research in progress to understand the utility of self-reported data with communicable disease outbreaks. METHODS/STUDY POPULATION: Individuals voluntarily completed an online questionnaire at HelpBeatCOVID19.org which captured SDOH data and other disease surveillance variables including zip code, gender, age group, race, ethnicity, symptoms, underlying conditions, type of home (e.g., single-family, mobile home, etc.), and household COVID-19 diagnosis status. The data are stored on HIPAA-compliant servers. De-identified self-reported data were culled from the HelpBeatCOVID19 database, cleaned, sorted, and analyzed by zip code. Using STATA/SE 16.1, we employed regression analysis to determine if there might be any statistically significant associations that could be made based on zip codes, especially where there are health disparities in historically African American neighborhoods in Jefferson County. RESULTS/ANTICIPATED RESULTS: To date, 102,308 people have reported their symptoms in HelpBeatCOVID19. Of those, 77,903 are from Alabama. More than half of the people who completed HelpBeatCOVID19.org reported zero symptoms. However, 19.3% of Alabamians reported having underlying health conditions. Midfield, AL, a predominantly African-American neighborhood (81.1%), has 74.1% of people reporting underlying conditions where the median household income is $38,750. By comparison, Vestavia Hills, AL, a more affluent neighborhood with an 88.8% White population and median household income being $109,485, had more people participating in HelpBeatCOVID19 (3,920), yet a smaller percentage (15.2%) with underlying health conditions. Final results will be reported during the ACTS Conference. DISCUSSION/SIGNIFICANCE: Our analysis of the data reveals that in Jefferson County, AL, a greater number of people in affluent communities participated in the study. Whereas state-wide, a greater percentage of individuals indicated that they had zero symptoms. Identifying self-reported underlying conditions that impact persons with COVID-19 symptoms will be significant.

289

Helpline Services Before, During, and After the COVID-19 Pandemic: A Time Series Analysis

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OBJECTIVES/GOALS: This study examined patterns in helpline call data as the COVID-19 pandemic evolved including the impact of stay-at-home orders, relaxing of restrictive orders, and stages of vaccine uptake, as well as differences in call volume by Chicago neighborhood health indicators. METHODS/STUDY POPULATION: From November 1, 2018 to June 30, 2021, 56 NAMI-Chicago workers accepted 26,173 helpline calls from 9,374 individuals from 438 zip codes across northeastern Illinois with the majority of calls from high poverty Chicago communities. Descriptive and time series analyses examined patterns in call volume related to the onset of the COVID-19 pandemic, Illinois Stay-at-Home Order, and Illinois reopening and vaccine uptake plan relative to comparable times the prior year. Health indicators from the Chicago Health Atlas (https://chicagohealthatlas.org/) were examined to determine patterns related to NAMI call volume and various health indicators at the zip code level. RESULTS/ANTICIPATED RESULTS: Time series analysis indicated the greatest number of calls occurred in 2020; specifically, there was a 212% increase in call volume and 331% increase in repeat callers (three or more calls per caller) during the first and second phase (March 20th to May 28th) of Illinois Stay-at-Home Order from 2019 to 2020. Analysis of the callers primary need indicated NAMI provided resources and referrals to people with unmet basic needs such as housing, food, and access to healthcare during the height of COVID-19 Pandemic in 2020. A series of ANOVAs indicated that individuals from Chicago zip codes with high levels of uninsured rates, poverty rates, households using SNAP benefits, and economic diversity called NAMI significantly more than those with low levels of these health indicators. DISCUSSION/SIGNIFICANCE: Helplines are a much-needed model to assess needs and implement services during public health crises, particularly in communities experiencing economic hardship and stress. Implications for behavioral health service needs both during and following the pandemic will be discussed.

290

Implementing a Multi-Component Intervention to Reduce Hypertension Through DASH Diet Congregate Meals and Self-Measured BP (SMBP) at Two NYC Senior Centers

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OBJECTIVES/GOALS: To test whether implementing DASH-aligned meals in a congregate meal program, combined with Self-Measured Blood Pressure (SMBP) monitoring, lowers systolic blood pressure in community-living seniors at two senior centers. Secondary Aims included cognitive and behavioral change, and attention to client preferences. METHODS/STUDY POPULATION: The Carter Burden Network (CBN) provides services and congregate meals to older adults in NYC, many with low income, and unmet health needs. Eligible participants at two CBN sites, aged 60 or older and consuming >4 congregate meals/week, were recruited. After baseline assessments, participants received DASH-aligned meals onsite, education on nutrition and BP management, and personal devices and support for self-measured blood pressure (SMBP) monitoring. Primary outcome data (BP measured by health professional) was collected at Month 1, with secondary assessments at Months 3 and 6. Staff downloaded SMBP data regularly. Study surveys tracked cognitive and behavioral changes. Qualitative feedback from a project Advisory Committee, participants and study partners was collected throughout implementation. RESULTS/ANTICIPATED RESULTS: 97 Participants enrolled (49% White, 32% Black, 19% Other races; mean age 73). At Baseline, 67% were overweight/obese; 80% were hypertensive (32% Stage I; 48% Stage 2). Primary outcome: Mean change in systolic BP at Month 1 compared to Baseline, was -4.41 mmHg (n= 61; p=0.07). By multiple regression analysis, change in BP at Month 1 was associated with BMI, age, and baseline blood pressure (p= .02, .04, .00, respectively). SMBP: Mean change in systolic SMBP by End-of-Study was -6.9 mmHg (p=.003). 56% participants completed SMBP through Month 1 and 30% to End-of-Study. Mean frequency of

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