

.05). Arabic GNA subtests correlated with each other as expected. Logical memory delayed recall was modestly correlated with the MoCA total score ($r = .386$, $p < .05$). **DISCUSSION/SIGNIFICANCE:** Our preliminary results suggest that the Arabic translation of the GNA is suitable for assessment of Arabic-speaking individuals. Brief educable assessments like the Arabic GNA are essential to meet the needs of these English new language populations and reduce the need for live translations that reduce the reliability of assessment.

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Proof of Concept: An EHR-fueled Risk Surveillance Tool for Managing Care Delivery Equity in Hospitalized African Americans with Congestive Heart Failure

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OBJECTIVES/GOALS: 1) Characterize racial differences in congestive heart failure care delivery. 2) Examine the extent to which specific clinical roles were associated with improved care outcomes (i.e., hospitalizations, readmissions, days between readmissions, and charges) of African Americans (AA) with CHF. **METHODS/STUDY POPULATION:** EMR data was extracted from the Arkansas Clinical Data Repository (AR-CDR) on patients (ages 18-105) who received care between January 1, 2014 and December 31, 2021. Variables included age, sex, race, ethnicity, rurality, clinical diagnosis, morbidities, medical history, medications, heart failure phenotypes, and care delivery team composition. Binomial logistic regression ascertained the effects of these variables on patient's care outcomes. A Mann Whitney-U test identified racial differences in outcomes. Psychometrically, classical test theory and item response theory assessed items for the risk surveillance tool. **RESULTS/ANTICIPATED RESULTS:** The study identified 5,962 CHF patients who generated 80,921 care encounters. The results revealed the disproportionate impact of CHF prevalence, hospitalizations, and readmissions on AAs. AAs had a significantly higher number of hospitalizations (i.e., 50% more) than Caucasians. Specific clinical roles (i.e., MDs, RNs, Care Managers) were consistently associated with 30% or greater decrease in odds of hospitalization and readmission, even when stratified by heart failure phenotype. Classical test theory results (e.g., Cronbach's alpha; 0.88) indicated the set of items on the risk surveillance tool accurately reflect a patient risk for improved outcomes. **DISCUSSION/SIGNIFICANCE:** The findings stimulate the need for 1) EHR-based tools that manage care delivery equity and 2) investigations of specific clinical roles in risk stratifying and operationalizing the care plans of AAs, advancing formal access-to-care frameworks by ensuring access to clinical roles that are associated with improved outcomes.

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Provider-identified barriers to recommending low-intensity treatments for patients awaiting mental health care

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OBJECTIVES/GOALS: Waiting for psychotherapy is a major barrier to care and associated with negative outcomes. Individuals waiting for treatment may be particularly well-suited to receive low-intensity treatments (LITs), but few providers recommend LITs. We investigated provider-identified barriers to recommending LITs for patients on treatment waiting lists. **METHODS/STUDY POPULATION:** We recruited mental health professionals via social media and professional association listservs to participate in a brief survey. Participants were asked about their current waiting list practices and attitudes towards low-intensity resources for patients waiting for treatment. Participants were prompted to provide additional thoughts on recommending LITs for patients on waiting lists in an open-ended text box. Two members of the research team independently coded responses into themes, resolved discrepancies, and achieved total consensus. **RESULTS/ANTICIPATED RESULTS:** 141 mental health providers participated in the survey, and 65 (46%) provided a response to the open-ended question. The emerging themes included: Patient Barriers, Research Evidence/Efficacy, Feasibility, Patient Personal Contact, Patient Appropriateness, Liability, Systemic Problems, Trust in Programs, Downplaying Distress, Additional Resources, and Positive Attitudes. Providers were particularly concerned with giving a generalized intervention without having conducted a full evaluation or assessment with a patient. Many providers also reported concerns pertaining to the legal and ethical liability of providing LITs when a patient is not being seen face-to-face by a provider. **DISCUSSION/SIGNIFICANCE:** Many of the themes we identified parallel those identified in previous literature. Some barriers we identified from our providers, when thinking about integrating LITs on waiting lists, highlight the need for professional guidelines to address legal and ethical liability, as well as billing and reimbursement procedures.

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Relationships between Childhood Trauma Exposure, Mental Health, and Black-Identity in Black Pregnant Persons*

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OBJECTIVES/GOALS: Racial identity, one's perception of that identity, and their perception of how others view their racial identity influences mental health. We aimed to assess the relationship between childhood trauma exposure, post-traumatic stress disorder (PTSD), and postpartum depression symptoms with

