

controlling for sources of prenatal stress. **RESULTS/ANTICIPATED RESULTS:** Global racism (total IRRS score) was significantly associated with birth weight when controlling for prenatal perceived stress and stressful life events within the last six months since study enrollment ( $\beta = -16.7$ ,  $p = .035$ ). Neonatal gestational age was associated with both global racism ( $\beta = -0.03$ ,  $p = .028$ ) and individual racism (IRRS'Individual' subscale score) ( $\beta = -0.09$ ,  $p = .032$ ) when controlling for prenatal perceived stress and stressful life events within the last six months since study enrollment. These results suggest that greater race-related stress contributes to lower weight and gestational age at birth in pregnant Black persons. **DISCUSSION/SIGNIFICANCE:** Future studies are necessary to determine the mechanisms by which race-related stress contributes to these adverse birth outcomes and to inform the development risk-assessment tools and interventions to mitigate the threat of race-related stress on adverse birth outcomes in high-risk populations.

196

### **COVID-19 Hospitalization and Death by Concentrated Racial/Ethnic and Economic Segregation: Los Angeles County, January 2020-June 2023\***

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**OBJECTIVES/GOALS:** This study aims to assess associations over time between several area-based indices of concentration at the extremes and COVID-19 hospitalization and death in Los Angeles County, from January 2020 to June 2023. These measures reflect concentrations of racial/ethnic and economic segregation at the census tract level. **METHODS/STUDY POPULATION:** Indices of concentration at the extremes (ICEs) for economic segregation, racial/ethnic segregation, and a combination of the two were constructed for each Los Angeles County (LAC) census tract, using 2015-2019 ACS data. The index ranges from -1 to 1 and is the number of advantaged households (HH) minus the number of disadvantaged HH over the total number of HH measured. Economic segregation is HH income over \$100,000 vs. below \$25,000 per year and racial/ethnic segregation defined as White and Non-Hispanic vs. non-White or Hispanic HH. The distribution of index scores was divided into quintiles (Q1-Q5) for all LAC census tracts. Age-adjusted hospitalization and death rates were derived at the census tract level by quarter (QTR) based on Los Angeles County Department of Public Health surveillance data. **RESULTS/ANTICIPATED RESULTS:** Age-adjusted hospitalization and death rates were consistently higher across all quarters in Q1 (most deprived) vs. Q5 (most privileged) for all ICE measures. For ICE of economic segregation, the age-adjusted hospitalization and death rate ratios between Q1 and Q5 were 2.12 (range: 1.32 - 4.15; peak 2020 QTR2) and 2.02 (range: 1.46 - 3.21; peak 2021 QTR1), respectively. For ICE of racial segregation, the age-adjusted hospitalization and death rate ratio between Q1 and Q5 was 2.03 (range: 1.08 - 3.95; peak 2020 QTR3) and 1.77 (range: 1.03 - 2.80; peak 2021 QTR1). The ICE of economic/racial segregation combined was the highest, with averages of the age-adjusted hospitalization and death rate ratios between Q1 and Q5 being 2.26 (1.16 - 4.43; peak 2020 QTR2) and 1.99 (range: 1.22 - 3.32; peak 2021 QTR1). **DISCUSSION/SIGNIFICANCE:** This study assesses the impact of geographic segregation based on indices that quantify the concentration of both deprivation, privilege, and racial/ethnic group, demonstrating that segregation and economic deprivation are consistently associated with higher rates of age-adjusted hospitalization and death from COVID-19 in LAC.

197

### **Evaluating Disparities in Management of Solid Organ Injury in Children Treated at Pediatric vs. Adult Trauma Centers\***

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**OBJECTIVES/GOALS:** Non-operative management is preferred for pediatric solid organ injury (SOI). Despite this children treated at adult trauma centers (ATC) are more likely to be treated surgically and have worse outcomes than those treated at pediatric trauma centers (PTC). We hypothesize there are disparities by sex and race in management of pediatric SOI at ATC vs PTC. **METHODS/STUDY POPULATION:** Retrospective review of the National Trauma Data Bank (NTDB) from 2010-2018 was conducted. Inclusion criteria were age  $\geq 18$  and injury to spleen, liver or kidney. Outcomes at American College of Surgeons accredited ATC, PTC, and combined ATC/PTC trauma centers were evaluated. The primary outcome was operative management. Secondary outcomes include length of stay, and in-hospital complications. Multivariate logistical regression adjusting for race, sex, and insurance type will be performed. **RESULTS/ANTICIPATED RESULTS:** 40,111 children were treated for SOI from 2010-2018. 39.3% were treated at an ATC and 26.4% at a PTC. Of children treated at an ATC, 62% were White, 17% were Black, and 1% were Asian. Children treated at the PTC were 60% White, 20% Black, and 0.9% Asian. Primary insurance type was Medicaid for 33% of patients at an ATC and 39% at PTC. Median length of stay at ATC and PTC was 4 days (2-7) and 3 days (2-6) respectively. 3.85% of patients at ATC underwent splenectomy compared to 0.8% at PTC. It is anticipated that further analysis will demonstrate that ICU admission, transfusion, embolectomy, and other operative interventions will be more prevalent at ATC than PTC. Moreover, we anticipate that multivariate logistical regression will show the odds of receiving operative management at each center differ by race, sex and insurance type. **DISCUSSION/SIGNIFICANCE:** Initial analysis of the NTDB from 2010-2018 shows that children treated for SOI at ATC receive operative interventions more often than those treated at PTC. Elucidating disparities in SOI care is an important step towards minimizing the impact of these disparities and better allocating resources such that they may be eliminated.

