a source of connectivity post program. RESULTS/ANTICIPATED RESULTS: The participants were elders who did not have computer/digital knowledge and/or access to the digital world. Mid-intervention data show that 9/9 used the tablets, learned basic skills and felt more comfortable/confident using a digital device. 5/9 participants used their hotspots and the remaining learned to use Wi-Fi provided by the facility they live in. While at baseline only 1/9 participants had attempted to use patient portals, mid-intervention data showed that 8/9 accessed portals. Importantly, the participants are also using other digital functions essential to their well-being including streaming, shopping, bill paying, and communicating with loved ones. Preliminary post-surveys suggest that all participants now rate their internet literacy and web searching skills at an acceptable/good level. DISCUSSION/SIGNIFICANCE: Tailored support and access to technology led to uptake of digital technology among elders, enabling them to access health-related resources and other web activities which improved their quality of life and led to digital equity. This project can be leveraged to obtain funding to train trusted members of the community as digital literacy ambassadors.

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Adapting Motivational Interviewing for Vaccine Hesitancy in Underserved Communities

Jabari Douglas[1], Edward Bauer[1], Gloria Cain, Denise Scott, Thomas A. Mellman
[1]Howard University

OBJECTIVES/GOALS: To adapt and evaluate motivational interviewing (MI) as a tool for better understanding the beliefs that underlie vaccine hesitancy and effectively respond to these beliefs with emphasis on reaching underserved communities disproportionately impacted by COVID-19. METHODS/STUDY POPULATION: Our group reviewed the principals for motivational interviewing, rationale for vaccination, and likely beliefs underlying hesitancy and developed a guide for MI to address vaccine hesitancy. We recruited lay members of Black and Hispanic communities in Washington, DC and Baltimore, MD. 90-minute zoom facilitator training sessions included didactic material, questions and discussion, and role playing. We were not successful recruiting unvaccinated individuals to provide written consent to be followed re vaccination status. Facilitators indicated incorporating MI in their job-related and informal interactions. Surveys were developed to obtain feedback regarding beliefs underlying hesitancy, perceptions of MI effectiveness, and more recently (Oct 2022), evolving concerns regarding the pandemic. RESULTS/ANTICIPATED RESULTS: 67% of facilitators were Black, their average age was 39 years, and 67% had at least a high school education. All had received a COVID-19 vaccination. 82% endorsed utilizing MI in discussions receiving the COVID-19 vaccine. 46% of the facilitators endorsed that MI was moderately effective (46%) in clarifying objections and very effective (50%) in persuading friends, family, and co-workers to consider getting vaccinated. The most common elicited objections to the vaccine were side-effects (21%) and beliefs in government conspiracies (21%). In the second survey respondents indicated receiving another booster followed by getting their children vaccinated as the most common identified concerns. DISCUSSION/SIGNIFICANCE: MI can be adapted to address vaccine hesitancy in underserved minority groups and appears promising for identifying beliefs underlying hesitancy and possibly for increasing vaccination rates among these communities.

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Addressing Institutional and Community barriers to Development and Implementation of Community-engaged Research through Competency-based Academic and Community Training

Sharon A. Croisant[1], C. Claire Hallmark[1], Krista Bohn[1], Lance Hallberg[1], Lori Wiseman[1], Eleanor Hanley[2], Lesley Sommer[3]
[1]University of Texas Medical Branch [2]Alcohol and Drug Abuse Women's Center [3]Access Care of Coastal Texas

OBJECTIVES/GOALS: CEnR plays a crucial role in rapidly translating science to improve health by bridging gaps between research and practice although skills development is critical to enable successful community/academic partnerships. We have developed a curriculum mapped to CEnR domains and competencies that meets the needs of community partners and investigators. METHODS/STUDY POPULATION: We located three comprehensive efforts to identify CEnR domains and competencies that we aligned to develop our curriculum, which we then mapped to these competencies. The first was undertaken by a NCATS Joint Workgroup which identified curricula, resources, tools, strategies, and models for innovative training programs. Using Competency Mapping, they developed a framework for curriculum mapping that included eight domains, each with two to five competencies of knowledge, attitudes, and skills. The second aligned CEnR competencies with online training resources across the CTSA consortium, while the third focused on Dissemination and Implementation training. Informed by a conceptual model to advance health equity, we adapted and integrated these frameworks into a set of six educational modules. RESULTS/ANTICIPATED RESULTS: Although many CEnR training programs have been developed, few curricula are mapped to identified domains and competencies, and fewer still address institutional and community barriers to effective CEnR training. However, many outstanding curricula effectively address these competencies, and our curriculum draws from and builds upon these programs of excellence, including those from our sister CTSA hubs. Our modules serve our local community by educating and empowering faculty, students, and community partners. To date, no CEnR curriculum has been implemented at our institution that meets the needs of all parties who play a significant role in community-engaged research (e.g., IRB members, investigators, and community-based partners). This curriculum thus fills an important gap in our workforce training. DISCUSSION/SIGNIFICANCE: This educational program is designed to educate and empower investigators, trainees, students, and community partners to engage in effective CEnR that promotes community projects and fosters relationships and trust. Following evaluation, we will offer the curriculum for use by others interested in using or adapting it for their own programming.

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An Assessment of Gender-Affirming Language within Patient Encounter Notes

Jay Bindman[1]. Jae Sevelius[2]
[1]University of California San Francisco [2]Columbia Nicole Rosendale, UCSF

OBJECTIVES/GOALS: Transgender, non-binary, and gender expansive (TGE) patients experience significant barriers to high-quality care including limited provider expertise and pathologization within health documentation. This study aimed to evaluate the use of gender-