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*

**13693**

### 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:

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