

to be addressed to see if it is a good fit? RESULTS/ANTICIPATED RESULTS: Themed summaries for each CE Studio and one overall themed summary were developed by a designated notetaker on the research team. Of novelty were cultural considerations for each region that included recommendations such as “Foster kinship between those doing the research and the community” speaking to the shared community bond that unites people and the need for researchers to also spend time creating meaningful community bonds throughout the research process. The CE Studio overall summary revealed two main themes for researchers: 1.) Things that help with research participation, and 2.) Things that get in the way of research participation. Overall themes echoed documented best practices for community engagement efforts. DISCUSSION/SIGNIFICANCE: Each CE studio revealed cultural considerations that included recommendations to researchers. Overall themes echoed documented best practices for community engagement efforts implying that while strategies for researchers to engage with communities are well known, more needs to be done to continue to implement these practices.

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### The Community Research Liaison Model: Facilitating community-engaged research

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OBJECTIVES/GOALS: The Community Research Liaison Model (CRLM) is a novel model to facilitate community engaged research (CEnR) and community–academic research partnerships focused on health priorities identified by the community. We describe the CRLM development process and how it is operationalized today. METHODS/STUDY POPULATION: The CRLM, informed by the Principles of Community Engagement, builds trust among rural communities and expands capacity for community and investigator-initiated research. We followed a multi-phase process to design and implement a community engagement model that could be replicated. The resulting CRLM moves community–academic research collaborations from objectives to outputs using a conceptual framework that specifies our guiding principles, objectives, and actions to facilitate the objectives (i.e., capacity, motivations, and partners), and outputs. RESULTS/ANTICIPATED RESULTS: The CRLM has been fully implemented across Oregon. Six Community Research Liaisons collectively support 18 predominantly rural Oregon counties. Since 2017, the liaison team has engaged with communities on nearly 300 community projects. The CRLM has been successful in facilitating CEnR and community–academic research partnerships. The model has always existed on a dynamic foundation and continues to be responsive to the lessons learned by the community and researchers. The model is expanding across Oregon as an equitable approach to addressing health disparities across the state. DISCUSSION/SIGNIFICANCE: Our CRLM is based on the idea that community partnerships build research capacity at the community level and are the backbone for pursuing equitable solutions and better health for

communities we serve. Our model is unique in its use of CRLs to facilitate community–academic partnerships; this model has brought successes and challenges over the years.

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### Comparative Analysis of Emergency Department Visits for Breast Injuries Pre- and Post-COVID

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OBJECTIVES/GOALS: Studies show a decrease in injury-related emergency department (ED) visits during COVID. There is a gap in the literature regarding the effect of the pandemic on breast injury-related ED visits. We aim to compare these visits pre- and post-COVID, and whether this subset reflects the same trends seen in overall injury-related ED visits. METHODS/STUDY POPULATION: A retrospective study of breast injuries was conducted between 2018 and 2022, using the National Electronic Injury Surveillance System. Patients were categorized into pre-COVID and post-COVID groups, for visits occurring before and after January 20, 2020. A total of 1077 breast injuries were stratified into pre-COVID (n = 444) and post-COVID (n = 633) groups. Clinical data on patient demographics, diagnosis, disposition, location, and alcohol use were collected. RESULTS/ANTICIPATED RESULTS: Mean age was significantly different: pre-COVID mean age was 37.29; post-COVID's was 40.40 (p = 0.0338). >90% of patients were female (p = 0.4066). White patients accounted for 36.0% of pre-COVID visits and 47.2% of post-COVID; BIPOC patients were 32.88% and 31.75% respectively. There was significant difference between race and COVID groups (p = 0.0013). No significant differences were found when considering all diagnoses (p = 0.3841) or the top three diagnoses (other, contusions/abrasions, and burns/scald) (p = 0.6176). Incident location showed a weak evidence of association ( $\alpha = 0.1$ ), when including unrecorded data (p = 0.1365) and removing those entries (p = 0.0832). Alcohol use did not reveal a significant association (p = 0.2110). DISCUSSION/SIGNIFICANCE: There are more breast injuries reported post-COVID. No significant difference was identified in the types of injuries diagnosed, the location these injuries took place, and how these injuries were treated. However, the demographics (age, race) of patients seeking care were significantly different.

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### How virtual communication affects the mental stress of caregivers communicating with their loved one's healthcare providers during the COVID-19 pandemic

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OBJECTIVES/GOALS: The COVID-19 pandemic limited family caregivers' in-person visits to their loved one's healthcare appointments, and many switched to phone and video calls with their loved one's healthcare providers. We sought to determine the relationship between virtual communication with their loved one's healthcare providers and caregiver's mental stress. METHODS/STUDY