minority communities in Florida to gauge the awareness and understanding of COVID-19, and the barriers and facilitators for participation in COVID-19 research studies. These communities include but are not limited to Latinx and Black populations in South and Central Florida, and Black communities in North Florida. The outcomes will help shape strategies for outreach and dissemination activities and minority recruitment plans to promote participation of minorities into vaccine and therapeutic trials. RESULTS/ANTICIPATED RESULTS: An estimated 75-125 participants will be recruited for focus groups. Four focus groups with minority communities have been conducted and the results are being analyzed. A common Community-Based Needs Assessment survey is being finalized and will be deployed across the 11 states that are part of the national CEAL consortium. Community Health Workers are being engaged to support outreach and dissemination to educate targeted communities on COVID-19 research and the importance of participation in COVID trials. To date, 243 CHWs and 880 community members have been engaged. Minority participation in COVID-19 vaccine trials at University of Miami has been higher than the national average. DISCUSSION/SIGNIFICANCE OF FINDINGS: The FL-CEAL Alliance has successfully demonstrated a coordinated effort to engage minority communities affected by COVID. Through strategic geographic partnerships, FL-CEAL will positively impact minority communities throughout the state that has one of the most diverse populations in the nation.

50565

CTSA collaboration to support K-12 school re-opening in the COVID-19 pandemic

Moira Inkelas[1], Onyebuchi A. Arah[1], Vladimir G. Manuel[2], Roch Nianogo[1], *Douglas E. Morrison[1], Nathaniel Anderson[1], Defne Yilmaz[1] and Tony Kuo[1,2]
[1]Fielding School of Public Health, University of California Los Angeles and [2]David Geffen School of Medicine, University of California Los Angeles

ABSTRACT IMPACT: The mobilization of a CTSA-sponsored team with multi-disciplinary translational science expertise enabled the university to provide a range of T1-T4 expertise to a large, complex school district that resulted in permanent learning and data science infrastructure. OBJECTIVES/GOALS: The Clinical Translational Science Institute (CTSI) formed a multidisciplinary science team to provide expertise in support of the re-opening of in-person learning in the second-largest U.S. school district during the COVID-19 pandemic. METHODS/STUDY POPULATION: The assembled interdisciplinary science team provided expertise in epidemiology, machine learning, causal inference and agent-based modeling, data and improvement science, biostatistics, clinical and laboratory medicine, health education, community engagement, and experience in outbreak investigation and management. The team included TL1 pre and postdoctoral fellows and mobilized scientists from multiple professional schools and T1-T4 stages of translational research. RESULTS/ANTICIPATED RESULTS: Tangible outcomes achieved using this team approach included the development of practical metrics for use in the school community, a learning process, the integration of preventive design elements into a testing and tracing program, and targeted and data-driven health education. The team, for example, generated new data displays for community engagement and collaborated with the school district in their use to visualize, learn from, and act on variation across a 700 square mile region. DISCUSSION/SIGNIFICANCE OF FINDINGS: Novel translational

methods can be used to establish a learning environment and data science infrastructure that complements efforts of public health agencies to aid schools in the COVID-19 pandemic. These new capabilities apply to COVID-19 testing and vaccines and can be mobilized for future population health challenges faced by school districts.

79602

Designing and Implementing an Assessment of Collaboration for a Clinical and Translational Research Community Advisory Board

Paul Estabrooks, Keyonna King, Dave Palm and Heidi Keeler
University of Nebraska Medical Center

ABSTRACT IMPACT: This abstract presents a generalizable process to evaluate, and act on, community advisory board perceptions of collaboration effectiveness to improve clinical and translational research network function. OBJECTIVES/GOALS: Community advisory boards (CAB) play an important role in facilitating relevant and externally valid, clinical and translational research (CTR). The objective of this presentation is to describe a participatory process to derive collaboration metrics that can be used to assess CAB effectiveness. METHODS/STUDY POPULATION: During the 4th and 5th years of the Great Plains IDeA CTR award, we used a mixed-methods approach that included CAB (1) discussions related to the need to assess collaboration effectiveness, (2) review of the validated Wilder Collaboration Inventory to identify factors that, if maximized, would improve a sense of team science and enhance productivity, (3) planning for assessment frequency and follow-up processes, and (4) review of collaboration data to determine necessary actions for improvement. Qualitative data were gathered across components of the mixed-methods approach. Quantitative data were collected and reviewed by the CAB (n=11 members) during the 1st quarter of award year 5. RESULTS/ANTICIPATED RESULTS: CAB members expressed an interest in assessing collaboration effectiveness, identified important factors to assess, and agreed that annual assessment and follow-up would be appropriate. Key factors identified and assessed (5-point agreement scale–higher score reflects stronger agreement) were 1) mutual respect/trust (m=4.2); 2) appropriate cross section of members (m=3.6); 3) a shared stake in the process and outcomes (m=3.9); 4) flexibility in decision-making/collaboration (m=4.1); 5) roles and policy guidelines (m=3.6); 6) open communication (m=3.9); 7) goal achievement (m=4.0); 8) shared vision (m=4.0); and 9) skilled leadership (m=4.4). DISCUSSION/SIGNIFICANCE OF FINDINGS: CAB reflection on the initial collaboration assessment resulted in developing plans to broaden membership and clarify roles and policy guidelines related to CAB participation. There was strong consensus related to the utility of this assessment approach.

82003

Network Evaluation of a Community-Campus Partnership: Applying a Systems Science Lens to Evaluating Collaboration and Translation

John D. Prochaska[1], Sharon Croisant[1], Lesley C. Sommer[2], Neil Treble[2], Krista Bohn[1], Lori Wiseman[1], Chantele Singleton[1] and Lance Hallberg[1]
[1]University of Texas Medical Branch and [2]REACH Coalition of Galveston County

ABSTRACT IMPACT: Using network analysis and a systems science lens, UTMB's Institute for Translational Sciences is able to quantify the evolution of REACH (its Community-Campus Partnership) as

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

Richard K. Leuchter, Chad Wes A. Villaflores, Keith C. Norris, Andrea Sorensen, Sitaram Vangala and Catherine A. Sarkisian
UCLA David Geffen School of Medicine

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

Janet Pan[1], Yi-Ling Tan[1], Jennifer Wong[1], Stella Chong[1], Isabel Ching[2], Jan Lee[3], Judith Zelikoff[4] and Simona Kwon[1]
[1]Department of Population Health, NYU Grossman School of Medicine, [2]Hamilton-Madison House, [3]Chinatown Core Block Association and [4]Department of Environmental Medicine, NYU Grossman School of Medicine

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: