

implementation optimizes resources and reduces gaps and/or redundancy in community programming.

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### **The evaluating life course stress experience (ELSE) Scale: A novel age-correlated life course stress screening measure**

Michelle R. Grady<sup>1</sup>, Karen N. DSouza<sup>2</sup>, Elizabeth H. Golembiewski<sup>3</sup>, Andrea Denny<sup>4</sup>, Marilyn Wilson<sup>4</sup>, Jessica Mozersky<sup>4</sup>, Dorothy P. McDowell<sup>4</sup>, Joyce E. Balls-Berry<sup>4</sup> and Felicity T. Enders<sup>2</sup>

<sup>1</sup>Mayo Clinic Graduate School of Biomedical Sciences, Rochester, MN; <sup>2</sup>Department of Quantitative Health Sciences, Mayo Clinic, Rochester, MN; <sup>3</sup>Division of Endocrinology, Diabetes, Metabolism, and Nutrition, Mayo Clinic, Rochester, MN and <sup>4</sup>Washington University School of Medicine, St. Louis, MO

**OBJECTIVES/GOALS:** Chronic stress may accelerate biological aging yet is often overlooked in clinical settings. Many tools to assess stress exist, but a comprehensive measure of cumulative stress across the lifespan is unavailable. This study validates a novel measure of lifetime stress for use as a screening tool in clinical practice. **METHODS/STUDY POPULATION:** Patients (n > 220) enrolled in brain health research registry at the Washington University St. Louis Knight Alzheimer Disease Research Center completed in-person surveys at baseline and after six months. Baseline measures included the everyday discrimination scale (EDS), total adverse experience (TAE), and demographics. Age and evaluating life course stress experience (ELSE) scores were measured six months later. Ongoing analysis includes age-adjusted correlations of ELSE scores with TAE and EDS scores. We will investigate the correlation with race and ethnicity and sex assigned at birth. We will explore the relationship between ELSE score and multidimensional intersectionality. **RESULTS/ANTICIPATED RESULTS:** The sample was 87% Black or African American, 8% White, 4% Hispanic, 82% female, and 18% male, with a mean age of 66 ± 10 years. Age-adjusted relationships between patient characteristics and ELSE scores will be analyzed. Additionally, ELSE responses will be compared against age, EDS, and TAE measurements. Intersectionality between race-ethnicity, sex, and gender will be examined. We hypothesize ELSE scores will vary by demographic. Preliminary results indicate the ELSE scale correlates with established life stress measures, accounting for cumulative stress exposure across a lifespan independent of specific stressor topics. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The ELSE scale is a viable tool for clinical screening of chronic stress exposure over a lifespan. Its implementation will allow clinicians to identify patients at high risk for accelerated aging, facilitating targeted interventions and advancing equity in healthcare delivery.

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### **My Assistive Technology Guide web app: Supporting physicians in addressing disabilities in older adults**

Elsa M Colon<sup>1</sup>, Radamés Revilla-Orellano<sup>1</sup>, Wency Bonilla-Díaz<sup>2</sup> and Jesús Mejías-Castro<sup>3</sup>

<sup>1</sup>University of Puerto Rico Medical Sciences Campus; <sup>2</sup>Huertas College and <sup>3</sup>University of Puerto Rico Humacao Campus

**OBJECTIVES/GOALS:** Primary care physicians (PCPs) have limited awareness of assistive technology (AT) devices that can improve the

daily functioning of older adults. This study aimed to assess the quality of the My Assistive Technology Guide (MATG), an informative web app, among PCPs and to describe their experiences using it. **METHODS/STUDY POPULATION:** In this pilot project, our team – comprising an established researcher, an undergraduate faculty member, and a graduate student – enrolled ten PCPs. In Phase I, the PCPs received training on how to use the MATG and were encouraged to utilize it for 30 days. At the end of this usage period, we implemented a concurrent parallel mixed-method design to collect both quantitative and qualitative data. Quantitative data were gathered using the User Mobile Application Scale (uMARS), while qualitative data was obtained through interviews. Data analysis involved descriptive statistics and thematic content analysis. **RESULTS/ANTICIPATED RESULTS:** The mean score for the subjective quality of the MATG was high, 4.1 ± 1.1. The information domain received the highest rating, with a mean score of 4.6 ± 0.51, while the engagement domain received the lowest rating, at 3.3 ± 1.5. Overall, subjective quality was rated moderately high (mean 3.9, interquartile range 1.2), with perceived impact rated the highest at 4.8 ± 0.4. PCPs reported increased awareness, knowledge, attitude, intention, and behaviors to learn about AT and to inform and recommend AT devices to older adults. In addition, PCPs provided suggestions to improve the MGAT and its integration into their medical practice. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The results demonstrated the high quality and utility of the MATG, indicating that it could serve as a valuable resource for PCPs in addressing functional disabilities among older adults. Future research should evaluate the effectiveness of the MATG in enhancing older adults' function in daily living activities.

