affects many vital organs, such as the kidneys, the heart, and vasculature. Participants perceive obesity as important risk factors for high blood sugar and cardiovascular diseases. Driveiders see an association between their daily condition and their work as a taxi driver. However, taxi-drivers reported that they are more concerned about the economic well-being of their families than themselves. Taxi-drivers begin to intervene in their own health only when more serious health conditions related to obesity, diabetes, and hypertension developed. (4) Work Stress. The theme “Stress/other risk factors” was derived from 11 concepts. Taxi-drivers perceive organization and high-stress levels as one of the leading risk factors contributing to obesity, diabetes, and cardiovascular disease. They also attribute a combination of stressful lifestyle, poor diet, lack of exercise, consumption of alcohol and cigarettes as determining factors in developing negative health outcomes. “One participant says, ‘Tenemos el paquete completo’... we have the entire package.” (5) Health as a priority. The theme “Health is not a priority” was derived from 120 concepts based on the cab drivers’ responses. Taxi-drivers prioritize their work while their health takes a back seat. They work long shifts as they feel the pressures of financial responsibilities of their family. They admitted lack of intentions to change their behavior and they consider themselves as “hard headed.” Drivers changed their behavior only when serious health conditions develop that require professional medical attention. Taxi drivers explain that the lack of time as being a big factor in pursuing preventative care. (6) Personal Discipline: The theme “Discipline” evolved from 80 concepts derived from the driver’s transcripts. Taxi drivers are aware of their lack of organizational skills in general, especially when it comes to the balance between work and a healthy lifestyle. Taxi-drivers believe that not knowing how to develop their own health and chronic health conditions. Drivers admit that they do not have a fixed schedule, with no direct supervision, and cannot find the time to go to the doctor or change their behavior. (7) Health Education: The theme “Education” was derived from 79 concepts noted from the focus group discussion. Taxi drivers know that their lack of health education is affecting them. While little understanding of the severity of the disease process it is difficult to take proactive measures. They are interested in the development of programs that will educate them about obesity, diabetes, and CVD prevention. They want to attend programs that can educate them about prevention of obesity, diabetes, and CVD prevention with strong focus on healthy eating. They understand that this would increase their ability to change their unhealthy behavior. (8) Health interventions: The last major theme “Intervention” was derived out of 71 concepts. When asked about possible interventions that might help them towards healthy behaviors, taxi drivers think that the use of technology as a means of education is very effective. They understand the most direct route to reach them is by cellphone, email, and social media such as Facebook. They also feel that it would be good to use this type of communication to not only inform them about health issues, but to also educate them directly. (b) Application of Health Behavior Model: We employed the HBM, one of the most utilized and easy to understand health models (18, 20–22) to explain the knowledge, perception, and health behaviors of our study participants. The HBM consist of 6 posts: (1) risk susceptibility, (2) risk severity, (3) benefits of action, and (4) barriers to action, (5) self-efficacy, and (6) cues to action [23]. According to the HBM, people believe about the risk involved and the benefit of action when taking action to avoid it, influence their readiness to take action [15, 21–22, 24]. Using the HBM, health behavior can be modified positively if the 6 posts are perceived by the person [23]. According to the results of our study, taxi drivers that participated in our study, do not perceive the severity of their health condition. Participants admitted that they go to the doctor and start paying attention to their health condition only when they get seriously sick. Another pos of the HBM, understanding benefit of actions, is also not perceived by taxi drivers. Participants understand that they should be involved in physical activity, but do not pursue physical activity. They stated that they are too busy and tired to exercise daily without realizing the benefits of having a healthy life style. Findings from the focus groups also demonstrate that taxi drivers do not possess self-efficacy, as they are not confident that they can change their own health behavior [8, 11–13]. This study also found that they are admitted to having poor discipline, lack of organizational skills, and lack of time management skills. But, they expressed their wish to get information about time management, healthy snacks, places where they can get affordable and healthy food, learn more about different physical activities, and places where they can exercise. The sixth pos of the HBM model is the cues for action which should trigger or lead to action to change health behavior. Cues such as physical pain or illness in them or family members of cab drivers, trigger the action to change behavior. Cues such as physical pain or illness in them or family members of cab drivers, trigger the action to change behavior. Cues such as physical pain or illness in them or family members of cab drivers, trigger the action to change behavior. Cues such as physical pain or illness in them or family members of cab drivers, trigger the action to change behavior.
Research partnership, community commitment, and the people-to-people for Puerto Rico (H2P24PUR) Movement: Researchers and citizens in solidarity

