and 61.5% of emergency department visits due to adverse drug events. This study is the first to characterize the relationship of OTC protection motivation and OTC misuse to inform patient-centered interventions for older adult OTC safety.

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Social and Health Determinants Influencing Adherence and Access to Treatment for Hearing Loss in Puerto Rican Adults

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OBJECTIVES/GOALS: The main objectives are to obtain a preliminary profile of the adult Puerto Rican patient with hearing impairment and to identify the factors, variables and barriers that thess patients face accessing intervention and adscribing to it. METHODS/STUDY POPULATION: Adults between the ages of 21 and 64 years old were surveyed using a questionnaire with items guided to obtain information regarding their socio-demographic and health characteristics and the variables associated to treatment access and adherence to the intervention plan. A descriptive approach will be used to create the sample profile and an age stratified analysis will be used to interpret the empirical data. The identified variables associated to treatment access and adherence will be identified and analyzed to study if there is a possible geographic zone and socio-economical association. RESULTS/ANTICIPATED RESULTS: Preliminary results suggest that regardless of the subject's age and degree of hearing loss their socio-economical strata is a decisive factor in treatment adherence as well as the lack of medical insurance coverage for therapy, hearing prosthesis and assistive technology for the hearing-impaired. Access to service was found to be a barrier associated to the subjecs geographical place of origin. DISCUSSION/SIGNIFICANCE: Research findings suggest that there is an association between the socio-economical status of the Puerto Rican hearing impaired patient, the lack of medical coverage and the level of treatment adherence. Patients from a lower socio-economical status and remote towns exhibited less adherence which points to a health disparity for this population.

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Evaluating Interest in Clinical Trial Participation for the Treatment of Pediatric Food Allergy

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OBJECTIVES/GOALS: Roughly 8% of children in the United States have a diagnosed food allergy (FA). The ubiquity of most food allergens increases the potential for accidental exposures. Clinical trials (CT) are used to test novel treatments for FA. This project will evaluate the influence of biopsychosocial factors on interest in CT participation for pediatric FA. METHODS/STUDY POPULATION: This project is subsumed under the FORWARD study (5R01AI130348-04), a multisite study currently underway at four pediatric FA clinics across the United States. Eligible participants include patients and families who meet the following criteria: 1) New clinic visit presenting for a possible FA complaint and/or has a physician diagnosis in a follow-up clinic visit; 2) child is between the age of 6-months and 12 years at intake visit; 3) are English speaking, and 4) no history of developmental disorders. Parents are asked to complete an intake survey, followed by a series of quarterly surveys administered via REDCap. A single variable from the intake survey queries interest in CT participation; quarterly surveys assess FA knowledge, attitudes, health beliefs, and management practices. RESULTS/ANTICIPATED RESULTS: To date, 890 families have completed the intake survey. Working hypotheses include: 1) parents of older children and children with a higher condition severity rating will report greater levels of interest in CT participation; 2) parents with greater FA knowledge, more health management beliefs that support action, and less FA-related anxiety, will report greater levels of interest in CT participation; 3) relative to White families, African American families will be less interested in participating; 4) families with >1 child with FA will report greater levels of interest in CT participation; 5) families who are uninsured, low-SES, and are unemployed will report lower levels of interest in CT participation; and 6) families with higher educational attainment will report lower levels of interest in CT participation. DISCUSSION/SIGNIFICANCE: This study will advance decision science, address existing disparities, and have far-reaching clinical implications. This novel approach will enhance our ability to predict who is at the greatest risk of anaphylaxis and help healthcare providers identify families who could benefit from experimental treatment options for pediatric FA.

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Effect of maternal exposure to violence at different life stages on the risk of obesity among postpartum women

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OBJECTIVES/GOALS: Determine if exposure to violence at different life stages (childhood versus recent exposure) in postpartum women is associated to increased risk of weight retention more than 1 year and no more than 2 years after delivery, thus increasing health risk in short and long term. METHODS/STUDY POPULATION: Participants will be recruited from a cohort of post-partum women who received services from the Puerto Rico Women and Children Program (PR WIC) during pregnancy and postpartum period as per PR WIC established criteria. Families that have completed their participation in a Lifestyle intervention trial will be paired 2:1 with eligible nonparticipants that fulfill trial enrollment criteria. Language, culture validated instruments will be used to document maternal violence exposure in childhood and recent exposure, defined as within the last 12 months. To asses weight retention, pre-pregnancy weight will be compared to actual weight at the moment of evaluation, anthropometric measurements (weight, length, body composition, and fat mass) will be used to determine the health risk category for each participant. RESULTS/ANTICIPATED RESULTS: Expected results will be that there is an association between violence exposure and weight retention among post-partum women, thus influencing their weight status. The use of the questionnaires as screening tool for history of violence and whether recent or childhood exposure should be considered a health risk during pregnancy and post-partum predisposing women to adipose tissue related disorders.

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