198

### **Community & Recruitment Programs at OHSU: Leveraging a team science approach to ensure representative study populations through community engagement and recruitment**

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**OBJECTIVES/GOALS:** Investigators are looking to integrate DE&I into trials, increasing study population diversity. In response, the Community and Recruitment programs of the Oregon Clinical and Translational Research Institute (OCTRI), built a collaborative, community-focused system for investigators interested in community engagement and recruitment. **METHODS/STUDY POPULATION:** Historically, the OCTRI Community and Recruitment programs operated independently. To build a community-focused support system for investigators, we began with the programs learning about each other's goals, values, and operations over a six-month period. Over the next two years, we then

began integrating into each other's team meetings and processes. Each team has their own process for providing services to investigators, consisting of intake and consultations. To these, we added tags for the other's program topics. This allowed efficient identification of opportunities for referrals and joint consultations. Program leads meet regularly to discuss referrals and partnerships allowing for more effective and consistent collaboration. RESULTS/ANTICIPATED RESULTS: Over the last two years, OCTRI Community and Recruitment built a collaborative process that allows investigators to work with both programs, receiving comprehensive, supportive assistance and education on how to design their study, engage with community, and recruit participants in a community-based setting. During this time, the programs have: provided consultations that discussed the other's program (N=21); made direct referrals to the other program (N=4); and, provided joint consultations (N=2). Studies that are investigator-initiated, in planning phase, and population focused were found to benefit most from the collaborative efforts. Additionally, we have improved the collaborative process during this time, resulting in more streamlined, efficient support services for investigators. DISCUSSION/SIGNIFICANCE: Diverse study populations and DE&I are essential to research. This collaborative, community-engaged recruitment approach by our programs allows investigators to leverage both programs' resources and expertise. We continue to identify best practices and study types that benefit from this collaborative approach to improve our services.

199

### Early expansion and outcomes of a multilingual Latine review board for inclusive science

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OBJECTIVES/GOALS: The NC Translational and Clinical Sciences (NC TraCS) Institute's Latine Community Review Board (CRB) provides expertise to researchers seeking to culturally adapt interventions and improve language access in clinical and translational science. Early efforts aimed to expand CRB membership, build member capacity, and assess CRB impact. METHODS/STUDY POPULATION: Founded in 2021, the NC TraCS Latine CRB is an advisory group of natively Spanish-speaking, Latine North Carolinians who contract with research teams (RTs) to review Latine community-facing study materials (e.g., decision aids, scales, recruitment scripts) and provide feedback for improving or validating materials' linguistic accuracy and cultural relevance. Bilingual staff facilitate members' review of materials, use focus group methods to solicit feedback, and report key findings and suggested revisions to RTs. In 2023, we recruited new age-, gender-, and racially diverse members; and implemented process and impact evaluation, via (1) post surveys of RTs and (2) assessment of members' experiences and visions for growth utilizing the Focused Conversation Method (Top-network, 2021). RESULTS/ANTICIPATED RESULTS: Since 2021, NC TraCS has conducted 11 Latine CRB review sessions to support 7 research studies. Current CRB members (n=8) report that (1) their work effectively

supports Latine inclusion in research; (2) increased group size and diversity help ensure study materials are comprehensible to heterogeneous Latine populations; and (3) an hourly member compensation rate equal to the hourly rate of TraCS' staff accurately represents member contributions. Members also cited that they value open communication, continuous improvement, communication via email and group chat, periodic programming meetings, and RT updates on study outcomes. Post-session RT surveys to date (n=3) show that RTs would recommend this program to other researchers (pending survey responses from RTs this year will provide additional impact data). DISCUSSION/SIGNIFICANCE: Early data highlight the value of fairly compensated, bilingually coordinated input from diverse Latine community members for improving studies' inclusion of heterogeneous, multilingual communities. Our approach can inform the development, growth, and continuous improvement of multilingual review boards at other research institutions.

200

### Assessing Pre-Diabetes Knowledge, Attitudes, & Needs: A Study of the CHW Translational Advisory Board of South Texas

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OBJECTIVES/GOALS: The CHW TAB is exploring pre-diabetes knowledge and perceived needs in south Texas to facilitate the role of CHWs to increase the capacity of community members to better manage their prediabetes diabetes risk. The long-term goal of this project is to show how the diagnosis of pre-diabetes can be managed to prevent type 2 diabetes. METHODS/STUDY POPULATION: We selected a two-pronged approach to gather quantitative and qualitative data. CHW TAB members collected data participated in different aspects of the project (e.g., study design, survey development, etc.). Data collection procedures include Quantitative - a 9-item survey in English and Spanish administered by each participating CHW in 2022 at community events. One hundred surveys were collected. In Phase 2: Qualitative, participants attended focus groups to gather in-depth data about pre-diabetes management, including challenges and opportunities, which will inform CHW-led intervention development. Eight English and one Spanish focus groups, with 65 participants in 6 counties were completed. RESULTS/ANTICIPATED RESULTS: This project is still in progress. Preliminary results show that most survey participants identify as Hispanic, and half have been diagnosed with pre-diabetes. Additionally, 87.8% report that prediabetes is a problem in their community. Preliminary focus group findings indicate that knowledge and support for managing prediabetes is missing in South Texas. Many participants report feeling "doomed" to develop type 2 diabetes but are eager to share their experiences.