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Racial and Ethnic Disparities in Pediatric Kidney Transplantation - Has KAS made a difference?

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ABSTRACT IMPACT: Evaluate the impact that the Kidney Allocation System has had on racial and ethnic disparities in pediatric deceased donor kidney transplant recipients. **OBJECTIVES/GOALS:** Racial and ethnic minority pediatric transplant candidates have known disparities in access to kidney transplantation. The Kidney Allocation System (KAS), implemented in 2014, was designed in part to alleviate some of these disparities thereby making transplant more equitable. We investigated the effect of KAS on reported disparities. **METHODS/STUDY POPULATION:** We utilized Scientific Registry of Transplant Recipients (SRTR) data to determine differences in new waitlist registrants, deceased donor (DDKT) and living donor kidney transplants (LDKT), HLA mismatch, and allograft survival among pediatric patients of different racial and ethnic backgrounds. **RESULTS/ANTICIPATED RESULTS:** Black pediatric patients represented 21.3% of new waitlist registrants pre-KAS and 18.9% post-KAS. Waitlist time increased for pediatric patients of all races post-KAS with the highest increase (131 days) in Asian patients ($p < 0.01$). The racial distribution of DDKT pre- and post-KAS was unchanged (White 38.4% vs 38.3%, Black 24.5% vs 22.5%, Hispanic 30.6% vs 31.1%, Asian 3.7% vs 4.4%, $p = 0.12$). The 3-yr graft failure rate is disproportionately worse in Black children compared to other races pre- and post-KAS (White 6.8% vs 5.3%, Black 14% vs 8.7%, Hispanic 8% vs 4.5%, Asian 6.6% vs 6.7%, Other 6.5% vs 2.9%) although there is a trend towards better graft survival in the post-KAS era. Graft survival worsened in Asian children in the post-KAS era (HR 2.34, 95% CI 1.05 - 5.25, $p = 0.038$). **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Racial and ethnic disparities in pediatric ESRD patients have not been ameliorated by KAS. Children of color have longer waitlist time and are more likely to have graft failure. Alarming, allograft failure rate increased in Asian patients post-KAS, which merits further evaluation.

Data Science/Biostatistics/Informatics

55059

Developing the COMMUNITY KNOWLEDGE TO ACTION TOOLKIT (CONNECT) to reduce breast cancer screening disparities Let's CONNECT

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ABSTRACT IMPACT: Advanced spatial analysis techniques are used to target a community education intervention for Immigrant and African American women to increase breast cancer screening. **OBJECTIVES/GOALS:** We are addressing breast cancer screening

disparities through the development of the COMMUNITY KNOWLEDGE TO ACTION TOOLKIT (CONNECT). CONNECT implements a mixed-methods approach using GIScience, community education, and social media to mitigate the impact of breast cancer screening disparities for Immigrant African and African American women. **METHODS/STUDY POPULATION:** We used advanced spatial analysis techniques, Spatially Adaptive Filters (SAF) to reveal mammography screening rates below the state level. SAF create screening maps of This new information allows lay health educators to identify and engage their communities in the Breast Cancer Champions program. We transformed and curated existing cancer educational material into culturally relevant educational training for lay health educators. Lay health educators participate in educational trainings and receive stipends for conducting formal and informal breast cancer education and screening events. **RESULTS/ANTICIPATED RESULTS:** We have identified four principles for designing culturally relevant education materials.

1. Visual representation of the community in materials
2. Positive Framing
3. Statistics and graphs should be minimal
4. Appropriate reading level and minimizing jargon

Due to COVID-19, our breast cancer champions are engaging with their community in socially responsible ways (i.e., engaging through social media, developing and placing community education flyers, community radio spots). Our social media campaign, which began in October has already attracted over 1000 followers. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Despite the disruption of COVID-19, our project continues reduce breast cancer screening disparities. We have developed and created culturally appropriate materials and are currently training Champions. By incorporating an online presence into our community outreach, we are increasing the ways we connect with our community.

Digital Health/Social Media

35058

A Mixed Method Study: Can Lyft Facilitate Better Access to Healthy Food?*

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ABSTRACT IMPACT: Interventions designed to improve access to healthy food are needed as a mechanism to improve diet quality and ultimately prevent diet-related chronic diseases. **OBJECTIVES/GOALS:** For people living in food deserts, access to grocery stores is an important consideration toward improving diet quality. The Grocery Access Program (GAP) provided discounted Lyft rides to grocery stores for residents in Baltimore, MD. This study will assess how the GAP impacted access to different food retail stores and healthy food purchases. **METHODS/STUDY POPULATION:** A mixed methods sequential explanatory design will be used. We collected survey data at baseline and mid-pilot on primary grocery shopping store, frequency of purchasing fruits and vegetables, and frequency of using the discounted Lyft rides for 90 program enrollees. The Healthy Food Availability Index (HFAI), a validated,