individual Black identity in adulthood. **METHODS/STUDY POPULATION:** We examined whether racial identity, as measured by the regard subsection of the Multidimensional Inventory of Black Identity (MIBI), was impacted by childhood trauma exposure and related to PTSD and depressive symptoms in a sample of pregnant persons ($N=215$, $\text{Mage}=27.5$, $\text{SDage}=5.3$) who identified within the Black diaspora, seeking prenatal care at Grady Hospital in Atlanta, GA. The regard subsection of the MIBI determines extent to which individuals feel positively about membership within the Black group (private regard) and the extent to which they think others feel positively about the Black group (public regard). We assessed childhood trauma using Childhood Trauma Questionnaire (CTQ) and depression and PTSD symptoms with Edinburgh Postnatal Depression Scale, and PTSD Checklist for DSM-5, respectively. **RESULTS/ANTICIPATED RESULTS:** Public regard (pubR) and private regard (privR) were significantly negatively correlated with childhood emotional abuse, emotional neglect, and overall childhood trauma exposure (all p 's $\leq .05$). PrivR was significantly negatively correlated with both postpartum depression and PTSD symptoms (p **DISCUSSION/SIGNIFICANCE:** Ethnic-racial identity formation is a critical aspect of our psychological well-being, beginning in childhood and continuing across one's lifespan. Our findings suggest that childhood trauma impacts racial identity in persons of the Black diaspora, which may contribute to negative mental health outcomes, including PTSD and depression.

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Relationships between geospatial factors and adverse outcomes in Medicaid-enrolled children with asthma

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OBJECTIVES/GOALS: To determine the relationship between race/ethnicity, geospatial (place-based) social determinants of health (SDOH; rurality and child opportunity index (COI)), and asthma-related adverse events (AAE: hospitalizations, emergency department (ED) visits) among children with asthma in Arkansas. **METHODS/STUDY POPULATION:** Using the Arkansas All-Payer Claims Database, we conducted a retrospective analysis of children (5-18 years). Medicaid-enrolled children with 1 asthma diagnosis (ICD-10 J45.xx) for any type of medical event in 2019 were included. Race/ethnicity were self-reported (non-Hispanic White, non-Hispanic Black, Hispanic/Latino). Due to small sample size, all other racial/ethnic groups were classified as Other. Rural-Urban Commuting Area (RUCA) codes were used to determine rural-urban designation using 4-category classification by zip code. COI level was determined by zip code (scale: very low- to very-high opportunity). AAEs were identified using 2019 medical claims. **RESULTS/ANTICIPATED RESULTS:** The cohort ($n=25,198$) included 38.7% White, 32.9% Black, 6.0% Hispanic, 5.1% Other, and 17.3% Missing race/ethnicity children. Overall, 61.2% live in rural and 38.8% live in urban areas. Among rural children, 33.1% were in very-low, 34.4% low, 20.8% moderate, 11.6% high, and 0.1% very-high opportunity areas. Among urban children, 32.6% were in very-low, 12.4% low, 17.5% moderate, 19.5% high, and 18.0% very-high opportunity areas. Overall, Black children more frequently lived in very-low or low opportunity areas (75.4%). Among rural children, 9.3% had an AAE. White children had highest rates of AAE. Overall, AAE rates were variable by rurality/urbanity and COI

level. **DISCUSSION/SIGNIFICANCE:** Differences in asthma outcomes by race/ethnicity, rurality, and COI level were unexpected, with similar rates of poor outcomes across the cohort. These findings underscore the complexity of the relationships between race/ethnicity, geospatial SDOH, and asthma outcomes.

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Relationships Between Self-Perceived Risk of HIV, Behavioral Risk of HIV, and Self-Reported Pre-Exposure Prophylaxis (PrEP) Utilization Among Young Men Who Have Sex with Men of Color at Risk for HIV Infection: Findings From a Prospective Cohort Study

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OBJECTIVES/GOALS: To improve our delivery of HIV prevention services by evaluating associations between self-perceived risk of HIV, objective risk for HIV based on sexual risk, and self-reported lifetime PrEP use. This will expand our current understanding of an essential component of decision making for PrEP uptake in young men who have sex with men (YMSM). **METHODS/STUDY POPULATION:** The population consists of participants in the Healthy Young Men (HYM) observational cohort study (16-24-year-old YMSM of color at risk for HIV in Los Angeles). Secondary analysis was conducted using an existing data set to test associations between self-perceived risk of HIV, behavioral sexual risk, and self-report of lifetime PrEP use at baseline. **RESULTS/ANTICIPATED RESULTS:** The HYM cohort consists of 397 HIV-negative young men who have sex with men from Los Angeles; 21% identify as African American/Black, 59% as Latinx, and 20% as multiethnic. Of these participants, 90% were aware of PrEP and 86% were eligible for PrEP according to CDC behavioral risk criteria; however, only 23% had ever been prescribed PrEP. We hypothesize that those who have utilized PrEP will report higher self-perceived risk of HIV infection and will have stronger correlation between self-perceived and objective risk for HIV. Associations will be tested using appropriate chi-square tests. **DISCUSSION/SIGNIFICANCE:** Self-perceived risk of HIV is proposed as a strong predictor of engagement in HIV prevention. This has been widely understudied in youth in the context of accessing PrEP. A better understanding of the role of self-perceived risk is essential to create and improve interventions to increase PrEP uptake as well as to improve PrEP service delivery for youth.

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Researcher and Stakeholder Partner Perspectives on Engaged Research During the COVID-19 Pandemic

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OBJECTIVES/GOALS: We sought to explore how the COVID-19 pandemic impacted community and stakeholder engagement in