depression, anxiety, and other drug use will be evaluated. Knowledge of current trends is essential to tailor public health messages and inform both providers and policymakers.

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Stakeholder-engaged adaptation of a dementia caregiving intervention for families of aging adults with Down syndrome

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OBJECTIVES/GOALS: The "Reducing Disability in Alzheimer's Disease" (RDAD) intervention promotes physical function for people with dementia and reduces caregiver burden but has never been tested in adults with Down syndrome despite their 90% lifetime risk of Alzheimer's disease. Our objective is to modify RDAD for the needs of this population using the ADAPT framework. METHODS/STUDY POPULATION: We worked collaboratively with families, self-advocates, and professionals to conduct a 2-phase adaptation process of the RDAD intervention materials, content, and mode of delivery. In Phase 1, we convened focus groups comprised of adults with Down syndrome, caregivers, community-based disability service professionals, and researchers to review and advise changes to the RDAD intervention and analyzed their feedback qualitatively using content and thematic analysis. In Phase 2, we conducted a 4-week usability pilot test of RDAD with 5 older adults with Down syndrome and their caregivers to gather additional feedback on intervention feasibility, usability, and acceptability using weekly surveys and a final interview. RESULTS/ANTICIPATED RESULTS: In Phase 1, twelve stakeholders met for four 90-minute focus group sessions. Based on their feedback, we modified the mode of delivery (remote delivery) and changed from one-on-one to group classes to support social connectedness. In the revised materials, we addressed the broad resource needs around dementia diagnosis, healthcare, and caregiving. We updated intervention materials to make them more usable and attractive and integrated music into the live, remote exercise classes, which include a person with Down syndrome as an instructional assistant. In Phase 2, we tested the revised intervention for 4 weeks and collected preferences for the exercise classes, content for the caregiver training, and modes of delivery. We have integrated these findings into the revised intervention and renamed it CareFit-DSAD. DISCUSSION/SIGNIFICANCE OF IMPACT: We adapted an evidence-based intervention to the needs of families with Down syndrome using input and evaluation by key stakeholders. The adapted intervention is now undergoing a 12-week pilot and feasibility test (n = 20 dyads) to further assess feasibility, acceptability, and preliminary changes in physical function and caregiver burden.

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Development of the Montefiore-Einstein Community Engagement Tracker

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OBJECTIVES/GOALS: * To identify community priorities and compare alignment with research initiatives * To connect research(ers) to community groups or members with similar priorities * To identify areas requiring outreach and/or collaboration * To build capacity and to catalyze new meaningful CTR partnerships * To evaluate ongoing collaborations for sustainability. METHODS/STUDY POPULATION: Together with our Medical School and Hospital, our Institute for Clinical and Translational Research (ICTR) led the development of a Community Engagement Tracker (CE Tracker). This tool tracks organizations, events, programs, and individual contacts to provide insight into current and past collaborations and capacity with the goal of building capacity and catalyzing new research partnerships with community members and organizations. We implemented a 6-stage development process involving: 1) internal stakeholder engagement, 2) initial development, 3) collaborator feedback, 4) refinement, 5) ongoing use, and 6) further refinement. RESULTS/ANTICIPATED RESULTS: In the process of internal stakeholder engagement, we engaged with key internal stakeholders including the Montefiore-Einstein Offices of Community and Population Health and Community Affairs and the Comprehensive Cancer Center's Community Outreach team to align goals and development plans. With stakeholders, we created an initial set of linked databases for tracking community engagement. We then collected feedback from 36 collaborator groups including the Montefiore Care Management Organization. Our collaborators expressed concerns about privacy, so we refined our tracker to limit data accessibility. At present, there are 36 active users and 28 community and faith-based organizations are tracked. We are collecting data to improve usability of the tracker and plan to implement dashboards in the future. DISCUSSION/SIGNIFICANCE OF IMPACT: Catalyzing and sustaining community engagement work in clinical and translational research are paramount but are limited by several logistical barriers. We hope the CE Tracker can decrease logistical barriers to working with communities by building on and tracking currently existing relationships.

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Listening to faculty who engage communities: Informing a needs assessment to strengthen community engaged research supports and systems

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