

measured by the creation of new partnerships among member entities, promoting the translation and sharing of ideas and resources, and formalization of relationships among members. OBJECTIVES/GOALS: o Present how network analysis and systems science can inform evaluation of community-campus partnerships o Describe results from our experience with evaluating the REACH coalition o Summarize lessons-learned and likely improvements we are considering for our methodology METHODS/STUDY POPULATION: In 2016, we administered a network survey to core members of the Research, Education, and Community Health (REACH) coalition. The survey captured attributes about each organization, including size, populations served, etc. The survey also captured data on the relationships among these organizations, including joint meeting attendance, joint event planning, shared tangible resources, shared information, and formal legal agreements between organizations. These data were analyzed using network analysis methods. The survey was again repeated in 2018, and comparisons were made to evaluate how the network structure had evolved from 2016 to 2018. RESULTS/ANTICIPATED RESULTS: Joint meeting attendance was high in both 2016 and 2018; however, there was evidence of increased sharing of information and tangible resources in 2018. We also observed an increase in joint event planning among partnering agencies. Most strikingly, we observed that the number of formalized agreements (in the form of Memoranda of Understanding or more formalized contracts) between agencies more than doubled between 2016 and 2018. By measuring the evolution of our network of partners, we are able to document the evolution of a community-campus partnership over time. DISCUSSION/SIGNIFICANCE OF FINDINGS: Over the course of 2 years, the coalition signaled an increase in deeper collaborations beyond simply meeting together. The use of network analysis demonstrated utility and provided another dimension for evaluating the development of teams, partnerships, and coalitions.

Translational Science, Policy, & Health Outcomes Science

Racial Disparities in Potentially Avoidable Hospitalizations During the COVID-19 Pandemic

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ABSTRACT IMPACT: These findings identify a new way in which the COVID-19 pandemic exacerbates racial/ethnic health disparities, and will thus direct future research to explore potentially avoidable hospitalizations, as well as direct health policy to improve the value of this specific aspect of care without further widening the disparity. OBJECTIVES/GOALS: Racial and ethnic disparities in potentially avoidable hospitalizations predate COVID-19. In order to identify and address healthcare disparities exacerbated by the pandemic, we examined whether and to what extent the pandemic affected numbers of potentially avoidable hospitalizations by race and ethnicity. METHODS/STUDY POPULATION: This single-center pre-post study of 904 patients at UCLA included all patients admitted to an internal medicine service for an ambulatory care sensitive condition (ACSC) between March-August of 2020 (post) and

March-August of 2019 (pre). We measured the change in number of potentially avoidable hospitalizations (defined per the Agency for Healthcare Research and Quality guidelines) stratified by race and ethnicity. We calculated 95% CIs for the number of potentially avoidable hospitalizations using a cluster bootstrap procedure, clustering at the level of patients. We inverted the bootstrap CIs to calculate p-values for overall changes within racial/ethnic groups as well as differential changes between groups. Patients with missing or unspecified racial/ethnic data were excluded (n=1,003; 7.8%). RESULTS/ANTICIPATED RESULTS: Between March 1 and August 31, 2020, 347 out of 4,838 hospitalizations (7.2%) were potentially avoidable, compared to 557 out of 6,248 (8.9%) during the same 6-months of 2019. Reductions in potentially avoidable hospitalizations among Non-Hispanic White (-50.3%; 95% CI, -60.9 - -41.2; p<0.001) and Latinx (-32.3%; 95% CI, -59.8 - -12.2%, p<0.001) patients were statistically significant, whereas reductions among African American (-8.0%; 95% CI, -39.9 - +16.2) and Asian (-16.1%; 95% CI, -75.7 - +20.4) patients were not statistically different from 0%. The relative differences in magnitudes of reduction were only statistically significant between African American and non-Hispanic White patients (-50.3% v. -8.0%; 95% CI as above; p=0.015). DISCUSSION/SIGNIFICANCE OF FINDINGS: Racial disparities in potentially avoidable hospitalizations increased during the COVID-19 pandemic at this large urban health system. Healthcare leaders, researchers, and policy makers should focus on efforts to prevent a post-pandemic resurgence of low-value hospitalizations in ways that do not further widen disparities.

19455

The impact of long-term construction on the health of older adults in New York City's Chinatown

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ABSTRACT IMPACT: This poster will demonstrate how a community issue from a CTSI Community Advisory Board member organization initiated a collaborative, community-engaged project to identify priority areas of concern and culturally appropriate mitigation strategies. OBJECTIVES/GOALS: Little is known about the health and psychosocial impact of construction on older adults living near construction sites. We applied a mixed methods approach to identify evidence-based strategies to mitigate community prioritized health and psychosocial concerns related to long-term construction on older adults in NYC's Manhattan Chinatown. METHODS/STUDY POPULATION: In Chinatown, where approximately 20% of its residents are seniors, many are poor, have a disability, and experience ambulatory difficulties. We used a mixed methods approach including: 1) a high level scoping review of the published literature on the health impact of long-term construction for older adults; 2) key informant interviews with stakeholders; and 3) a two-part community-engaged modified Delphi process to identify priority topic areas related to construction and older adults and evidence-informed, culturally-relevant mitigation strategies. Using priority areas identified through the modified Delphi process, we conducted a literature review on the health and psychosocial impact of construction on older adults. RESULTS/ANTICIPATED RESULTS:

