

the population level. Potential structural or systematic inequities in large-scale datasets and traditional data analyses should be thoughtfully reviewed through a health equity lens.

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### Cross-institutional collaborations for health equity research at a CTSA

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**OBJECTIVES/GOALS:** We were interested in health equity research for each CTSA-affiliated institution, specifically focusing on cross department and cross-campus co-authorship. We conducted a bibliometric analysis of our CTSA-funded papers relating to diversity and inclusion to identify cross department and cross-campus collaborations. **METHODS/STUDY POPULATION:** We worked with our CTSA's Racial Justice, Diversity, Equity and Inclusion Task Force to conduct an environmental scan of diversity and inclusion research across our CTSA partner institutions. Using the Scopus database, searches were constructed to identify and retrieve the variety of affiliations for each of the CTSA authors, a health equity/health disparities search hedge, and all of our CTSA grant numbers. We limited the dates from the beginning of our CTSA in 2008–November 2021. We used PubMed to retrieve all MeSH terms for the articles. We used Excel to analyze the data, Python and NCBI's Entrez Programming Utilities to analyze MeSH terms, and VOSviewer to produce the visualizations. **RESULTS/ANTICIPATED RESULTS:** The results of this search yielded 94 articles overall. We broke these up into subsets (not mutually exclusive) to represent five of the researcher groups across our CTSA. We analyzed the overall dataset for citation count, normalized citation count, CTSA average authors, gender trends, and co-term analysis. We also developed cross department co-authorship maps and cross-institutional/group co-authorship maps. **DISCUSSION/SIGNIFICANCE:** This poster will demonstrate both the current areas where cross-departmental and cross-institutional collaboration exists among our CTSA authors, as well as identify potential existing areas for collaboration to occur. These findings may determine areas our CTSA can support to improve institutional performance in addressing health equity.

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### Stroke and COVID Population: A Health Equity Analysis

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**OBJECTIVES/GOALS:** Observational studies suggest unequal effects of COVID-19 on the population of the U.S. distinguished by race and ethnicity. Our primary research question: what are the demographic differences among patients identified with concurrent ischemic stroke and COVID-19 positivity? **METHODS/STUDY POPULATION:** The National Covid Cohort Collaboration (N3C) data was used to identify patients with concurrent COVID-19 and stroke, operationally defined as those with a COVID diagnosis and inpatient admission for ischemic stroke 1 week before or 6 weeks

after their COVID diagnosis. The data was further age restricted (18–65 years) and a categorical variable was created representing payer plans (Medicaid, Medicare, Other insurance). Data on patients race/ethnicity, comorbidities, treatments administered (Remdesivir and ECMO) and insurance information was analyzed using various exploratory data methods and visualizations. Logistic regression was implemented to model the relationship between variables (dependent/independent) in the cohorts. Model complexity was analyzed using the F test of significance. **RESULTS/ANTICIPATED RESULTS:** Taken as a whole, the data contained over 7 billion rows and around 6.4 million persons (~ 2.15 million of whom were COVID+). The main cohort of individuals with concurrent COVID positivity and ischemic stroke made up around 0.29% of the original COVID+ group, and the payer plan sub-cohort consists of around 29.26% of our main cohort. Black/African American (AA) and the Hispanic/Latino any Race have younger distributions (median ~ 65 years), while the White Non-Hispanic group has the oldest distribution (median ~ 70 years). Black/AA had the highest average number of comorbidities per patient (4.49), compared to white non-Hispanic (3.39) and Asian non-Hispanic (2.59). In our analysis, Medicaid patients had lower odds of obtaining ECMO ( $p < .01$ ), there was no significant difference in Remdesivir treatment. **DISCUSSION/SIGNIFICANCE:** We found the N3C data to be useful in studying a distinct group of patients, and exploring COVID-19 and ischemic stroke treatment across patients' race/ethnicity identities and insurance status. Our exploratory analysis provides a foundation for further insight into demographic trends and discrepancies in apportionment of treatment.

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### Community Research Academy: Lifting Community Voices for Equity in Health Research and Innovation

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**OBJECTIVES/GOALS:** To engage community partners in full spectrum of translational sciences participants will: 1. Develop community-based research projects. 2. Evaluate pilot awards submitted to the Community Advisory Board for funding. 3. Actively participate in the research cores at the CTSC **METHODS/STUDY POPULATION:** The Academy workshop curriculum supports an in-depth examination of the translational research process, introduction to the CTSC Community Advisory Board; as well as to community based participatory research; grant evaluation process, and the need for active community involvement in various cores, and clinical trials. Workshops presented by tenured professionals and community leaders with multi-media out of class assignments. Scheduled

sessions were 1 hour, and 15 minutes. Exams given post class session with a mean score of 22.8/30 for session 1 and a mean score of 23.80/30 for session 2. RESULTS/ANTICIPATED RESULTS: The Community Research Academy (CRA) has thus far held for two sessions. Of the 45 enrollees, 20 completed the entire program. Of those, ten have joined the CAB board; and three have actively participated in the pilot award review process. One of the CRA graduates will be publishing her photo novella assignment in Health Affairs. One person changed careers; and several people have taken all the classes for a second time. Many participants originally came from our faith-based connections. Now word of mouth is expanding the program. DISCUSSION/SIGNIFICANCE: Community engagement ensures that the fresh voices of diverse populations are involved in translational science. Their input ultimately leads to creating novel clinical innovations; such community-driven ingenuity which addresses the deeply felt needs of those communities.