observation-based instrument, will be used to measure healthy food availability at participants' primary grocery shopping stores; HFAI scores range from 0-27. We will also compare frequency of self-reported fruit and vegetable purchases before and after GAP participation. Quantitative data analysis using paired sample t-tests and chi square tests will be followed by in-depth interviews with GAP participants; thematic analysis will be used to analyze qualitative data. RESULTS/ANTICIPATED RESULTS: This research is in progress; survey data collection is complete and store-level HFAI data collection will begin soon. We hypothesize that GAP participants will have shopped at stores with higher HFAI scores than non-participants, and that participants will have purchased healthy foods more frequently than they did prior to GAP participation. If these hypotheses are not supported, our qualitative findings will elucidate potential reasons and mechanisms for improving the program. If our hypotheses are supported, it will provide evidence for the GAP as a convenient, low-cost intervention to improve healthy food access for people in low-income communities. DISCUSSION/SIGNIFICANCE OF FINDINGS: Access to healthy foods is an important social determinant of health, and innovative strategies that can facilitate better dietary habits are needed in the area of food access research. Findings from this study could be used to scale up efforts that will foster better food access, healthier diets, and ultimately better health outcomes.

Dissemination and Implementation

11492

Mapping CTSA hub activities across the EQ-DI framework to discover opportunities for interaction between health equity and dissemination & implementation science; the case of University of Colorado and University of Rochester

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ABSTRACT IMPACT: This study provides a framework to inform and organize health equity efforts and initiatives at CTSA institutes. OBJECTIVES/GOALS: to map the activities of the Clinical and Translational Science Award (CTSA) Program hubs across the EQ-DI framework, to depict opportunities for interaction between health equity and dissemination & implementation (D&I) science. METHODS/STUDY POPULATION: The EQ-DI framework demonstrates the dynamic interaction between D&I science and health equity. Health equity could be a lens to sensitize and inform D&I planning (through goal-setting and team development), execution (through 'adaptation' and D&I strategies), and evaluation (through incorporating health equity in D&I outcome assessment). On the other hand, D&I models, methods, and study designs can operationalize dissemination and implementation of evidence-based interventions to improve equity. Stakeholder engagement is at the center of the framework to inform and direct the sensitization and operationalization cycles. RESULTS/ANTICIPATED RESULTS: We reviewed the activities of Colorado Clinical & Translational Sciences Institute (CCTSI) and University of Rochester Clinical and Translational Science Institute (UR CTSI) to improve health equity and mapped

them across the EQ-DI framework. The sensitizing activities included health equity training, eliciting community priorities, and inclusion of health equity as a critical axis in funding mechanisms. The operationalizing activities included D&I methodological training and consultation, collaborative team science, and funding mechanisms to support implementation of health equity EBIs. Community engagement through studios, community liaisons, and consults was a core priority guiding sensitizing and operationalizing activities. DISCUSSION/SIGNIFICANCE OF FINDINGS: The CTSA Program has been a champion for community engagement and translational collaboration to improve individual and population health. CTSA hubs provide infrastructure and resources to facilitate equity-focused D&I.

13124

COVID-19: The Urgency of Engaging during Crisis

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ABSTRACT IMPACT: Throughout the COVID-19 pandemic, the UTMB Institute for Translational Sciences has sought to answer our communities' needs for research, for knowledge of research, and involvement in research, while recognizing that meaningful engagement involves understanding all emergent needs and responding to maximize the health and well-being of those we serve. OBJECTIVES/GOALS: ITS community programs responsive to COVID-19 include:

- o Ongoing communication with community and business stakeholders

- o Social media and public health campaigns promoting safe practices, research updates, and testing information

- o Community initiatives to increase testing among vulnerable populations

METHODS/STUDY POPULATION: Like sister hubs across the US, the UTMB ITS has brought available resources to bear on addressing COVID-19 through research, medical response, and public health outreach. Community engagement activities have included facilitating communication, particularly by rapidly translating information for multiple audiences and wherever possible and appropriate, providing opportunities for the patient's voice to inform and guide development of research. We realized the community's need for trustworthy and reliable information about COVID-19 early in the pandemic. Key partnerships with community members and organizations were critical in enabling us all to be most responsive in meeting these needs. RESULTS/ANTICIPATED RESULTS: ITS community outreach included developing infographics, media notices, and educational materials related to prevention and testing as well as appropriate use of PPE. These efforts resulted in an article in a regional newspaper, which was disseminated widely through social media networks. ITS faculty also engaged doctoral and MPH trainees to support the Health District's contact tracing effort. We held several events on mental health impacts as well as discussions related to health disparities. Both activities shaped plans for community-based interventions and research. The ITS also hosted a virtual workshop to facilitate discussion around key research questions related to the pandemic. DISCUSSION/SIGNIFICANCE OF FINDINGS: Throughout the pandemic, the ITS has maintained contact with stakeholders. Our roles have been to communicate, disseminate, translate, provide resources, and build bridges. We also listen, share, and provide opportunities for patients and communities to engage in all phases of the research spectrum.