We identified five priority topics: construction site emissions; noise; outdoor nocturnal lighting; neighborhood changes; and relocation. Long-term construction is associated with environmental and psychosocial consequences with greater negative impacts on vulnerable populations. Current NYC mitigation policies are based on general population and need revisions to consider impacts for the most vulnerable, e.g. older adults and children, to mitigate adverse health outcomes. Findings were shared with City Council members and resulted in enacting specific recommended mitigation strategies, e.g. double paned windows, etc. Seniors are highly susceptible to the effects of air pollution, noise, and environmental changes, with exposure associated with higher morbidity, mortality, and social isolation. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Long-term construction may pose serious health implications for seniors residing near construction sites. Standards and guidelines for the general population may not protect them. Community-driven coalitions, like community-academic partnerships, can successfully advance community priorities and inform strategies to protect the elderly.

21771

HIV Prevention among HIV-Negative Latino Males: Identifying Sociocultural Factors Associated with Pre-exposure Prophylaxis

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ABSTRACT IMPACT: The broad goal of this investigation is to inform the development of culturally sensitive HIV prevention strategies to reduce specific challenges pertaining to PrEP uptake and utilization for Latino men. **OBJECTIVES/GOALS:** HIV is a significant public health concern affecting Latinos in the U.S. Daily use of pre-exposure prophylaxis (PrEP) effectively prevents HIV infection and has the potential to curb HIV epidemics. The objective of this study is to examine how sociocultural variables impact PrEP-related services among HIV-negative Latinxs. **METHODS/STUDY POPULATION:** The current study is a mixed-method investigation. Participants will include Latinx adult patients seeking services at an HIV community clinic. Approximately 150 participants will be recruited for the study. Participants who are eligible will complete sociocultural, mental health and PrEP-related measures. For the applied aim, community stakeholders will be recruited who serve the Latinx community. Upon completion of data collection, the data analytic plan is as follows: Aim 1, to establish the relationship between each sociocultural variable and PrEP uptake/utilization, preliminary analyses (i.e., correlations and regression analyses considering co-variables) will be conducted. Aim 2, grounded theory techniques will be conducted to establish community-informed practices to increase the use of PrEP. **RESULTS/ANTICIPATED RESULTS:** Relatively little is known about cultural factors that may impede PrEP uptake among Latinx MSM. Several researchers have identified specific factors such as language, acculturation, familismo, and similar cultural norms as significant barriers to care (Page et al., 2017). It is expected that each of these variables will contribute significant variance to willingness to use PrEP. Specifically, negative relationships are expected between fatalism and machismo and lower stages on the PrEP Contemplation Ladder. Comparably, a negative relationship is expected between the Hispanic acculturation subscale and lower stages on the PrEP Contemplation Ladder. It is however, hypothesized that there will be a positive relationship between familism and the non-Hispanic acculturation sub-scale. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Despite important advances in

health to prevent HIV infection, HIV rates among Latinx MSM continue to rise. This investigation will have the potential to inform the development of culturally sensitive prevention strategies. By collecting qualitative data from key community stakeholders, this project will also directly inform a CBPR prevention.

22533

Marshalllese Mothers' and Maternal Health Care Providers' Perspectives of the Structural and Socio-Cultural Barriers to Prenatal Care: A Comparison Article

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ABSTRACT IMPACT: This study will be used to culturally tailor interventions to reduce maternal and infant health disparities in a Marshalllese community. **OBJECTIVES/GOALS:** Inadequate prenatal care is associated with adverse birth outcomes including preterm births, low birth weight infants, and neonatal mortality. Marshalllese Pacific Islanders are less likely to receive early and consistent prenatal care compared to other racial/ethnic groups and are thus at a higher risk for maternal and infant health disparities. **METHODS/STUDY POPULATION:** This article used a qualitative comparative analysis method to compare and contrast the perceived barriers to prenatal care for the prospective of Marshalllese mothers and Maternal Health Care Providers (MHCPs). **RESULTS/ANTICIPATED RESULTS:** Marshalllese mothers and MHCPs identified the same structural barriers to prenatal care: health insurance, transportation, and language. The socio-cultural barriers to prenatal care were depicted quite differently by Marshalllese mothers versus MHCPs. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** While the description of structural barriers were consistent among Marshalllese mothers and MHCPs, the socio-cultural barriers and the value assigned to those barriers was quite different. Understanding the perspectives from both lenses is an important step towards addressing the barriers to prenatal care among Marshalllese.

30004

Examining Opioid Technical Assistance (TA) Requests for Hard-to-Reach Populations

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ABSTRACT IMPACT: Analyzing the types of technical assistance (basic, targeted or intensive) provided by the Opioid Response Network (ORN) to unique and hard-to-reach populations (UHRP) informs addiction health services and translational research by identifying technical assistance needs in these populations which may require a higher level of intensity. **OBJECTIVES/GOALS:** To improve ORN dissemination and implementation efforts, the project classifies TA requests into one of three categories: basic, targeted, and intensive. This TA Framework assists the ORN project team in understanding the level of TA required in the delivery of evidence-based practices to address opioids with communities with respect to UHRP. **METHODS/STUDY POPULATION:** TA requests from April 1, 2019, to April 1, 2020, were selected. The ORN classifies TA requests in one of three categories: basic (dissemination & brief consultation), targeted (services to enhance readiness and capacity), and intensive (full incorporation of innovation considering context,