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

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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

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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

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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

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