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### Transition Across Care Boundaries: Opportunities to Improve Medication Safety for Children with Medical Complexity

Ephrem Abebe<sup>1</sup>, Sarah Wiehe<sup>1</sup> and Richard J. Holden<sup>1</sup><sup>1</sup>Purdue University

**OBJECTIVES/GOALS:** Children with medical complexity (CMC) experience frequent transitions of care (e.g., hospital to home) and are at increased risk for medication-related harm. This study aimed to identify transition-related medication safety barriers experienced by family caregivers, as they shoulder most of the caregiving responsibility following discharge. **METHODS/STUDY POPULATION:** We conducted semi-structured qualitative research interviews of 6 family caregivers and 10 healthcare professionals with roles assisting families during hospital discharge. Interviews focused on identifying key stages of the hospital-to-home transition period as well as medication-related tasks, decisions, and contexts. Transcribed audio interviews and research meeting notes were content analyzed to develop journey maps visually depicting key phases of the families experiences managing medication at home and their decision points and unmet needs. **RESULTS/ANTICIPATED RESULTS:** Journey mapping identified key decision points, medication management needs, and way points navigated by family caregivers during the hospital-to-home transition. Findings were salient for each phase of the family journey: 1) initial admission/intra-unit transfer; 2) in-patient care; 3) peri-discharge planning; 4) discharge; 5) immediate post discharge period (we termed post-discharge configuration); and 6) period of ongoing tasks and needs. Illustrative examples will be presented and discussed. **DISCUSSION/SIGNIFICANCE:** Family caregivers of CMC have needs that evolve throughout the medication use journey, suggesting a need for interventions that account for the time variant nature of this work. Findings lay a foundation for the next step of our study which aims to develop a prototype medication safety intervention that will be evaluated with family caregivers.

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### Understanding vaccine hesitancy among underserved communities in South Florida – an effort by the Florida Community-Engaged Research Alliance Against COVID-19 in Disproportionately Affected Communities (FL-CEAL) to address vaccine uptake disparities in the COVID-19 pandemic.

Olveen Carrasquillo<sup>1</sup>, Victoria Behar-Zusman<sup>1</sup>, Victor Cueto<sup>1</sup>, Nick Metheny<sup>1</sup>, Rosalina Das<sup>1</sup> and Jessica Diaz<sup>1</sup><sup>1</sup>University of Miami

**OBJECTIVES/GOALS:** The goal of this project is to understand vaccine hesitancy and barriers to COVID-19 vaccine uptake among underserved communities in South Florida, to promote vaccine awareness, and to tailor education and communication based on the findings, in partnership with local community-based organizations. **METHODS/STUDY POPULATION:** By partnering with local community organizations, leaders, faith groups, and other trusted sources, the FL-CEAL teams will conduct a nationally developed CEAL survey in minority communities in South Florida to understand vaccine hesitancy and barriers, conduct outreach activities such as webinars and virtual townhalls to address hesitancy and promote vaccine uptake, and develop and disseminate educational materials and social media communications based on findings. The

communities in South Florida include the Latinx farm working community, Latinx sexual/gender minorities, and Haitian and Black populations in South Florida. **RESULTS/ANTICIPATED RESULTS:** Early findings have indicated that hesitancy drivers vary among specific communities, while lack of trust is an overall barrier. Over 100 outreach activities have been conducted, including events with subject matter experts and community partners addressing vaccines. A credit-earning Community Health Worker (CHW) curriculum on COVID vaccine hesitancy was created in partnership with the Miami CTSI and the Florida CHW Coalition and has been delivered to over 200 Florida CHWs. The training focuses on evidence-informed best practices for CHWs to increase vaccine acceptance. At least 350 surveys will be conducted to understand beliefs and concerns around COVID-19 vaccines, and tailor education materials and communication strategies. **DISCUSSION/SIGNIFICANCE:** The FL-CEAL Alliance has successfully leveraged their ongoing state-wide effort at addressing COVID-19 disparities to focus on COVID vaccine hesitancy in minority communities and leveraged data and findings to inform community-specific approaches in addressing some of those barriers.

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### Engagement to Reduce COVID-19 Vaccine Hesitancy - The Value of Investments In Long Term Community Relationships

Donald Nease<sup>1</sup>, Montelle Tamez<sup>1</sup>, Charlene Barrientos-Ortiz<sup>1</sup>, Mary Fisher<sup>1</sup>, Sarah Brewer<sup>1</sup> and Linda Zittleman<sup>1</sup><sup>1</sup>University of Colorado - Anschutz Medical Campus

**OBJECTIVES/GOALS:** The Colorado Community Engagement Alliance Against COVID-19 Disparities (CO-CEAL) Team has worked with 5 racial/ethnic communities in Colorado to understand COVID-19 vaccine hesitancy and develop messages, materials and dissemination strategies to impact vaccine hesitancy. Relationships have been key facilitators of this work. **METHODS/STUDY POPULATION:** CO-CEAL was funded for one year as a part of the national CEAL Teams effort. CO-CEAL engaged urban Hispanic/LatinX, rural Hispanic/LatinX, urban African/American, rural African Immigrant and urban American Indian/Alaska Native communities through Community Connectors in each community. Our Community Connectors led recruitment of community members for our community survey data collection (goal of 200 surveys from each community) and participation in our 5 Community (Boot Camp) Translations. Where possible we worked with Community Connectors and leveraged community relationships with whom we had worked over multiple years and projects. In two communities we worked to quickly build and establish new relationships with Community Connectors and their communities. **RESULTS/ANTICIPATED RESULTS:** The rapid nature of the CO-CEAL project, its timeline and the unusual nature of the funding mechanism required adaptations to usual ways of working on both the academic and community side. In our CO-CEAL partner communities where there was a history of working together, concerns, possible barriers and other issues tended to be rapidly addressed. The prior existing, long-standing relationships fostered trust that enabled open airing of concerns and an ability to address issues as they arose. In CO-CEAL partner communities where new relationships were being forged, trust needed to be build from the ground up. This made adaptations more challenging and the ability to address concerns and issues as they arose more problematic. Although the work has moved forward in all communities, extra care has been