3-month follow-up. The likelihood that BIPOC and Hispanic/Latino groups would have comparable PTSD outcomes was 1.81e+06 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 1.42e+11 and 3.09e+05, 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.

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

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OBJECTIVES/GOALS: To screen community members for prediabetes 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 score5. 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 heathier 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

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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 ± 12 years, mostly female (77%), an average of 15 ± 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

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