children. We aimed to assess the impact of recent systemic changes on these disparities. METHODS/STUDY POPULATION: Retrospective cohort study of pediatric patients utilizing data from the United States Renal Data System (USRDS) and Scientific Registry of Transplant Recipients (SRTR). We compared access to transplantation, time to deceased donor kidney transplant (DDKT), and allograft failure (ACGF) using Cox proportional hazards in the 4 years preceding KAS to the 4 years post-KAS implementation. RESULTS/ANTICIPATED RESULTS: Compared to the pre-KAS era, patients post-KAS were more likely to be pre-emptively listed (26.8% vs 38.1%, p<0.001) and pre-emptively transplanted (23.8% vs 28.0%, p<0.001), however these benefits were not uniform across racial groups. Only 12.7% and 15.7% of Black and Hispanic children received a pre-emptive transplant compared to 29.6%, 49.8% and 54.4% of White, Asian and Other race children respectively. Compared to White children, Black and Hispanic children had a lower likelihood of transplant listing within 2 years of first dialysis service aHR 0.67 (0.59-0.76) and 0.82 (0.73-0.92), in the post-KAS era. Time to DDKT after listing was comparable across all racial groups in both eras. Black children have disproportionally worse 5-yr ACGF, aHR 1.50 (1.08-2.09), p=0.02. DISCUSSION/SIGNIFICANCE: After KAS implementation there remains equity in time to DDKT, however disparities persist in transplant listing and ACGF among Black children. Further studies are needed to identify granular SES factors impacting delayed referral and systemic barriers to transplant, as well as risk factors for poor allograft outcomes among minority children.

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COVID-19 infection risk in patients with non-syndromic orofacial clefts during pandemic in Puerto Rico[†]

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OBJECTIVES/GOALS: Patients with nsCL/P are prone to infections due to their open like wound cleft and immune system susceptibility. COVID-19 affected nsCL/P patients access to care and treatment delays. This study will determine COVID-19 infection risk between children with nsCL/P compared to those unaffected. METHODS/STUDY POPULATION: Retrospective cohort of children 5 years old and under with nsCL/P (exposed group) and children without nsCL/P (unaffected group); matched by age and gender. Participants will be selected from ongoing case-control study (n=500), School of Dental Medicine, and Pediatric University Hospital. Power analysis will calculate minimum sample size (power=0.80 alpha=0.05). Exclusion criteria: syndromic clefts, patients without diagnosis information and with history of co-morbidity. Other bacterial and viral infections present at the time of COVID-19 diagnosis, sex, age, geographic location, COVID-19 vaccination status and others will be considered as possible cofounders. Descriptive statistics, Chi-square, Odds Ratios at 95% confidence intervals and multiple logistic regression will be estimated. RESULTS/ANTICIPATED RESULTS: We hypothesize that we will identify an increased risk of COVID-19 infection in children with nsCL/P than in those unaffected or children without nsCL/P. Children with nsCL/P will also have an increased risk of symptoms and complications of COVID-19 infection than those unaffected. DISCUSSION/SIGNIFICANCE: Knowing the increased risk of COVID-19 infection in children with nsCL/P will aid to prioritize treatment. If a higher risk

of COVID-19 infection is found, it will generate a need to modify elective surgery status to semi-elective; minimizing delayed treatments, unnecessary hospitalizations, complications and increased cost of treatment.

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Contextual Pathways Linking Racial Discrimination to Rural Black American Mens COVID Vaccine Hesitancy[†]

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OBJECTIVES/GOALS: The present study investigated contextual factors linking rural Black American mens experiences of racial discrimination to their COVID vaccine hesitancy. Specifically, we investigated two potential mediators of the link between racial discrimination and COVID vaccine hesitancy: (1) medical mistrust, and (2) COVID conspiratorial beliefs. METHODS/STUDY POPULATION: Hypotheses were tested using structural equation modeling with 7 waves of data from 504 Black American men participating in a longitudinal study of risk behavior and substance use during young adulthood. At baseline, mens mean age was ~20. Data were collected before and during the COVID pandemic. The COVID pandemic began after Wave 4 data had been collected. A series of 3 online surveys, at 3-month intervals, were conducted to examine acute COVID-related stressors and impacts. RESULTS/ANTICIPATED RESULTS: The dual mediation model fit the data as follows: $\chi^2(7) = 19.00$, $p < .008$; $\chi^2/df = 2.71$; RMSEA = 0.06; CFI = 0.95; SRMR= 0.04. Results indicated that racial discrimination was directly associated with increases in COVID conspiratorial beliefs (B = .14, p<.05) and medical mistrust (B = .22, p<.001). COVID conspiratorial beliefs was directly associated with increases in COVID vaccine hesitancy (B = .11, p<.05). Indirect effects were detected whereby racial discrimination was associated with increases COVID vaccine hesitancy indirectly via increases in COVID conspiratorial beliefs (B = 0.016; 95% CI [0.001, 0.048]). DISCUSSION/SIGNIFICANCE: Investigating race-related factors in the context of vaccine hesitancy is a novel area of inquiry that could facilitate the development of targeted interventions for Black Americans to increase their vaccine uptake. Future research is needed to more thoroughly examine the relationship between racial discrimination and conspiratorial beliefs.

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Promoting Diversity and Inclusion through the Black Voices in Research Storytelling Curriculum: Instructional Design and Pilot Implementation

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OBJECTIVES/GOALS: Last year, we reported on storytelling events highlighting the experiences of Black biomedical professionals. The goal of this continuation study was to put Black Voices into action through a companion curriculum, instructional materials, and facilitated meaningful discussions around racial justice. METHODS/STUDY POPULATION: We developed instructional materials and pilot-implemented the curriculum in a 250-student Healthcare Leadership class. Prior to viewing the video, participants were asked to provide a definition of diversity, inclusion, and equity. Afterwards, the students reflected and suggested changes to the