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### Meeting the Needs of Transgender People through Community Engagement

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OBJECTIVES/GOALS: Alachua TranQuility was formed in early 2016 to address needs of transgender people in Alachua County, Florida and surrounding areas. Increasing awareness of gender identity issues created a growing population in need of additional health and social services to counter the negative health outcomes traditionally experienced by transgender people. METHODS/STUDY POPULATION: The group met monthly at UF HealthStreet, a CTSA community engagement program, where social and medical referrals and opportunities to participate in research were made available to attendees. Those attending included transgender and gender non-conforming individuals as well as family, friends and other allies. Outreach was conducted through social media, physical fliers, and tabling at community events. TranQuility partnered with local LGBTQ organizations to promote activities. Leadership was provided by a steering committee that changed over time, with feedback from attendees guiding planning. Simultaneous to TranQuility's founding, a Youth Gender Clinic was established at UF Health, clearly demonstrating the need for services aimed at the transgender population. RESULTS/ANTICIPATED RESULTS: Between February 2016 and September 2019, attendance at meetings was logged per HealthStreet protocols. Age of attendees ranged from 10 to 75, and most were non-Hispanic whites. More than 300 individuals attended meetings across time, and many attended multiple meetings, with greater than 15% having attended five or more meetings. Attendance averaged around 30+ each month, with a high of 76. Educational programming was offered, such as information on hormone therapy and name/gender marker change, and a parent support group was formed to meet concurrently with the main group. Social opportunities were very popular, as a safe place for people to present as their authentic selves. The coronavirus pandemic curtailed in-person meetings at HealthStreet in 2020, but the group plans to return to this format in 2022. DISCUSSION/SIGNIFICANCE: TranQuility has become an established organization to which other groups provide referrals. Qualitatively it is clear that many people have been positively impacted. An ongoing discussion for the group, however, has been to improve outreach to transgender people of color, who typically suffer from the most discrimination and anti-trans violence.

### Regulatory Science

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#### Enhancing Research Ethics, Equity and Protections for Uninsured Study Participants

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OBJECTIVES/GOALS: To increase diversity in clinical and translational research (CTR), to strengthen protections for uninsured and under-insured study participants from vulnerable groups by addressing their medical, ancillary care and psycho-social needs and to develop a systematic ethically sound approach to addressing such needs in the study protocol and budget. METHODS/STUDY POPULATION: We conducted ethical analyses of: (1) the regulatory and ethics scholarship concerning protections and duty of care to research participants from vulnerable groups, and 2) arguments concerning the nature and scope of ancillary care obligations of researchers, as well as 3) a review of the applicable local, federal, and international regulations and practices concerning the duty of care to CTR participants and potential participants who are uninsured, under-insured and/or undocumented members of vulnerable groups. RESULTS/ANTICIPATED RESULTS: Uninsured and underinsured study participants pose major ethical challenges for CTR as medical needs arising during a study are usually covered by the participants own insurance. Lack of health insurance increases vulnerability and creates (1) a barrier to research participation for members of socially disenfranchised groups, (2) risk of discriminatory exclusion of such participants from clinical studies, and (3) inter-institutional inconsistencies in meeting their medical needs; thus limiting diversity in CTR. To address the challenges, we propose an inclusive, systematic, ethically sound approach, which deliberately plans for and provides resources within a study protocol to address the medical and psycho-social needs of uninsured participants during and beyond the study. DISCUSSION/SIGNIFICANCE: Including diverse participants in CTR ensures data quality and social justice. PIs and IRBs should adopt an inclusive approach to the medical needs of vulnerable uninsured participants, plan for their medical and ancillary care needs in the protocol and budget, list community resources, provide follow-up support and note assistance in their files.

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#### Ethical Considerations of Decentralized Clinical Trials

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OBJECTIVES/GOALS: Our goal is three-fold: (1) to enhance protections for research participants in decentralized clinical trials (DCT) by (2) identifying the ethical and regulatory challenges posed by DCT and (3) considering possible solutions to the ethical and regulatory challenges of DCT. METHODS/STUDY POPULATION: A literature review was conducted to identify the ethical and regulatory challenges of DCT. The review showed that, with few exceptions, the publications on DCT have been written by IT experts, researchers or representatives of the pharma industry. There are hardly any independent or multidisciplinary analyses of DCT, e.g., by ethicists, medical sociologists or patients. This suggests that, currently, the