

DISCUSSION/SIGNIFICANCE: Findings will reinforce the importance of integrated screening and proactive management of social determinants of health within clinical and social services that target this population. Also, contribute to the development of strategies tailored to break violence cycle as a public health measure.

159

Community Engagement (CE) Brokers: Diversity and the Science of CE

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OBJECTIVES/GOALS: Since 2013, managers of community engagement (CE) programs across the Clinical and Translational Science Award (CTSA) consortium funded by the National Center for Advancing Translational Sciences (NCATS) have convened monthly to build connections, share knowledge, and enable collaboration. METHODS/STUDY POPULATION: Notable for focus on staff leadership, the CE Brokers group has been central to the ongoing success of CTSA community engagement partnerships and approaches to research. In early 2022, a survey of the 139-member group asked about their roles and responsibilities, the ways the CE Brokers network has contributed to their hubs adoption and development of best practices and innovations, resources and lessons learned, and the creation of opportunities for members to collaboratively conduct and disseminate original research, and research on the science of community engagement. The survey also asked CE Brokers if they or their community partners are part of an underrepresented community. RESULTS/ANTICIPATED RESULTS: These demographic data will be shared, along with analyses of data on growth of the group over time, evolving themes, and a SWOT analysis completed in 2021. DISCUSSION/SIGNIFICANCE: This will provide a platform to explore new avenues for the CE Brokers and their impact within the NCATS CTSA consortium, in line with the evolving direction of the clinical and translational research enterprise.

160

Sustaining community engagement during COVID-19: High stress and loneliness reported

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OBJECTIVES/GOALS: COVID-19 has taken a big toll on health, mental health and community well-being. COVID-19 has also presented unique opportunities for community engagement programs to sustain their work within communities. Low-tech methods of engagement might provide opportunities for success. METHODS/STUDY POPULATION: When we could not be in

the field due to COVID-19, we recontacted our 12.4k HealthStreet members by phone and in 12 months successfully contacted 3.2k. By contrast, over the two COVID affected years (2019 & 2020), our in-person recruitment efforts in the community fell to 832 from 1817 in the two prior years (2017 & 2018). Reconnecting with existing members is an important aspect of sustainable community engagement. RESULTS/ANTICIPATED RESULTS: While 8/10 of the 3.2 K sample had internet access in their homes, 9/10 said having it was somewhat to very important. Importantly, 1 in 3 people who had additional needs or suggestions were looking for better COVID-19 knowledge or ways to reduce the threat of illness, 1 in 4 wanted resources; and 1 in 5 encouraged us to keep doing what we were doing. Among recontacted members, 30.2% indicated a high stress level (8 & over on a 10 point scale) while 15.2% reported a high level of loneliness (8 & over on a 10 point scale). High stress was significantly more likely among those identifying as African American (23.1%) compared to non-African American (16.6%). Loneliness did not vary (10.1% among both). DISCUSSION/SIGNIFICANCE: Sustainable community engagement was important to reach community members during the pandemic, especially given the high rates of stress and loneliness among members contacted. In-person connections were reduced, but phone contact provided an opportunity for successful engagement.

161

Barriers to Kidney Transplant Waitlisting among Patients with End-Stage Kidney Disease in Puerto Rico

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OBJECTIVES/GOALS: The prevalence of patients with end-stage kidney disease (ESKD) in PR has increased in the last decade along with an aging population, while waitlisted patients have decreased. Our objective is to compare clinical and sociodemographic characteristics of patients with ESKD on dialysis who are waitlisted from those who are not waitlisted. METHODS/STUDY POPULATION: Retrospective study of all patients with ESKD who received dialysis in PR from 2013-2019, based on the United States Renal Data System data. Variables: (1)waitlisting status (yes or no; waitlisting date); (2) sociodemographics (age at dialysis initiation, sex, zip-code area, health insurance type, and employment status); and (3)clinical characteristics (dialysis initiation date, primary diagnosis of renal disease, comorbidities including obesity, diabetes, peripheral vascular/cardiovascular disease, cancer, etc.). Statistics: (1)descriptive statistics (continuous - central tendency [mean, median] and dispersion [standard deviation, interquartile range]; and categorical [frequencies and percentages]); (2)Chi-square test, Students t-test, and Mann Whitney U test to evaluate differences. RESULTS/ANTICIPATED RESULTS: We expect patients on dialysis not waitlisted will be older and have more comorbidities than those who are on dialysis and waitlisted. DISCUSSION/SIGNIFICANCE: Kidney transplant is the choice of therapy for ESKD and its benefits are better quality of life, improved survival, and best long term-cost effectiveness. If our hypothesis is true, findings will highlight the importance of characterizing which patients with ESKD on dialysis are kidney transplant candidates when considering barriers to waitlisting.