research, starting with onboarding CSs. METHODS/STUDY POPULATION: To understand the content with which they would be engaging through the CTSI, CSs first became certified through a self-paced online curriculum focused on clinical research basics. UFHCC envisioned their onboarding as a companion piece to this first course, and CSs must complete both courses to work in cancer-focused research. The new CS Cancer Curriculum consists of a mix of didactic lessons with quizzes, case studies, a behind-the-scenes look at a research lab meeting, and interviews with CSs. As with the clinical research course, the cancer course was co-developed alongside the CSs and utilized the ADDIE (Analysis, Design, Development, Implementation, Evaluation) instructional design model. The course was implemented with UF CSs from July to September 2021 through Canvas. RESULTS/ANTICIPATED RESULTS: For the nine CSs completing this pilot test, scores for all didactic quizzes across the course were mostly high. Two CSs scored a perfect 100%, three missed only one question (98%), and two CSs missed two questions (96%). A course evaluation was completed by eight of the CSs and determined that most (86%) felt that they were capable of applying what they had learned. An additional 75% felt the course empowered them to advocate for the needs of all stakeholders involved in cancer research. Qualitative responses on the evaluation found that the course helped CSs better relate to the challenges faced by other stakeholders (patients, clinicians, caregivers) and helped them conceptualize how they could contribute to cancer research. DISCUSSION/SIGNIFICANCE: The partnerships within the UF CTSI have a direct impact on patient care through research studies in Florida and nationwide. CSs can be overlooked by researchers unfamiliar with concepts of a learning health system, including those in cancer research. By engaging these stakeholders, we may soon see similar impacts to cancer-related patient care.

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What Happens After Surgery? Postoperative High-Risk prescribing in Patients with Chronic Opioid Use

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OBJECTIVES/GOALS: Patients on chronic opioids face gaps in transitions of care in the time following surgery, increasing the risk for adverse events, specifically high-risk opioid prescribing. The objective of this study is to determine how rates of high-risk prescribing differ between patients with public and private insurance. METHODS/STUDY POPULATION: A retrospective cohort study of 1,435 adult patients with preoperative chronic opioid use on Medicaid or commercial insurance who underwent surgery between November 2017 and February 2021. Patients were identified using the Michigan Surgical Quality Collaborative (MSQC) database, a collection of perioperative data from 70 hospitals across the state of Michigan. Data from the MSQC were merged with Michigan's prescription drug monitoring program to provide additional information on pre- and postoperative opioid prescribing. Multivariable logistic regression was used to assess high-risk prescribing by the presence of a preoperative usual prescriber and insurance type. RESULTS/ANTICIPATED RESULTS: Overall, 22.7% of patients on private insurance and 23.6% of patients on Medicaid fulfilled criteria for new, postoperative high-risk prescribing. Among criteria for high-risk prescribing, multiple prescribers was the most significant contributor (private insurance: 17.4%, Medicaid: 18.9%). Patients on Medicaid insurance did not have increased odds of new postoperative high-risk prescribing (OR = 1.067, 95% CI: 0.813-1.402). While fewer patients on Medicaid had a preoperative usual prescriber (86.9% and 90.9% respectively, p = 0.015), there was no significant difference between the two insurance types in baseline rates of high-risk prescribing prior to surgery (private insurance: 43.4%, Medicaid: 46.0%, p = 0.352). DISCUSSION/SIGNIFICANCE: While we do not observe disparities in high-risk prescribing between insurance types, rates of high-risk prescribing postoperatively are high across payer types. Further studies to determine the factors driving rates of high-risk opioid prescribing among patients with chronic opioid use are needed to identify areas for future intervention.

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Community Participant-based Study Design: Use of Virtual Focus Groups to Explore Acceptability of a Cooking Intervention among African-American Women Living in Washington, D.C.

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OBJECTIVES/GOALS: African-Americans are at increased risk for nutrition disparities; home cooking is a strategy to optimize dietary quality. to develop a cooking intervention, a mixed-methods community-based participatory, acceptability study was conducted to understand cooking behaviors, options for intervention content, and implementation factors. METHODS/STUDY POPULATION: Self-identified African-American adults were recruited from a larger community-based study within Washington, D.C. Five moderated virtual focus groups with four participants in each group were conducted in March and April of 2021. A semi-structured moderator's guide focused on cooking, meal habits, food choices, and the proposed cooking intervention was utilized. Qualitative data collected were verbatim transcriptions and notes from research team members. Thematic analysis was conducted using an iterative process among research team members. Participant validation interviews were conducted following the research team analysis. Electronic self-administered surveys were used to measure demographic, food environment, cooking behavior, health behavior, and psychosocial variables. RESULTS/ANTICIPATED RESULTS: Study participants (n=20 females, mean age 60.1 years) lived in low-food resource neighborhoods but reported high food security (n=14). Barriers to the intervention included traveling distances to other neighborhoods for produce, poor quality of vegetables and fruit within neighborhood stores, lack of trustworthiness from neighborhood store experiences, perception of decreased cooking skills, and competing priorities related to time and weekday schedules. Motivators included health promotion for self, family, community, and enjoyment from cooking. Virtual or in-person sessions were suggested. Intervention options included costs of recipe ingredients, using recipes with ingredient flexibility, nutrition information, and provisioning of or compensation for ingredients used in virtual classes. DISCUSSION/SIGNIFICANCE: Use of virtual focus groups for a participant-based design of a cooking intervention among African American adults living in low-food access neighborhoods provided acceptability results that were food and home environments contextual and provided barriers and motivators to participation and implementation of behavior from the intervention.

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