

82913

Engaging women of color virtually: Cultural Impact of Treatment Delays among Women of Color with Uterine Fibroids

Minerva Orellana¹, MS, Megan Allyse², PhD, Elizabeth A. Stewart², MD, Sateria Venable³, BArch, Felicity Enders², PhD, MPH and Joyce E. Balls-Berry⁴, PhD, MPE

¹Mayo Clinic Graduate School of Biomedical Science, ²Mayo Clinic, ³The Fibroid Foundation and ⁴Washington University School of Medicine

ABSTRACT IMPACT: This study will showcase the importance of incorporating patient stakeholders in the development of an interview guide for a women of color with uterine fibroids, an understudied population. **OBJECTIVES/GOALS:** Black women and Hispanic/Latinas report having greater symptom burden from uterine fibroids (UF), non-cancerous neoplasms, compared to White women. These disparities may be linked to cultural factors resulting in treatment delays. The objective of this study is to provide insights to barriers and facilitators to timely treatment. **METHODS/STUDY POPULATION:** In partnership with the Fibroid Foundation, a UF advocacy organization, we plan to conduct a virtual community engagement (CE) studio to serve as a first step for a pilot study with a national cohort of Black women and Hispanic/Latinas who receive treatment in the United States for UF. The studios will include a presentation about UF treatment options and a facilitated discussion. The CE team will use past research and constructs from Model of Improvement and Health Belief Model to develop materials for the studio. A qualitative researcher will guide the discussion, a note-taker will take notes, and they will thematically code the notes. The results will be used to create and implement a cross-sectional in-depth qualitative study with a national sample. **RESULTS/ANTICIPATED RESULTS:** We hypothesize that timely treatment will be impacted by cultural factors, such as health literacy in uterine fibroids and menstruation. We expect that detailed feedback from this national cohort will contribute to greater insight to the experiences of women of color with UF and address barriers and facilitators to treatment. We anticipate the anecdotes will provide information about the influence of culture in seeking treatment for UF. We will utilize this experience to understand the impact of a virtual CE studio in elucidating open discussion among women of color on a challenging and personal topic. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Using CE process with advocates and research partners attains a deeper understanding in the development of an interview guide to examine the cultural impact on the treatment of UF for women of color. Understanding cultural barriers and facilitators can help overcome treatment delays in UF along with other gynecological diseases.

Education/Mentoring/Professional and Career Development

17157

Racial/ethnic disparities in antibiotic-resistant infections: Knowledge gaps and opportunities for educational interventions

Maya L. Nadimpalli¹, Courtney W. Chan², Shira Doron², Berri Jacques³ and Carol Bascom-Slack^{3,**}

¹Tufts University, ²Tufts University, School of Medicine, Tufts Medical Center and ³Tufts University, School of Medicine

ABSTRACT IMPACT: By identifying clear gaps in our knowledge of racial and ethnic disparities in antibiotic-resistant infections, this

**Courtney W. Chan's middle initial has been corrected. An erratum detailing this change has also been published (doi:10.1017/cts.2021.817).

research is informing the design of (a) community-based interventions and (b) patient-centered research studies that we are currently leading to address these disparities and improve human health. **OBJECTIVES/GOALS:** Antibiotic resistance (AR) is widely considered to be the next global pandemic. As with COVID-19, the potential for AR to disproportionately impact racial/ethnic minorities is a major concern. Our goal was to identify gaps in knowledge of AR disparities in order to inform the types of interventions that might be most appropriate to address this. **METHODS/STUDY POPULATION:** We reviewed the literature to examine evidence of racial/ethnic disparities in (a) infections with the most concerning drug-resistant bacteria in the United States, and (b) underlying social-economic or behavioral factors that could contribute to such infections. We searched PubMed and Google Scholar to identify studies published in English between August 1973 - August 2020. We used keywords that included: antibiotic resistance, antibiotic-resistant infections, antibiotic-seeking behavior, prescription/non-prescription antibiotic use, antibiotic education, or health literacy AND race, ethnicity, or socioeconomic status. We screened all abstracts to identify US-based studies that assessed (a) or (b) above. **RESULTS/ANTICIPATED RESULTS:** We identified 11 studies investigating racial/ethnic disparities for 5 of the 17 drug-resistant bacteria flagged in the CDC's 2019 Antibiotic Resistance Threats Report. Black, Hispanic, and lower-income individuals were found to be at higher risk of some community-acquired antibiotic-resistant infections. We identified multiple factors that may contribute to disparities in AR-related morbidity and mortality, including reported differences in antibiotic use, higher likelihood of living in crowded/multigenerational homes, more frequent employment in potentially high exposure settings (e.g. slaughterhouses), lower health literacy, and more frequent underlying comorbidities, which increases risks for hospitalization and subsequent acquisition of drug-resistant infections. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Given the small number of studies on this topic, educational interventions that aim to raise awareness of this issue must target not only the public but also researchers. Community-based interventions that seek to address disparities in 'antibiotic resistance literacy' among minority and underserved groups could be particularly impactful.

