

illnesses lead to worse COVID-19 outcomes. This study identifies motivators and barriers of COVID-19 vaccine uptake in the Latino and Flathead Reservation agricultural communities. **METHODS/STUDY POPULATION:** Thirty key informant interviews and 6 focus groups (N=39 focus group participants) were conducted with community and tribal leaders using an interview guide informed by the Theory of Planned Behavior, Social Cognitive Theory, and the Social Contextual Factor Frameworks. The interview guide was designed to understand the motivators and barriers of COVID-19 vaccine uptake. The Community Advisory Board, community investigators and community health workers from the community reviewed and revised the guide. A codebook applied deductive coding to informant responses, followed by an inductive, constant comparison approach. Three analysts met to refine the codebook and conduct inter-rater agreement. **RESULTS/ANTICIPATED RESULTS:** Participants from Flathead reservations and Yakima frequently noted a desire to protect one's self, family and elders. This significant motivator encouraged individuals to receive the COVID-19 vaccine, despite sincere vaccine concerns and government rollout. Barriers included concerns regarding rumored, serious or rare side effects, speed of vaccine development and misinformation. Key differences exist between both communities. Yakima participants noted religious concerns and ID requirements as major barriers. Flathead reservation participants noted distrust and historical trauma of the U.S. government and issues with access (e.g. transportation, technology). **DISCUSSION/SIGNIFICANCE:** The pandemic disproportionately impacts vulnerable communities in agricultural settings. Participants in both communities felt vaccine availability had outpaced uptake. Clearly, culturally sensitive education and respectful communication would be key in addressing vaccine concerns and improving vaccine uptake.

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Private equity acquisition of nursing homes and the impact on long stay residents and racial disparities in care outcomes

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OBJECTIVES/GOALS: To investigate nursing homes (NHs) acquired by private equity (PE) firms and estimate the effect of PE NH acquisitions on NH care quality for NH residents and whether PE NH acquisitions exacerbate racial inequities in quality of care. **METHODS/STUDY POPULATION:** My research estimates the causal effect of NH PE acquisitions on NH access and quality of care for NH residents and whether acquisitions exacerbate racial disparities in NH care for about 115 PE-owned NHs in the US, measuring the quality of care at the facility survey year level, and using an array of NH-level data sources. I identified 115 PE-owned NHs (treatment group) and 665 non-PE-owned NHs between 2003 and 2010, using the Online Survey Certification and Reporting database to obtain facility characteristics. I compare facility characteristics (e.g., payer mix, staffing levels, and quality measures such as pressure ulcers, unexpected weight loss, acuity, and health deficiencies). I will then test whether effects differ by race, with hypotheses informed by Public Health Critical Race Praxis approach. **RESULTS/ANTICIPATED RESULTS:** Preliminary results show that staffing levels differ between PE and non-PE-owned NHs in a way that aligns with a shift in focus toward the Medicare population i.e. short stays. We also find that deficiencies increased in PE-owned NHs compared to non-PE-owned NHs. We expect that PE acquisitions may lead to slightly widening racial disparities in NH care quality. Results may

show that PE-owned NHs have a higher share of low-rated, high-BIPOC facilities. In weak markets, PE-owned NHs may have a higher share of BIPOC residents compared to highly competitive markets. This is because PE managers may prioritize cost over quality by cutting services. However, since quality measures are self-reported, except for measures related to deficiencies, this predicted lower quality of care may not be evident in observed data. **DISCUSSION/SIGNIFICANCE:** Understanding how PE ownership impacts nursing home care quality for long-stay residents, especially those funded by Medicaid, can help develop intervention strategies to effectively mitigate racial inequities in NH care, as Medicaid funded NH residents are more likely to be Black, Indigenous, and people of color.

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Self-Reported Race, Street Race, and Sleep Quality & Hours During the COVID-19 Pandemic Outbreak

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OBJECTIVES/GOALS: Our objective is to assess whether street race is a stronger predictor of sleep quality and sleep hours than self-reported race. We also seek to understand whether the association between race and sleep quality/hours can be explained by experiences of microaggressions. **METHODS/STUDY POPULATION:** This study uses data from the National Couples' Health and Time Study (NCHAT), a population-representative sample of 20–60 year-olds (N=3,642) who were married or cohabiting during 2020–2021 when the COVID-19 pandemic disproportionately negatively impacted racial and ethnic minorities in the U.S. (Boserup et al., Yip et al.). During this time, incidents of racial trauma increased (Tessler et al.). Using NCHAT data we examine whether street race is a stronger predictor of sleep quality and sleep hours than self-reported race. We also seek to understand whether the association between race and sleep quality/hours can be explained by experiences of microaggressions. **RESULTS/ANTICIPATED RESULTS:** Results show that microaggressions mediate the link between identifying as Black and being perceived as Black or Asian and sleep quality/hours. Identifying as Black and being perceived as Black or Asian, compared with non-Latinx White respondents, is associated with more frequent microaggressions. More microaggressions are associated with poorer sleep quality and fewer sleep hours. Asian street race is a marginally better predictor of microaggressions than self-reported race. In all models, microaggressions are associated with poorer sleep quality and less sleep hours. **DISCUSSION/SIGNIFICANCE:** With a growing non-white population, the wellbeing of our future generations is in everyone's best interest. Poor sleep increases the risk of cardiovascular disease, diabetes, obesity, and cancer. The United States spends \$93 billion in excess medical care costs due to health disparities.

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Addressing Structural Racism Using Community Based System Dynamics

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OBJECTIVES/GOALS: 1. Describe method of Community Based System Dynamics. 2. Describe CBSD as used in addressing structural racism in a previously redlined community. 3. Review example