sources for palliative care are similar between immigrants and those born in the US. Education is important and is a strong predictor of perceived knowledge of palliative care. Women perceive they have lower levels of knowledge of PC than men. Differences in end of life care between immigrants and non-immigrants cannot be explained by knowledge differences. Further research is needed to examine the potential factors including suboptimal communication between providers and immigrant patients to understand why these differences are noted. Future strategies for improving knowledge of palliative care should target health care providers as the key trusted source of information to help address deficits noted in this study.

3461

A community-based, low calorie dietary intervention for the prevention and remission of type 2 diabetes mellitus

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OBJECTIVES/SPECIFIC AIMS: The aim is to investigate if sustained weight loss due to caloric restriction can be achieved in a community setting, using faith-based organisations (FBOs) as hubs; and if this weight loss can lead to the re-establishment of normal metabolism (using the normalisation of blood sugar levels while off glucose lowering medication as a proxy) in a person with pre-diabetes or T2DM. METHODS/STUDY POPULATION: Members of the FBO with either a diagnosis of T2DM for <6 years or pre-diabetes as defined by the American Diabetes Association (ADA); and a Body Mass index (BMI) of ≥27 kg/m2 are eligible. After counselling, participants will be placed on a 12 week low calorie liquid diet, supplemented by low carbohydrate vegetables, totalling approximately 840 kcal/day. During this time, participants will be monitored weekly at their FBO by trained members of their congregation, with oversight from the study team, for change in weight, fasting blood glucose, waist and hip circumference and blood pressure. This will be followed by a 3 month period during which participants will receive ongoing dietary advice as they transfer to a balanced, reduced calorie, solid diet. Physical measurements will be monitored monthly during this 3 month period. The next 6 months is a period where the participants and the FBO health team move towards 'independence'. This involves further training of the FBO health team and participants in healthy lifestyle habits; and a commitment by the leadership of the FBO to assume 'ownership' for NCD monitoring within their community. Physical measurements will be repeated at the end of one year. RESULTS/ANTICIPATED RESULTS: Based on previous studies, we expect that participants who are compliant to the diet will lose approximately 2.2 kg per week over the 12 week period. This will be associated with rapid (within 1 week) normalisation of fasting blood glucose levels (<7mmol / L). We expect that, due to the accessibility of NCD monitoring and support, that participants to be satisfied with their care and compliant to their regime and that the results of the first 12 weeks will be sustained at the 12 month follow up. We expect that the FBO leadership will assume the responsibility of continuing and NCD programme, not only for the local congregation but for the surrounding community. DISCUSSION/SIGNIFICANCE OF IMPACT: Diabetes remission with a low calorie diet is a viable intervention for T2DM remission however social support is key to an individual's success. This novel study which proposes institution of a diabetes remission intervention which fits into the participant's locale and involves peer support, should increase long-term success.

3402

A High-Impact, Structured, Collaborative Approach to Implementing and Utilizing the Research Performance Progress Report (RPPR) for a Clinical and Translational Science Award

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OBJECTIVES/SPECIFIC AIMS: This presentation will highlight a structured, collaborative approach to implementing and utilizing the RPPR process created at the University of Minnesota CTSI in response to the need to enhance the quality, efficiency, consistency, and utilization of annual program reporting. The approach is in line with the NCATS's strategic objective that encourages all CTS organizations to "disseminate research results and best practices broadly, and promote a culture of openness, sharing and transparency" (NCATS, 2016, p. 19). Program activities that support translational processes and contribute to clinical outcomes are complex, nonlinear, and multidisciplinary (Smith et al., 2017). In this complex context, the meaningful engagement and reflection of program staff and collaborators is essential for all aspects of program planning, implementation, reporting, and dissemination. The University of Minnesota CTSI's key objectives, goals, and uses of RPPR are as follows: - Develop, align, and leverage the RPPR to fulfill the accountability requirements, needs, and expectations of multiple stakeholders: NIH/NCATS, Internal Advisory Board and External Advisory Board, campus/hub, program staff and collaborators. - Engage the CTSA staff and collaborators as a team in multiple aspects of program reporting. - Inform strategic management, continuous improvement, monitoring and evaluation, organizational learning and dissemination to program stakeholders. - Translate the reported information into practical, evidence-based issues and strategic questions for the leadership discussions and advisory board consultations, actionable work plans, communication to stakeholders, organizational learning, and translational science knowledge base. METHODS/STUDY POPULATION: A case study of the programmatic/evaluative and methodological approach/technique development that resulted in a formal, structured, collaborative, transparent process with detailed guidelines, templates, and timelines. The process and content for reporting has been developed via a variety of methods and sources: specific funder (NIH) requirements, Huddle meetings, document/content/database analysis, reflection meetings with component staff, informal conversations, and observations. Preparation for the report began almost one year in advance, including careful analysis of the report requirements, developing user-friendly, detailed guidelines, templates, and examples. The guide templates and worksheets were created as a result of time spent navigating current instructions provided by NIH and NCATS. Timeline/project plan was developed with start and end dates for all of the moving parts along with identified responsible personnel for each of the tasks. A grid of the grant components and responsible personnel was designed to highlight the matrixed organization of the grant and the need to work across components to create single reports. The RPPR key categories have also been considered for incorporating and tracking in a program activity/customer tracking system for ongoing data management and use. As a complex translational science program, UMN CTSI has multiple initiatives, variables, and metrics to report. The program staff has been deeply engaged in the evaluative reflection to identify, prioritize, and incorporate into the RPPR the metrics that most useful to manage and

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