25179

The Community Mentor for Scholars Program: Pilot Program Results

Angela Merrifield, Michelle Lamere, Sheila Riggs, Nicole Bowman, Jayne A. Fulkerson, Janet Shanedling, Sara Rohde and David H Ingbar
University of MN

ABSTRACT IMPACT: Strengthening investigator and community engagement to improve human health **OBJECTIVES/GOALS:** Community Engagement is one of the 14 core competencies for CT research defined by the CTSA Education Core Competency Work Group. To meet this, the UMN CTSI created the Community Mentor for Scholars Program with goals to: 1) train Scholars to engage stakeholders; and 2) provide community with formal mentoring training and linkages to researchers at UMN. **METHODS/STUDY POPULATION:** The CM Program was implemented over 12 months and includes four components. One, Scholars were trained in stakeholder identification and working with a community mentor (CM) through two seminars presented by expert faculty and staff. Two, CMs were identified, recruited, and matched with Scholars through a collaborative effort of our CTSI Education and Community Engagement cores. Three, Scholars

and CMs learned about the program from a 2-hour Kick-Off event. Four, CMs and Scholars each completed four online modules developed through an NCATS administrative supplement. Scholar-CM pairs met at least four times to plan and hold a bi-directional 'Community Conversation' with an audience of key stakeholders convened by the CM. The CM Program was evaluated through in-person interviews. RESULTS/ANTICIPATED RESULTS: In 2019-2020, CTSI initiated the pilot program with four KL2 Scholar - CM pairs. Two pairs did not complete the program due to time pressures, a parental leave, and the COVID-19 pandemic. Feedback from the two Scholar - CM pairs was positive, specifically:

CMs reported the training modules were useful, resulting in better understanding of CTSI research programs and increased capacity to mentor

Scholars felt the interactions with CMs positively impacted their future research

Mentors supported experiential learning, offered insight on community perspectives, and successfully facilitated community engagement principles. DISCUSSION/SIGNIFICANCE OF FINDINGS: The second cohort launched in late 2020 with inclusion of TL1 Scholars. They will be matched with CMs in spring 2021. After Cohort 2 completion, the program design and materials will be updated based on evaluation results from scholars and mentors and then will be piloted with select CTSA before sharing across the CTSA consortium.

97333

The NYU Langone Annual Health Disparities Symposium

Smiti Nadkarni, Janet Pan, Nadia Islam, Simona Kwon, Antoinette Schoenthaler and Joseph Ravenell

NYU-H+H Clinical & Translational Science Institute

ABSTRACT IMPACT: This poster will demonstrate how input from a CTSI Community Advisory Board was used to develop a large, annual dissemination event focused on health disparities, health equity, and community engagement. OBJECTIVES/GOALS: The NYU Langone Annual Health Disparities Symposium began in response to the NYU-H+H CTSI's Community Advisory Board, which expressed a desire to 1) learn about health disparities research at NYU, H+H, and beyond; 2) build connections and interdisciplinary collaborations; 3) support bidirectional dissemination between community and researchers. METHODS/STUDY POPULATION: The annual symposium, a collaboration between NYU Langone's CTSI, Department of Population Health, Office of Diversity Affairs, and the NYU-CUNY Prevention Research Center, features a keynote, a series of rapid-fire talks, panels on current controversies in population health and the work of the Community Engagement Cores of NYC-based CTSA, and poster sessions. Each year the event is focused around a specific theme, with the 2020 theme being 'Research Into Action'. Audience members include faculty, staff, students, health care providers, community health workers, and representatives from community-based organizations, health care facilities, and the NYC Department of Health and Mental Hygiene. For the very first time, the event was held virtually days and CME/CNE credits were provided free of cost. RESULTS/ANTICIPATED RESULTS: The conference explored how

institutions have turned research into action, and speakers addressed the ways in which COVID-19 has highlighted structural inequities that have existed across time. 585 attendees participated in the event, with 63 claiming an average of 7.8 hours of continuing education credits. 46 individuals completed the post-event evaluation, with 95% agreeing/strongly agreeing that the symposium increased their awareness of health disparities research taking place at NYU, H+H, and beyond, 91% agreeing/strongly agreeing that they are likely to apply the information learned to their own work, and 91% agreeing/strongly agreeing that the symposium increased their interest in health disparities research. 86% were very/extremely satisfied with the quality of the meeting overall. DISCUSSION/SIGNIFICANCE OF FINDINGS: The 2020 event had the greatest proportion of health care provider attendees (24%), likely due to the opportunity to earn CME/CNE credits. Attendance also grew over the years, from 150 in 2015 to 585 in 2020. This increase is likely due to increased awareness of the event, as well as well as virtual the format, which made it more convenient for attendees.

Evaluation

18075

Giving birth during COVID-19 from the birthing person's perspective

Rachel Breman

University of Maryland

ABSTRACT IMPACT: This work provides context from the patient perspective on the impact of hospital policies on their birthing experience during the first peak of the pandemic. OBJECTIVES/GOALS: The goal of this study was to report the intrapartum care experiences from people giving birth during the COVID-19 pandemic in the United States. Place of birth included hospital, birth center and home births. METHODS/STUDY POPULATION: Studies that involved patient-related data collection are hindered by pandemic-related changes in clinical practices and research policies. Our aim was to assess patient experience during a pandemic, we explored data collection via a large online community of pregnant women. We asked if women who birthed during COVID-19 changed their birth setting and if they experienced less respectful care, more pressure to undergo induction and/or cesarean birth and newborn separation. We also wanted to explore whether there were differences in the care experience depending on the race of the woman. Open ended questions on care experiences were included and content analysis conducted. Bivariate analysis was conducted comparing those from high versus less COVID-19 impacted areas and by race (White/Black self-identifying). RESULTS/ANTICIPATED RESULTS: The mean age was 31.5 years (SD = 5.0), 80.7% identified as White, 85.0% married, and 85.3% privately insured (N=388). Bivariate unadjusted analyses comparing high vs. low impact COVID-19 states, 22.3% considered changing their place of birth versus 12.7% in less impacted areas ($p < .05$): no difference pressure for induction/cesarean based on region. In bivariate unadjusted analysis comparing White and Black people, Black people had higher odds of pressure for cesarean or induction compared to White (OR 10.3, 95% CI 2.2 to 48.6, $p = .0003$). Black people had lower respect scores vs. White (68.7 vs. 72.3 $p < .01$) and higher odds of preterm