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### Examining Relationships between and Experiences of Patient and Provider Factors and Access to, Use of and Disparities in Postpartum Care: A Mixed Methods Study\*

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**OBJECTIVES/GOALS:** Alabama has the 3rd highest maternal mortality ratio in the U.S., with more than 50% of deaths occurring postpartum. There is little evidence on the prevalence or equity of postpartum care use in Alabama. This mixed methods study examines relationships between patient and provider factors and access to, use of, and racial disparities in postpartum care. **METHODS/STUDY POPULATION:** I will use a sequential explanatory mixed methods design. In the quantitative phase I will analyze an integrated electronic health record and human resource dataset to identify patient and provider factors that have a relationship with receipt of at least one postpartum visit within 12 weeks of delivery in a cross-sectional, retrospective cohort of 30,000 obstetric patients in Alabama. In the qualitative phase I will describe the postpartum experiences of obstetric patients who identify as Black or African American who received or did not receive at least one postpartum visit within 12 weeks of childbirth. In the integration phase I will draw synthesized conclusions about how the results of both phases describe predictors of and barriers and facilitators to postpartum care for Black birthing people in Alabama. **RESULTS/ANTICIPATED RESULTS:** I will identify relationships between patient factors (e.g., race, racial concordance with primary provider, insurance status, age, parity, type of delivery, Area Deprivation Index, presence of a chronic condition or severe morbidity) and patient receipt of postpartum care. I will also explore whether health care provider factors (e.g., race, racial concordance with the patient, age, gender, provider type, years of experience) predict patient receipt of postpartum care in this retrospective cohort. In the qualitative phase, I will explore the experiences and perceptions of birthing people who identify as Black or African-American that help explain the relationships between patient and provider factors and receipt of postpartum care identified in the quantitative phase. **DISCUSSION/SIGNIFICANCE:** More than 50% of maternal death occurs after childbirth. Postpartum care is critical to birthing people's survival, especially in states with high maternal mortality. This study will fill a gap in knowledge about factors that have a relationship with equitable postpartum care in Alabama.

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### Listening to and Learning from the Community: A Model for Community Engagement and Building Trust

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**OBJECTIVES/GOALS:** We have developed a community engagement model that embraces several core values: bi-directional, co-equal, co-created, inclusive, culturally centered, and trust. Our promotoras de salud and community health workers (CHWs) facilitate listening sessions to understand the most pressing health needs and concerns as perceived by the community. **METHODS/STUDY POPULATION:** Our Southern California CTSI Community Engagement team includes promotoras de salud and community health workers who are trusted individuals within our targeted

communities—Latino and Black populations in South and the Eastside of Los Angeles. Listening sessions identify the community's perceived health needs and concerns, and our team in turn delivers a workshop series that addresses those concerns. Workshops are co-developed by community members, offered in English and Spanish, and delivered both virtually and in-person in community venues. Workshop topics have included mental health, depression, anxiety in children; child development and autism; COVID-19 testing, variants, and vaccines; monkeypox; and a primer on understanding clinical research. **RESULTS/ANTICIPATED RESULTS:** In 2022, we held 49 workshops that delivered evidence-based information including how to access needed resources. We had a total of 1212 participants, 60% of whom were returning, meaning they had attended at least one prior workshop. An evaluation of the workshop program demonstrated that our promotoras de salud and community health workers are trusted by the community and that workshops are meeting community needs. 677 surveys were completed by participants, 87.5% of whom were female. 85% of respondents stated that they will use the information they learned in their daily life, and 90% said they would attend another workshop. Feedback from the evaluation will inform future workshop format and topics. **DISCUSSION/SIGNIFICANCE:** Academic-community partnerships are key to advancing health equity, especially in diverse and under-resourced communities. This is one model of community engagement, which includes promotoras de salud and CHWs that was designed to build trust, empower individuals through education, and to address the health needs as defined by the community.

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### Why are Somali refugees not utilizing mental healthcare? Identifying barriers impacting mental healthcare utilization among Somali Refugees

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**OBJECTIVES/GOALS:** We seek to describe the challenges to mental healthcare access and utilization among Somali refugees in Minnesota. The objectives of this study are 1) to characterize beliefs and attitudes about mental illness and 2) identify barriers, either personally experienced or perceived, to utilizing mental health services among Somali refugees. **METHODS/STUDY POPULATION:** Mental health challenges are of particular concern among Somali refugees, who have been found to have rates of PTSD as high as 50%. However, Somali refugees are reported to underutilize mental healthcare. We will recruit 20-25 Somali refugee women and men, who are 18 years or older and reside in the Twin Cities, to participate in one on one interviews. Participants will be asked about their perception of barriers to mental healthcare services, and their beliefs about mental illness and treatment. We will transcribe the interviews, code them, and identify key themes. A community advisory board will be directly involved in the research design, recruitment, interview instrument development, interpretation of findings, and dissemination of project materials as part of our community engagement protocol. **RESULTS/ANTICIPATED RESULTS:** When completed we expect to identify mental health beliefs and barriers to mental healthcare utilization. The long-term goal of this work is to reduce the substantial mental health morbidity among Somali