Characteristics. RESULTS/ANTICIPATED RESULTS: Mean age of sample was 56.5 years, 57.3% female, 54.9% white, 18.9% black and 13.1% Hispanic; 64.3% were discharged home, 15.8% to a skilled nursing or other intermediate care facility, 15.5% to home with home care and 2.4% left against medical advice. The top 3 discharge diagnoses were vaginal delivery (6.3% of discharges), psychosis (4.7%), and major joint replacement (2.9%). In adjusted analysis compared to white patients, black and Hispanic patients did not have an risk of increased LOS after being discharged to non-home destinations vs. discharged home, (black patients, adjusted OR [AOR], 0.97; 95% CI: 0.94-1.00, p = 0.08; Hispanic patients, AOR, 1.01; 95% CI: 0.98 – 1.05, p = 0.5). However, being black compared to white and discharge to non-home destinations significantly increased LOS.

DISCUSSION/SIGNIFICANCE OF IMPACT: In this large sample of patients admitted for inpatient care in 2014 in New York, we found no independent effect between race and discharge destination on a patient’s LOS after controlling for patient, disease and between-hospital characteristics. However race/ethnicity increased LOS, suggesting its effect may play a role on in-hospital processes.

CONFLICT OF INTEREST DESCRIPTION: Dr. Ghosh has no relevant relationships with commercial interests to disclose. Dr. Ibrahim has no relevant relationships with commercial interests to disclose.

Recruitment and Retention of Individuals with a Cocaine Use Disorder
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OBJECTIVES/GOALS: 1) illustrate the varied challenges individuals with a cocaine use disorder experience in daily life, 2) demonstrate techniques for empathizing and building rapport with potential subjects, and 3) identify recruitment obstacles and solutions.

METHODS/STUDY POPULATION: Methods: We use a multi-source strategy to recruit our participants and employ practical techniques to enhance protocol adherence. Methods include a welcoming environment, establishing a routine with flexibility, personalized attention, and incentives for participation. Study population: Individuals with a cocaine use disorder. RESULTS/ANTICIPATED RESULTS: Understanding the life of an individual with a cocaine use disorder is paramount to successful recruitment and retention in addiction research studies. Our clinicians have been able to recruit and retain participants successfully by employing empathetic interpersonal skills, personalized attention, and health-related incentives.

DISCUSSION/SIGNIFICANCE OF IMPACT: The Centers for Disease Control and Prevention estimated that 69,029 people died of a drug overdose during the period from February 2018 to February 2019, with 23%, due to cocaine. While methadone and buprenorphine-naloxone maintenance treatment allow opioid-dependent individuals achieve a sense of physical and mental stability, there is no pharmaceutical treatment to help a cocaine-dependent individual cope with cravings or the depression and anxiety that typically follow a cocaine binge. The development of a cocaine use disorder is multi-factorial and presents a significant challenge in terms of discovering treatments, identifying efficient recruitment and retention strategies is the first step for effective research.

The Impact of Social Determinants of Health on Hepatocellular Carcinoma Outcomes
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OBJECTIVES/GOALS: Achieving therapy for hepatocellular carcinoma (HCC) involves navigating through a complex cascade of care. Non-HCC cancer mortality has been associated with social determinants of health outside of cancer specific risk. Our objective is to explore the impact of social determinants on HCC outcomes.

METHODS/STUDY POPULATION: Patients with HCC were enrolled from 3 hospitals form June, 1 2019 to December 1, 2019. A chart review was done to collect information on liver disease severity and cancer stage. Patients were interviewed to collect information on the following: 1) socioeconomic status (income, education, insurance status, and employment status), 2) literacy (RAPID Estimate of Adult Literacy in Medicine (REALM-R) and Brief Health Literacy Screening Tool (BREITF)), 3) social support (Patent Reported Outcome Measurement Information System (PROMIS) instrumental and information support tool), 4) quality of life (PROMIS global and mental health tool), 5) substance abuse, and 6) linkage to care.

RESULTS/ANTICIPATED RESULTS: Data
The relationship between family structure and quality of life among children with asthma
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OBJECTIVES/GOALS: Asthma is a life-long, chronic lung disease that inflames and narrows the airways. Its effects on quality of life in children can be exacerbated. The goal of this study was to investigate the link between asthma, family structure and demographics and how it impacts quality of life in children.

METHODS/STUDY POPULATION: We analyzed data from a cross sectional study of the 2016-2017 National Survey of Children’s Health, NSCH, to assess the relationship between determinants of health variables and the outcome variable of parent’s report of child’s perceived health status (quality of life). The study population was children under the age of 18. Data were analyzed using descriptive, bivariate analysis using Chi square, and multiple logistic regression of quality of life and family structure adjusting for confounding variables.

RESULTS/ANTICIPATED RESULTS: The study included 5,687 children. Significant predictors of asthmatic children’s quality of life were severity of asthma, self-perceived mental/physical health status of adults, neighborhood safety for children (p <0.05). The interaction between family structure and asthma severity was significant indicating that asthma severity was an effect modifier. Among children with mild asthma, predictors of quality of life were self-perceived mental/physical health status of adults in the household, neighborhood safety of children, physical activity status of children (p<0.05). Among children with severe asthma, predictors were family structure and physical/mental health status of adults (p<0.05).

DISCUSSION/SIGNIFICANCE OF IMPACT: This study suggests children with severe asthma who are born to single mothers with lower parental reporting of physical/mental health status had a lower quality of life. A longitudinal study could be implemented to target these three measures to improve quality of life among these children. Also, a culturally adapted intervention involving community, parents, and providers is needed to improve the quality of life of the children with asthma.