

### 330 Community Health Worker integration as a culturally competent component of patient-centered wellness

Antonette Francis-Shearer<sup>1</sup>, Amber Singleton<sup>1</sup>, Karla McCants<sup>2</sup>, Danette M. Jolly<sup>1</sup>, Maggie Cheyenne, Garland<sup>1</sup>, Katherine Bolanos<sup>3</sup>, Clinic Luke, Mueller<sup>3</sup>, Martha I. Arrieta<sup>2</sup>, Frederick Whiddon<sup>4</sup> and Ashley Williams<sup>1</sup>

<sup>1</sup>USA Health Center for Healthy Communities; <sup>2</sup>University of South Alabama; <sup>3</sup>USA Health Stanton Road and <sup>4</sup>School of Medicine

**OBJECTIVES/GOALS:** 1) Discuss process of pilot integration of Community Health Worker (CHW) services as a component of patient-centered healthcare service delivery in 3 clinic models. 2) Summarize profiles of patients who self-select to utilize CHW services. 3) Discuss social determinants of health impacts of underserved and historically marginalized populations. **METHODS/STUDY POPULATION:** The priority population consists of individuals living in Mobile AL at or below poverty level. USA Health Center for Healthy Communities (CHC) piloted the integration of CHW services at USA Health Stanton Road Clinic (SRC), at USA Student Run Free Clinic (SRFC), and as part of a Medi Hub Outreach Clinic with the historically underserved MOWA Choctaw native American population. SRC is a high-utilization clinic for uninsured or underinsured patients across the breadth of the Gulf Coast. The other 2 sites serve similar clientele. Social determinants of health (SDOH) screenings at intake facilitate CHW referral for a clients' unique needs for support at healthcare or social care agencies. Referral summaries can then be used to guide planning, community collaborating partner intervention, and clinical quality certification. **RESULTS/ANTICIPATED RESULTS:** Results include identification of referrals process by which CHWs are able to provide culturally competent support to persons accessing healthcare services at the 3 clinic models identified. Identification of top SDOH needs that preclude access to care among the patients served during a 24-month pilot period, e.g., (i) housing insecurity, (ii) food insecurity, (iii) transportation, (iv) health Ins, and (v) pharmacy access and payment assistance. Discussion of beneficial impacts for health care service delivery with other members of the multidisciplinary clinical teams as recorded referrals can be used to guide planning, clinic certification efforts **DISCUSSION/SIGNIFICANCE OF IMPACT:** Patient utilization of CHW services though self-selective offers opportunities for equity in access to care services from direct SDOH impacts, where CHWs act as responsive resource coordinators within the multi-disciplinary service delivery team.

### 331 A qualitative analysis of at-home central venous catheter (CVC) care by caregivers of children with intestinal failure

Atu Agawu<sup>1</sup>, Rachel Carmen, Ceasar<sup>2</sup>, Mark A. Frey<sup>2</sup> and Lorraine Kelley-Quon<sup>2</sup>

<sup>1</sup>University of Southern California | Children's Hospital of Los Angeles and <sup>2</sup>University of Southern California

**OBJECTIVES/GOALS:** Children with intestinal failure rely on central venous catheters (CVCs) for at-home delivery of hydration and nutrition to sustain life. CVC associated infections are the leading driver of morbidity in this population. It is currently unknown what

challenges caregivers of this patients face for at-home infection prevention tasks. **METHODS/STUDY POPULATION:** This is a qualitative analysis of the clinical implementation of at-home CVC care. Participants will be caregivers of children with intestinal failure in the Children's Hospital of Los Angeles' Intestinal Rehabilitation Program (a program with a large Spanish speaking population). The study team will conduct, record, and transcribe four synchronous remote focus groups using Zoom, two in English and two in Spanish, with 4–6 participants per focus group (n = 16–24). Questions will focus on caregiver experiences of CVC care. Transcripts will be analyzed using rapid qualitative analysis, an implementation science-oriented approach. The study team will review transcripts and summarize key points into matrices to examine relevant themes and quotes efficiently and systematically, using midpoint data analysis. **RESULTS/ANTICIPATED RESULTS:** Illustrative quotes of all themes and domains discussed by caregivers will provide a person-centered overview of the specific types of facilitators and barriers to infection prevention task performance. Focus groups will be conducted in January 2025 with analysis in February. Facilitators and barriers will be mapped onto the Capability, Opportunity and Motivation behavioral model (COM-B), allowing for additional topics participants introduce by participants. Facilitators and barriers will affect all domains of the COM-B model and may also describe factors that cross multiple domains or fall outside the COM-B domains. Facilitators and barriers may differ between English and Spanish speaking caregivers. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Identifying facilitators of and barriers to infection prevention tasks will allow clinicians to maximize infection prevention efforts and improve quality of life for caregivers of children with intestinal failure. Additionally, this bilingual study will have improved external validity and address potential language-related barriers to care.

### 332 The link between sarcopenia and frailty in persons with HIV on integrase strand-transfer inhibitors (INSTIs)

Kahsavayah Buckley, Cecile Lahiri and Jessica Alvarez  
Emory University

**OBJECTIVES/GOALS:** To assess the association between integrase strand-transfer inhibitor (INSTI) use and sarcopenia, pre-frailty, and frailty in people living with HIV (PLWH) compared to non-INSTI users and HIV-seronegative controls, focusing on changes in muscle strength, function, and physical activity over time. **METHODS/STUDY POPULATION:** We analyzed data from the MACS/WIHS Combined Cohort Study (CCS) as part of the SPPACE INSTI Study. Eligible participants were PLWH on ART for ≥2 years or individuals at risk for HIV, with exclusions for pregnancy, active tuberculosis, malignancy, or PrEP use. Participants were grouped into 1) INSTI group (PLWH who switched/added INSTI), 2) non-INSTI group, and 3) HIV-seronegative controls. A total of 2,071 women and 1,807 men (2006–2020) were included. Sarcopenia analyses (AIM 1) included participants with grip strength/BMI data, and frailty analyses (AIM 2) included those with frailty data. **RESULTS/ANTICIPATED RESULTS:** We anticipate that INSTI use will be associated with a higher prevalence of sarcopenia, pre-frailty, and frailty compared to PLWH on non-INSTI