

Additionally, participants report that family and culture play a huge part in their ability to eat healthier foods. **DISCUSSION/SIGNIFICANCE:** These findings can help identify knowledge gaps, strengths, and areas for promoting and empowering better health behaviors among those who have pre-diabetes. Participant feedback and focus group responses will inform a CHW-led educational intervention through our TAB.

201

### Challenges Encountered and Lessons Learned from Developing and Implementing the Michigan Research Engaging the Academy and Community in Health (M-REACH) Platform

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**OBJECTIVES/GOALS:** Communities of color often report that their concerns are ignored and desire a means to facilitate effective community-academic engagement, especially during a crisis. The objective is to share lessons learned and challenges faced in the development of an online portal designed to meet this need. **METHODS/STUDY POPULATION:** The Michigan Institute for Clinical & Health Research (MICHR) worked with community and academics to develop an online tool, the Michigan Research Engaging the Academy and Community in Health (M-REACH) platform. The community-engaged research (CEnR) project involved conducting qualitative interviews exploring connectivity to community and academic organizations and pilot testing of the novel platform. Following development, efforts were made to implement the statewide use of M-REACH. We will report on the challenges encountered and lessons learned from development and optimization of the platform. **RESULTS/ANTICIPATED RESULTS:** Authors will review the timeline of the launch of M-REACH. Steps to promote engagement of the locally developed platform to statewide utilization will be shared. Challenges encountered with scaling, matching the needs of differing communities both rural and urban, and navigating connections between remote geographies will be presented. Lessons learned and potential solutions will be discussed. **DISCUSSION/SIGNIFICANCE:** M-REACH can connect partners by increasing understanding of the CEnR process, enhancing alignment, and building a foundation for well-functioning research partnerships. Further work is required to address the challenges encountered in development and implementation.

202

### Improving the Nutritional Impact of Food Pantry Programs: Client Recipe Preferences and Kitchen Equipment Accessibility

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**OBJECTIVES/GOALS:** Despite food pantries' efforts to improve nutritional quality and encourage healthy cooking, limited evidence exists regarding pantry shoppers' culinary preferences and kitchen equipment access. This project utilized pantry food demonstrations

and samples to collect recipe and kitchen tool feedback. **METHODS/STUDY POPULATION:** For 4 months, a Culinary Medicine team delivered food demonstrations at Crossroads Community Services food market in Dallas, Texas, which serves primarily Hispanic and Black residents. Each demo provided a food sample, corresponding printed recipe in English or Spanish, and a survey. Part 1 of the survey measured shoppers' hedonic liking of the sampled food and their likelihood of recreating it. Part 2 used the same scale for non-sampled recipes adapted from Health meets Food Community Culinary Medicine programming. Averages of appeal and likelihood to cook between sampled and unsampled groups were compared with a student's T test. Part 3 contained a visual graphic of 24 kitchen appliances, and shoppers circled each item they owned. Investigators collected surveys from 207 shoppers across 12 demos. **RESULTS/ANTICIPATED RESULTS:** Preliminary analyses showed a positive response to the food demonstrations with a mean rating on a 5-point Likert scale of 4.58 for recipe appeal and 4.46 for likelihood of cooking the recipe at home. The Health meets Food recipes not demonstrated were also positively reviewed (4.40 for appeal and 4.32 for likelihood to cook). There was a statistically significant difference in appeal between sampled and non-sampled recipes ( $p = 0.03$ ) while no significant difference was found for likelihood to cook ( $p = 0.08$ ). On average, clients owned 75% of kitchen appliances with most clients owning a sauté pan (94%) but few having access to a food processor (27%). **DISCUSSION/SIGNIFICANCE:** An effective nutrition program for food pantry clients must be accessible, culturally relevant, nourishing, and enjoyable. Providing samples alongside recipes may increase appeal and engagement. Consideration of kitchen equipment access is essential to promote recipe recreation at home.

203

### Assessing social determinants of health and psychosocial factors critical to sustaining recovery among pregnant and parenting women with opioid use disorder

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**OBJECTIVES/GOALS:** This study explored personal recovery support, including social determinants of health and psychosocial needs to understand factors for sustaining recovery among parenting and pregnant women with opioid use disorder. **METHODS/STUDY POPULATION:** This study used a mixed method quantitative/qualitative design and recruited women from residential/transitional facilities in an urban area. We used the Accountable Health Communities Health-Related Social Needs tool to assess social determinants of health factors, level of physical activity, family/community support, and mental health (stress). Through focus groups, we interviewed women to describe challenges to recovery and to resources including access to providers, housing, childcare, and food assistance from lived experiences. **RESULTS/ANTICIPATED RESULTS:** Survey analysis showed social determinants of health factors such as food and transportation were partially mitigated by residential living; however, parenting and pregnant women with opioid use disorder remained concerned about housing and finances; and encountered low levels of physical activity and significant stress. Preliminary results from the focus groups revealed a theme of positive recovery and retention experiences from residential living. **DISCUSSION/SIGNIFICANCE:** Evidence from studies suggests focused interventions for recovering women to reduce relapse risk