSION/SIGNIFICANCE: This study's success will advance culturally tailored mental health care in underserved rural Puerto Rican communities, reducing disparities and enhancing treatment relevance and engagement, with potential implications for improving mental health outcomes in similar populations in the US and worldwide.

276 Full Spectrum Town Hall Meetings - Advancing Clinician-Patient-Researcher Engagement for Hidradenitis Suppurativa (HS)

Rhonda Kost¹, Anuradha Hashemi-Arend¹, Athena Gierbolini², Melissa Samanoglu³, PaMalick Mbye³, Fahim Shahriar³, John Frew^{1,4} and Michelle Lowes^{1,5}

¹The Rockefeller University, New York, NY; ²The HS Foundation Monisa Nayim, Clinical Directors Network (CDN), New York, NY; ³Clinical Directors Network (CDN), New York, NY; ⁴The University of New South Wales, Australia and ⁵The HS Foundation

OBJECTIVES/GOALS: Full Spectrum Town Halls (FSTH) were organized to bring together patients, scientists, clinicians, advocates and others interested in Hidradenitis Suppurative (HS) – stakeholders across the spectrum of translational research – to infuse patient experiences and voices into designing HS research METHODS/STUDY POPULATION: The Rockefeller University (RU), Clinical Directors Network (CDN), and the HS Foundation organized three hybrid in-person/online HS FSTHs (2018-2023). The 2018 event focused on patients, describing the current state of HS knowledge and new research into HS biology (T2, T3). Patients shared lived experiences in testimonials and a panel discussion. Advocates described community and mental health resources (T4). The 2021 event returned research results (T2, T3) to the community and updates about treatments in the pipeline (T4). The 2023 FSTH targeted clinicians (T4) addressing a critical translational gap in HS care and presenting best practices in diagnosis, surgical, and medical treatments. RESULTS/ANTICIPATED RESULTS: Impact on science: FSTH attendees joined a Community Engagement Studio providing feedback used to refine study variables/procedures. Attendees joined research studies that advanced understanding HS mechanisms of disease, clinical course and treatment. Impact on patient experience: Participants appreciated having a forum to hear/share experiences of shame, mistrust, misdiagnosis and hope. Feedback improved practices for privacy, consenting, and returning study results. Impact on clinical practice and care: FSTH raised awareness of stigma, need for respect and empathy, and advanced learning about in disease mechanisms, effective biologics, importance of epithelial tunnels and surgical care. DISCUSSION/SIGNIFICANCE: HS is a stigmatizing, poorly understood disease. FSTHs fostered bidirectional learning among scientists, clinicians, patients and other stakeholders. Patients engaged with researchers to improve research design and participate in mechanistic and therapeutic clinical research, advancing the field.

277 Translating for equity impact: A community-engaged approach to integrate health equity into the Translational Science Benefits Model

Mia LaBrier^{1,2}, Stephanie Andersen², Julie Heidbreder², Laura Brossart², Todd Combs², Douglas Luke² and Shannon Casey³

¹Washington University in St. Louis; ²Center for Public Health Systems Science and ³UW-Madison ICTR

OBJECTIVES/GOALS: The Translational Science Benefits Model (TSBM) offers an approach for evaluating research impact on public health and society. Since its development in 2017, there has been an increased focus on science's impacts on equity. This poster describes efforts to integrate equity into the TSBM. METHODS/STUDY POPULATION: Adaptation of the TSBM includes 3 phases: 1) literature scan of equity impacts, 2) community engagement listening sessions, and 3) model refinement. First, we conducted a scan of the clinical and translational sciences literature for articles that measured equity impacts associated with the TSBM. From the articles, we extracted both equity considerations related to existing TSBM benefits and potential equity-focused benefits. Next, we will present the dimensions of new and existing benefits to several community member panels engaged in research and evaluation. We will use their input to prioritize and refine adaptations to the model (phase 3). RESULTS/ANTICIPATED RESULTS: Our literature scan identified equity dimensions of the original 30 TSBM benefits and 15 potential benefits for inclusion in the model, including community partnerships, community capacity building, workforce development, and social determinants of health, among others. To ensure that community priorities also inform identification of equity impacts of clinical and translational research, we will review and refine the model through a series of community engagement sessions planned for Fall 2023. The sessions will inform final adaptations, which will result in an expanded approach evaluating the impact of scientific activities to include impacts on health equity. DISCUSSION/SIGNIFICANCE: The TSBM provides a framework for clinical and translational scientists to plan for, track, and demonstrate the broader impacts of their work. Including equity impacts can help increase consideration of equity in science and help to more clearly make the link between research and equity impact.

278 Accelerating the Practice of Human-Centered Design in Translational Research

Maureen Brudzinski¹, Chelsea N. Proulx², Will Hierholzer², Aarohi Dosh¹, Steven Reis² and Beth LaPensee¹

¹University of Michigan and ²University of Pittsburgh

OBJECTIVES/GOALS: Human-centered design (HCD) provides a practical, collaborative approach to integrating diverse perspectives throughout the translational research process. We highlight two CTSA with established HCD teams who are utilizing varied approaches to accelerate the use of HCD in health intervention design and community engagement. METHODS/STUDY POPULATION: The CTSA at the University of Michigan (MICHR) and the University of Pittsburgh (Pitt CTSA) have

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.

279

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

Chioma Nneamaka Kas-Osoka¹, Carol Galvez¹, Consuelo Wilkins², Velma McBride Murry³ and Stephanie Miller-Hughes¹

¹Meharry Medical College; ²Vanderbilt University Medical Center and ³Vanderbilt University

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.

280

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

Melissa L. Sweet², Bradley S. Dixon³, M. Lee Sanders², Kantima Phisitkul³, Angie Thumann³, Mary Vaughan Sarrazin², Qianyi Shi², Benjamin R. Griffin², Meenakshi Sambharia², Masaaki Yamada², Heather Reisinger⁴ and Diana I. Jalal²

¹University of Iowa; ²University of Iowa Hospitals and Clinics, Iowa City, Iowa, United States; ³Iowa City VA Medical Center, Iowa City, Iowa, United States and ⁴University of Iowa Institute for Clinical and Translational Science

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.