

observation-based instrument, will be used to measure healthy food availability at participants' primary grocery shopping stores; HFAI scores range from 0-27. We will also compare frequency of self-reported fruit and vegetable purchases before and after GAP participation. Quantitative data analysis using paired sample t-tests and chi square tests will be followed by in-depth interviews with GAP participants; thematic analysis will be used to analyze qualitative data. RESULTS/ANTICIPATED RESULTS: This research is in progress; survey data collection is complete and store-level HFAI data collection will begin soon. We hypothesize that GAP participants will have shopped at stores with higher HFAI scores than non-participants, and that participants will have purchased healthy foods more frequently than they did prior to GAP participation. If these hypotheses are not supported, our qualitative findings will elucidate potential reasons and mechanisms for improving the program. If our hypotheses are supported, it will provide evidence for the GAP as a convenient, low-cost intervention to improve healthy food access for people in low-income communities. DISCUSSION/SIGNIFICANCE OF FINDINGS: Access to healthy foods is an important social determinant of health, and innovative strategies that can facilitate better dietary habits are needed in the area of food access research. Findings from this study could be used to scale up efforts that will foster better food access, healthier diets, and ultimately better health outcomes.

### *Dissemination and Implementation*

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#### **Mapping CTSA hub activities across the EQ-DI framework to discover opportunities for interaction between health equity and dissemination & implementation science; the case of University of Colorado and University of Rochester**

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ABSTRACT IMPACT: This study provides a framework to inform and organize health equity efforts and initiatives at CTSA institutes. OBJECTIVES/GOALS: to map the activities of the Clinical and Translational Science Award (CTSA) Program hubs across the EQ-DI framework, to depict opportunities for interaction between health equity and dissemination & implementation (D&I) science. METHODS/STUDY POPULATION: The EQ-DI framework demonstrates the dynamic interaction between D&I science and health equity. Health equity could be a lens to sensitize and inform D&I planning (through goal-setting and team development), execution (through 'adaptation' and D&I strategies), and evaluation (through incorporating health equity in D&I outcome assessment). On the other hand, D&I models, methods, and study designs can operationalize dissemination and implementation of evidence-based interventions to improve equity. Stakeholder engagement is at the center of the framework to inform and direct the sensitization and operationalization cycles. RESULTS/ANTICIPATED RESULTS: We reviewed the activities of Colorado Clinical & Translational Sciences Institute (CCTSI) and University of Rochester Clinical and Translational Science Institute (UR CTSI) to improve health equity and mapped

them across the EQ-DI framework. The sensitizing activities included health equity training, eliciting community priorities, and inclusion of health equity as a critical axis in funding mechanisms. The operationalizing activities included D&I methodological training and consultation, collaborative team science, and funding mechanisms to support implementation of health equity EBIs. Community engagement through studios, community liaisons, and consults was a core priority guiding sensitizing and operationalizing activities. DISCUSSION/SIGNIFICANCE OF FINDINGS: The CTSA Program has been a champion for community engagement and translational collaboration to improve individual and population health. CTSA hubs provide infrastructure and resources to facilitate equity-focused D&I.

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#### **COVID-19: The Urgency of Engaging during Crisis**

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ABSTRACT IMPACT: Throughout the COVID-19 pandemic, the UTMB Institute for Translational Sciences has sought to answer our communities' needs for research, for knowledge of research, and involvement in research, while recognizing that meaningful engagement involves understanding all emergent needs and responding to maximize the health and well-being of those we serve. OBJECTIVES/GOALS: ITS community programs responsive to COVID-19 include:

- o Ongoing communication with community and business stakeholders

- o Social media and public health campaigns promoting safe practices, research updates, and testing information

- o Community initiatives to increase testing among vulnerable populations

METHODS/STUDY POPULATION: Like sister hubs across the US, the UTMB ITS has brought available resources to bear on addressing COVID-19 through research, medical response, and public health outreach. Community engagement activities have included facilitating communication, particularly by rapidly translating information for multiple audiences and wherever possible and appropriate, providing opportunities for the patient's voice to inform and guide development of research. We realized the community's need for trustworthy and reliable information about COVID-19 early in the pandemic. Key partnerships with community members and organizations were critical in enabling us all to be most responsive in meeting these needs. RESULTS/ANTICIPATED RESULTS: ITS community outreach included developing infographics, media notices, and educational materials related to prevention and testing as well as appropriate use of PPE. These efforts resulted in an article in a regional newspaper, which was disseminated widely through social media networks. ITS faculty also engaged doctoral and MPH trainees to support the Health District's contact tracing effort. We held several events on mental health impacts as well as discussions related to health disparities. Both activities shaped plans for community-based interventions and research. The ITS also hosted a virtual workshop to facilitate discussion around key research questions related to the pandemic. DISCUSSION/SIGNIFICANCE OF FINDINGS: Throughout the pandemic, the ITS has maintained contact with stakeholders. Our roles have been to communicate, disseminate, translate, provide resources, and build bridges. We also listen, share, and provide opportunities for patients and communities to engage in all phases of the research spectrum.