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### **Examination of PTSD treatment outcomes among BIPOC and Hispanic/ Latino Veterans during an accelerated cognitive processing Therapy Treatment Program**

Lia Smith<sup>1,2</sup>, Enya A. Meade<sup>2</sup>, Jessica B. Tharaud<sup>3</sup>, Mauricio Montes<sup>4</sup>, Brianna Werner<sup>1</sup>, Sarah Pridgen<sup>1</sup>, Jennifer A. Coleman<sup>1</sup>, Brian J. Klassen<sup>1</sup>, Philip Held<sup>1</sup> and Dale Smith<sup>5</sup>

<sup>1</sup>RUSH University Medical Center; <sup>2</sup>University of Chicago;

<sup>3</sup>University of Iowa; <sup>4</sup>Boston College and <sup>5</sup>University of Illinois at Chicago

**OBJECTIVES/GOALS:** Research suggests that veterans identifying as Black, Hispanic/Latinx and multiracial may be at higher risk for developing posttraumatic stress disorder (PTSD). The aim of the current study was to compare PTSD treatment outcomes across racial/ethnic veteran groups. **METHODS/STUDY POPULATION:** Data from 862 veterans who participated in a 2-week cognitive processing therapy (CPT)-based intensive PTSD treatment program were evaluated. Veterans were on average 45.2 years old and 53.8% identified as male. Overall, 64.4% identified as White, Non-Hispanic/Latino; 17.9% identified as Black, Indigenous, and People of Color (BIPOC), Non-Hispanic/Latino; and 17.7% identified as Hispanic/Latino. PTSD (PCL-5) and depression (PHQ-9) were collected at intake, completion, and at 3-month follow up. A Bayes factor approach was used to examine whether PTSD, and depression outcomes would be noninferior for BIPOC and Hispanic/Latino groups compared to White, Non-Hispanic veterans over time. **RESULTS/ANTICIPATED RESULTS:** PTSD severity decreased for the White, BIPOC, and Hispanic/Latino groups from baseline to

3-month follow-up. The likelihood that BIPOC and Hispanic/Latino groups would have comparable PTSD outcomes was  $1.81 \times 10^6$  to 208.56 times greater than the likelihood that these groups would have worse outcomes than the White, Non-Hispanic veterans. Depression severity values on the PHQ-9 decreased for the White, BIPOC, and Hispanic/Latino groups from baseline to 3-month follow-up. The likelihood that BIPOC and Hispanic/Latino groups would have comparable depression outcomes at treatment completion approached infinity. At 3-month follow-up, likelihood was  $1.42 \times 10^{11}$  and  $3.09 \times 10^5$ , respectively. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Results indicated that White, BIPOC, and Hispanic/Latino groups experienced similarly large PTSD and depression symptom reductions. This study adds to the growing body of literature examining differences in clinical outcomes across racial/ethnic groups for PTSD.

### **Supermarket Health Advocacy, Resources, and Education (SHARE): Results of a pilot community-based diabetes screening and education program**

Renee Cadzow<sup>1</sup>, Andrew Strohmeier<sup>2</sup>, Marchelle Brooks<sup>3</sup>, Chelsea Okocha<sup>4</sup> and Dennis Lee Jr.<sup>5</sup>

<sup>1</sup>University at Buffalo; <sup>2</sup>University at Buffalo Ashley Regling, University at Buffalo; <sup>3</sup>University at Buffalo Jamie Keller, Northeast Shared Services; <sup>4</sup>University at Buffalo and Northeast Shared Services and <sup>5</sup>Hopewell Baptist Church Teresa Quattrin, University at Buffalo

