

We will recruit patients admitted with heart failure (n = 300) to the Cardiovascular Hospital of Puerto Rico and The Caribbean between 2019-2021. In the first aim, we will implement the Minnesota Living with Heart Failure Questionnaire to assess the quality of life of Puerto Rican Hispanics diagnosed that life with heart failure and the short form-36 (SF-36) for a generic quality of life assessment. For the second aim, we will provide two instruments: The Geriatrics Depression Scale Questionnaire Short Form (GDS-SF) and the Memorial Symptom Assessment Scale Short Form (MSAS-SF) to assess the presence and severity of depression and multiple general symptoms

RESULTS/ANTICIPATED RESULTS: We expect that women living with heart failure will have worse quality of life and higher NYHA scale and NT-pro-BNP. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This contribution is significant because it can clarify the specific risk factors in the Puerto Rican community that are associated with lower quality of life among patients suffering from heart failure. This, in term, can allow physicians to identify which population of HF patients is at risk, and have strategies to improve quality of life

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A Community Partnered Research Approach to Promote Health Equity in Diverse Families

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OBJECTIVES/GOALS: Youth and Families Determined to Succeed (YFDS), a non-profit organization in Hennepin County, MN, provides programs to address health disparities and increase health equity in diverse families. The objective of this capacity building community engaged research study was to identify factors and opportunities to expand YFDS. **METHODS/STUDY POPULATION:** A community partnered participatory research framework using 3 community engaged (CE) studies was conducted. This structured research process involves a facilitated discussion with a presentation on YFDS programming and a guided discussion with YFDS stakeholders. The theoretical foundation included constructs from the Model of Improvement and Health Belief Model. A trained qualitative research team led the discussion, took detailed notes, and used traditional content analysis to thematically code the notes (n = 29 pages). The studios were not audio recorded for confidentiality. Preliminary findings were presented to YFDS leadership with plans to present the results to YFDS stakeholders and families. **RESULTS/ANTICIPATED RESULTS:** A total of 16 YFDS past and current members participated in the studios. The average age was 42.5 years with 69% female and 75% black participants. The main themes were YFDS programming, outreach, and partnership. Participants mentioned YFDS youth “gained confidence”, found an additional family, and suggested ways to increase outreach and partnerships. Participants suggested YFDS increase their social media presence, create multicultural programming, partner with faith based organizations and schools, and determine new ways to evaluate health, social, and athletic gains. **DISCUSSION/SIGNIFICANCE OF IMPACT:** YFDS has positively impacted the lives of their families. With the use of CE studios, we have the opportunity to hear the voices of the members impacted that is necessary for capacity building community engaged research. We were able to find factors that made YFDS successful and suggestions to better improve and to increase positive wellness gains.

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A Community/Academic Partnership to Implement Nutritional and Social/Behavioral Interventions to reduce Hypertension among Seniors Aging in Place

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OBJECTIVES/GOALS: The Rockefeller University CCTS, Clinical Directors Network (CDN), and Carter Burden Network (CBN) received a DHHS-Administration for Community Living Nutrition Innovation grant to test whether implementation of DASH-concordant meals and a program to enhance self-efficacy, could lower blood pressure among seniors aging in place. **METHODS/STUDY POPULATION:** CEnR-Nav model to engage stakeholders, enroll seniors age >60 yr., eating 4 meals a week at 2 CBN congregate meal sites; Advisory Committee to facilitate dissemination; menus aligned with Dietary Approaches to Stop Hypertension (DASH) and New York City Department for the Aging (DFTA) nutritional guidelines; interactive sessions for education (nutrition, blood pressure, medication adherence); Omron 10 home BP devices for daily home monitoring. Plate Waste and Meal Satisfaction (Likert scale) to assess taste preference and cost impact. **Outcomes: Primary:** Change in Systolic BP at Month 1; change in percent with controlled blood pressure. **Secondary:** change in validated measures of cognitive (e.g. SF-12, PHQ-2), behavioral (Home BP monitoring), nutritional (food frequency) variables, satisfaction, costs. **RESULTS/ANTICIPATED RESULTS:** Menu alignment required multiple iterations. Plate Waste and Menu Satisfaction tools were developed. Site 1 enrollment began June 2019; educational sessions and home BP monitors and training were provided. Baseline mean blood pressure (Site 1) was 138/79 +20.5; (range: 7% hypertensive crisis, 36% stage 2 hypertension, 22% stage 1 hypertension, 22% elevated, and 13% normal). DASH-aligned meals began October 2019; Meal satisfaction declined briefly, chefs adjusted menus, and meal satisfaction rose to pre-intervention levels. Site 2 enrollment is ongoing; dietary intervention will start in 2020. Primary outcome data (change in BP) will be complete in March 2020. Secondary outcome data on social and behavioral impact of the interventions will also be presented. **DISCUSSION/SIGNIFICANCE OF IMPACT:** We leveraged our community-academic research partnership to conduct research addressing uncontrolled hypertension, an urgent unmet health need among seniors. The DASH Implementation Study can inform the broader aging services and healthcare community of the potential for congregate nutrition programs to improve cardiovascular health outcomes.

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A Qualitative Study of Men’s Abortion Attitudes in Restrictive States

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OBJECTIVES/GOALS: Despite its critical importance in reproductive health, access to abortion care continues to be impeded by laws grounded in religious, political, or other ideologies. We will