.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

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