

inclusion criteria, only 493 had published findings. 286 studies (58%) met enrollment targets. Only 9 studies described any level of CEn (1 outreach, 3 consult, 1 involvement, 3 collaboration, and 1 shared leadership). Time to enrollment for these 9 studies (mean 28.78 mos.) was shorter than for studies without CEn (mean 37.43 months) (n.s.). CEn studies reached significantly higher enrollment (CEn mean = 2395.11, non-CEn mean = 463.93), p DISCUSSION/SIGNIFICANCE OF IMPACT: Results demonstrate the substantial effect of CEn on enrollment and inclusion in clinical studies. However, the infinitesimal number of studies that reported CEn did not allow comparisons of level of engagement on the outcomes. Findings highlight ethical questions surrounding the lack of publishing incomplete studies.

296

Demonstrating trustworthiness within the community through a human-centered design research approach

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OBJECTIVES/GOALS: As translational researchers, we seek to offer more treatments to more people, more quickly. Essential to this mission, we must demonstrate trustworthiness to establish trusted with those we seek to benefit. Research Jam uses a human-centered design (HCD) research approach to achieve this. METHODS/STUDY POPULATION: HCD is an iterative process that focuses on understanding people's contexts while designing products and services collaboratively with the people who will interact with and be affected by the research. This generative approach helps participants express tacit and latent knowledge – emotions, needs, and desires that are often challenging to communicate verbally. We work with individuals who have lived experience relevant to the research being conducted and use HCD activities to help people share their thoughts, concerns, and ideas. These activities are highly interactive, promote collaboration, and explore topics with respect and sensitivity. RESULTS/ANTICIPATED RESULTS: At Indiana Clinical and Translational Sciences Institute, we use the AAMC's principles of trustworthiness. These principles parallel the tenets of HCD research; thus, taking an HCD research approach naturally builds trust between the researcher and participants and offers tangible benefit to the research, the researcher, and those with lived experience who participate. We have ten years of work collaborating with 40 PIs and over 600 participants. Our experiences demonstrate that this approach can create an environment where participants feel comfortable as they share their thoughts, concerns, and ideas which influences the research that could affect their lives. DISCUSSION/SIGNIFICANCE OF IMPACT: An HCD approach helps demonstrate a researcher's trustworthiness with the population being served. This is essential to achieve a lasting impact by discovering the best solutions from the community's perspective and identifying partners to help implement solutions.

297

Food is medicine: assessing medically tailored meals through a health equity lens for Hispanic/Latinx and monolingual Spanish-speaking populations

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OBJECTIVES/GOALS: To evaluate disparities in diabetes outcomes between Hispanic/Latinx and non-Hispanic participants in a

medically tailored meal intervention, assess effect modification by ethnicity/language, and explore cultural factors influencing intervention effectiveness for diverse T2DM populations. METHODS/STUDY POPULATION: This mixed-methods study, part of the Changing Health through Food Support for Diabetes RCT ($n = 246$), compares standard diabetes care to a 6-month medically tailored meal intervention for T2DM patients with food insecurity. It examines differences in intervention effectiveness among Latinx, Spanish-speaking participants and non-Latinx, English-speaking participants from San Francisco and Alameda counties. Quantitative measures include HbA1c, food security scores, and hospitalization rates. Qualitative interviews explore diabetes management, food access, and cultural factors. Baseline disparities are assessed using t -tests and chi-square analyses, while longitudinal changes are evaluated with mixed-effects models. Thematic analysis of qualitative data identifies emerging patterns. RESULTS/ANTICIPATED RESULTS: We expect to find significant baseline disparities in glycemic control and food security between Latinx- and Spanish-speaking participants compared to their counterparts. The medically tailored meal intervention is anticipated to show differential effectiveness, with potentially smaller improvements among Latinx and Spanish-speaking groups. While we hypothesize that medically tailored meals will lead to improved glycemic control and reduced food insecurity across all groups, the magnitude of improvement may vary. Qualitative data are expected to reveal unique cultural and linguistic barriers contributing to these disparities, as well as insights into the acceptability and cultural appropriateness of the intervention. DISCUSSION/SIGNIFICANCE OF IMPACT: This study will inform culturally tailored medically tailored meal interventions for Hispanic/Latinx- and Spanish-speaking populations, addressing disparities in diabetes outcomes and food security. Findings will shape "food is medicine" initiatives and policies to reduce chronic disease burden and health inequities in diverse communities.

298

Leveraging community engagement studios (CE Studios) to develop an interview guide addressing the sexual health needs of justice-involved youth

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OBJECTIVES/GOALS: 1. Demonstrate the need to apply principles of community-engaged research to various stages of the research process. 2. Outline the process of using CE Studio(s) to redesign an interview guide for service providers of youth involved in the justice system. METHODS/STUDY POPULATION: Service-providers provide a critical lens with which to view the sexual health needs of justice-involved youth. Minimal research describes the unique perspectives of those who work directly with this vulnerable population to address their sexual health needs. The goal of this project is to outline the process of using CE Studio(s) to redesign an interview guide for service providers. The guide is aimed at gathering insight into the knowledge, access, and use of sexual health services for justice-involved youth. Preparation involves the preplanning phase, including the drafting of the interview guide; engagement consists of recruitment and implementation of the CE Studio; and restructuring will outline the application of feedback and finalization of the interview guide. RESULTS/ANTICIPATED