

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

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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

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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