**OBJECTIVES/GOALS:** To screen community members for pre-diabetes and diabetes in the grocery stores located in urban areas, identify gaps in healthcare access, promote healthy food, teach participants about diabetes prevention and management, and learn from them via interactive community-based educational sessions. **METHODS/STUDY POPULATION:** 303 Tops Friendly Market customers in urban Buffalo, NY participated in this program. Customers without a diabetes diagnosis took a CDC Prediabetes Risk Test (score  $>5$  = prediabetes risk). Those with a previous diabetes diagnosis took a survey about their diabetes knowledge/management, healthcare access, and social determinants of health. Participants received a \$5 voucher for fruit and vegetables. We conducted 5 educational sessions using an adult learning, participatory education approach. A \$10 gift card was given for attendance. Participants shared questions/concerns and strategies to overcome barriers. We answered questions and collected information on barriers to diabetes care. **RESULTS/ANTICIPATED RESULTS:** Seven-six participants (25%) had a diabetes diagnosis. Of these, 91% saw a doctor every 3 months, but 28% did not know the importance of HbA1c. 18% had trouble paying for medications, 15% had inadequate transportation. 227 took the Prediabetes Risk Test: 58% had a score  $>5$ , 47% had diabetes family history, 51% had hypertension, and 75% had a BMI that put them at risk for diabetes. 86% of those with a score  $>5$ . 55 people (34 unique) participated in 5 sessions. We actively listened to diabetes perceptions, concerns, successes and barriers/facilitators to self-management, and discussed diabetes management strategies for healthier eating and lifestyle. **DISCUSSION/SIGNIFICANCE OF IMPACT:** It is feasible to screen

for health conditions in the supermarket setting, which can be an equalizer in enhancing access to healthcare. This study helped identify gaps in care and provided education. Importantly, people receiving this intervention lived in the poorest neighborhoods in Buffalo.

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### **Racial differences in pain intensity, interference, and nociplastic pain between Black and White individuals with multiple sclerosis**

Libak Abou<sup>1</sup>, Daniel J. Clauw<sup>2</sup>, Dawn M. Ehde<sup>3</sup>, Kevin N. Alschuler<sup>3</sup>, Nora E. Fritz<sup>4</sup>, Anna L. and Kratz<sup>5</sup>

<sup>1</sup>Department of Physical Medicine & Rehabilitation, University of Michigan, Ann Arbor, MI, United States; <sup>2</sup>Department of Anesthesiology, Michigan Medicine, University of Michigan, Ann Arbor, MI, Michigan; <sup>3</sup>Department of Rehabilitation Medicine, University of Washington, Seattle, WA, United States; <sup>4</sup>Department of Health Care Sciences, Wayne State University, Detroit, MI, United States and <sup>5</sup>Department of Physical Medicine & Rehabilitation, University of Michigan, Ann Arbor, MI, United States

**OBJECTIVES/GOALS:** Adults from minority groups report more severe and pervasive pain than those in majority groups, resulting in a disproportionate burden of pain. Whether race disparities in pain outcomes exist in persons with multiple sclerosis (MS) is unknown. We examined the association of race with pain intensity, pain interference, and pain phenotypes in MS. **METHODS/STUDY POPULATION:** Ambulatory adults with medically documented MS completed a comprehensive survey battery including demographics and clinical data. Pain outcomes were assessed with four measures: Patient Reported Outcome Measurement Information System (PROMIS) pain intensity and pain interference short forms, the American College of Rheumatology Fibromyalgia Survey Criteria (a surrogate of degree of nociplastic pain), and the PainDETECT (a surrogate of neuropathic pain). Participants were categorized as either Black/African American or White based on their self-reported race. Four sets of unadjusted and adjusted (including sex, age, years since diagnosis, MS subtype and Patient Determined Disease Steps—PDDS score) linear regression models were built to examine the associations between race and pain outcomes. **RESULTS/ANTICIPATED RESULTS:** A total of 258 participants (200 White and 58 Black), with a mean age of  $51 \pm 12$  years, mostly female (77%), an average of  $15 \pm 10$  years since diagnosis, a PDDS score ranging from 0 to 6, and mostly diagnosed with RRMS (79%), were included in the analyses. Unadjusted regression models indicated that pain intensity ( $\beta = 5.20$ ; 95% CI 2.73 – 7.66,  $p < 0.001$ ), pain interference ( $\beta = 5.17$ ; 95% CI 2.29 – 8.06,  $p < 0.001$ ), and nociplastic pain ( $\beta = 2.41$ ; 95% CI 0.40 – 4.42,  $p = 0.019$ ) were all higher for Black/African American participants compared to White participants. The differences remained statistically significant in adjusted models. No differences in neuropathic pain were observed between Black/African American and White participants in both unadjusted and adjusted models. **DISCUSSION/SIGNIFICANCE OF IMPACT:** We highlight an increased burden of pain in Black/African American with MS compared with their White counterparts. The findings illuminate potential future targets of interventions to reduce disparities in the experience and impact of pain. A comprehensive examination