Weight stigma is a major contributor to mental health challenges for individuals with obesity generally; however, the role of weight stigma post-operatively after significant weight loss is poorly understood.148 patients underwent pre-bariatric surgery psychological evaluation and completed a follow-up study approximately 2 years after. Measures included the Stigmatizing Situations Inventory-Brief, Patient Health Questionnaire, Generalized Anxiety Questionnaire, and Binge Eating Scale. RESULTS/ANTICIPATED RESULTS: In regression models controlling for demographic covariates (sex, age, education, race), body mass index, and baseline measure of each outcome (e.g., depressive symptoms pre-surgery in models predicting depression post-surgery), weight stigma was independently associated with depression (p=.023), anxiety (p <.001), and binge eating (p=.008) symptoms post-surgery.Above and beyond weight, demographics, and pre-surgery measurements of mental health, weight stigma continues to influence mental health outcomes in the years following bariatric surgery. Despite weight loss after bariatric surgery, this data suggests the cumulative experiences of stigma and discrimination continue to negatively impact mental health. DISCUSSION/SIGNIFICANCE: Interventions for bariatric surgery patients must consider the effects of weight stigma, at both the societal and individual levels. Interventions countering stigma could optimize long-term quality of life and associated outcomes.

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Exploring the development of recovery community organizations in non-metropolitan settings: A community-engaged multiple-methods approach

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OBJECTIVES/GOALS: Rural recovery community organizations (RCOs) are key to fostering people's resilience in the face of the nation's substance use crisis. However, their development is often a black box. METHODS/STUDY POPULATION: A community-engaged multiple-methods approach was conducted to elucidate stakeholders' perspectives about the creation of two RCOs through a consortium intended to build peer recovery support services in a rural Southern Indiana designated health professional shortage area. Document review (e.g., meeting minutes, event photography, and administrative reports) were extracted to map activities, products, and milestones of the development of the RCOs. Consortium members, RCO leadership and staff, and community members identified by consortium or RCO leadership/staff participated in one-on-one interviews or community roundtable sessions were held to reflect on the evolving development of the RCOs. Procedures were approved by the Institutional Review Board of Indiana University. RESULTS/ANTICIPATED RESULTS: This designated health professional shortage area is unique as it is the nonmetropolitan county with two accredited RCOs. Each RCOs has its own distinct brand. One RCO primarily provide support services to prepare justice-involved individuals who are re-entering the community from jail or probation. The second RCO operates a recovery café – a drug free space that offers accountability groups (recovery circles), volunteer opportunities, and multiple pathway (e.g., 12-steps, referral to medication assisted treatment) meetings. Services are facilitated through peer recovery coaches. Services are provided by certified peer recovery coaches (individuals who has lived experience with addiction and recovery) who offers informational, socio-emotional, and instrumental/basic needs support. DISCUSSION/SIGNIFICANCE: This collaborative rural-based model features recovery community organizations as emerging lead agencies in providing informational, socio-emotional, and basic needs for individuals living in long-term recovery as well as individuals using substances and is not yet in recovery services or acknowledging an addiction is present.

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Social-ecological approach To Outline Risks to Medication adherence during Disasters (STORM MEDs): Preliminary Results

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OBJECTIVES/GOALS: Limited access to medication and poor medication adherence exacerbate chronic diseases following disasters. Experts recommend individuals in disaster-prone areas be prepared to manage their chronic diseases in the event of resource disruption. This study's goal is to identify factors underlying personal medical preparedness. METHODS/STUDY POPULATION: A cross-sectional survey of 120 insured adults age ≥50 in Southeast Louisiana with hypertension and ≥1 daily medication during the 2023 Atlantic Hurricane Season is underway. The survey includes the Household Emergency Preparedness Index Access and Functional Needs Section (HEPI AFN), a validated measure of medical preparedness that accounts for special circumstances including refrigerated medication and electricity-dependent medical equipment. The mean score of the 9-item tool ranges from 0 to 1, with higher scores indicating more preparedness. The survey also includes 3 open-ended questions where participants can explain difficulties with medication adherence during hurricanes in their own voice. Data collection is ongoing. This interim analysis provides descriptive statistics. RESULTS/ANTICIPATED RESULTS: An interim analysis of the first 50 respondents included 46% women, 52% Black, mean age 61.2 (SD=7.3) years, and mean 52.5 (SD=16.2) years living in a hurricane-impacted area. Participants had a median of 1 comorbid condition; 72% reported taking >5 daily medications. Most respondents (94%) stated their household was at least "somewhat prepared" to handle a disaster and reported medical preparedness on an average of 82% of HEPI-AFN items (mean score = 0.82, SD=0.18); 90% reported that they had never had a healthcare worker talk to them about personal medical preparedness. On open response questions, participants cited insurance restrictions as the primary barrier to having extra medication on hand. In the final sample, regression models will be used to examine factors associated with increased preparedness. DISCUSSION/SIGNIFICANCE: While most participants in this insured, disaster-experienced preliminary sample are medically prepared, few have discussed preparedness with a healthcare provider. Identifying socio-demographic factors associated with preparedness will help to strengthen mitigation strategies addressing widening of health disparities during disasters.

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