Jose G. Perez-Ramos1, Hector T. Zayas2, Nancy R. Cardona Cordero2, Dulce M. Del Rio Pineda2, Colleen Murphy3, Carmen M. Velez Vega2 and Timothy De Ver Dye1

1 University of Rochester Medical Center; 2 University of Puerto Rico, Medical Science Campus; 3 Mujeres De Isla, Inc

OBJECTIVES/SPECIFIC AIMS: Island communities face greater environmental risks, creating challenges in their populations. A community and participatory qualitative research method aiming to understand community perspectives regarding the ecology and environmental risks of the island of Culebra was performed to develop a community-centered Information and Communications Technology (ICT) intervention (an app). The island of Culebra, a municipality from the archipelago of Puerto Rico is located 17 miles from the eastern coast of Puerto Rico’s main island. This ICT—termed mZAP (Zonas, Acción & Protección)—is part of a Translational Biomedical doctoral degree dissertation housed at the University of Rochester’s Clinical Translational Science Institute (CTSI) Informatics Core funded by an NIH Clinical Translational Science Award (CTSA). In September 2017, the island of Culebra faced 2 major category hurricanes 2 weeks apart. Hurricane Irma and Hurricane Maria destroyed homes, schools, health clinics, and local businesses, disrupting an already-fragile ecological balance on the island. METHODS/STUDY POPULATION: These 2 storms catastrophically affected the archipelago of Puerto Rico. Culebra’s geographically isolated location, along with the inefficient response from authorities, exacerbated the stressors caused by these natural disasters, increasing the gap of social determinants of health, including the lack of potable water. Leveraging a community engagement partnership established before the hurricanes by the mZAP participatory research, which naturally halted once the hurricanes hit a new humanitarian objective formed to deliver aid. Along with another NIH funded RCM1 Translational Research Network, or RTRN institution (University of Puerto Rico, Medical Science Campus) students and faculty, The Puerto Rico Testsite for Exploring Contamination Threats Program (PROTECT) an NIH-funded Grant, program staff, People to people research subjects. The resulting shared experience elevates community interest and engagement—arising from a previous clinical research partnership—and true established commitment with members of the community. DISCUSSION/SIGNIFICANCE OF IMPACT: While pain is believed to be a barrier to improving health, we observed no association between limb/joint pain (OR = 1.1; 95% CI: 0.6–2.1) or back pain (OR = 0.9; 95% CI: 0.5–1.6) with program completion. The association of pain with completion was not modified by age. DISCUSSION/SIGNIFICANCE OF IMPACT: While pain is believed to be a barrier to improving health, we observed no association between limb/joint pain (OR = 1.1; 95% CI: 0.6–2.1) or back pain (OR = 0.9; 95% CI: 0.5–1.6) with program completion. The association of pain with completion was not modified by age.

Research may subsequently be adapted based on new realities associated with natural disasters and the altered nature of existing partnerships, allowing for a rapid response to communities need. Further, H2P24PUR was not only able to channel a partnership humanitarian response but also created an opportunity to reflect on how the commitment between members of society and academia (researchers) can create beneficial bilateral relationships, always putting the community needs first. The resulting shared experience elevates community interest and engagement with researchers, and helps researchers see communities as true partners, rather than—simply—research subjects.

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Symptom endorsement in bipolar patients of African Versus European ancestry

Margaret Akinvinni, Joyce E. Balls-Berry, Sullman El-Amin, Jennifer Geske, Colin Colby, Christi Patten, Joanna Biernacka and Mark A. Frye

Mayo Clinic

OBJECTIVES/SPECIFIC AIMS: Learning Objectives of this session: Identify possible reasons for misdiagnosis of bipolar patients of African ancestry by reviewing differences in symptom presentation between African American (AA) and European American (EA) bipolar individuals. Introduction: Bipolar disorder is a chronic mental illness with the highest prevalence among African Americans and is associated with substantial personal and economic morbidity/mortality. Misdiagnosis is common in bipolar disorder, which can impact treatment and outcome. Misdiagnosis disproportionately affects racial/ethnic minorities; in particular, AAs are often misdiagnosed with schizophrenia. There is interest in better understanding the contribution of differential illness presentation and/or racial bias to misdiagnosis. METHODS/STUDY POPULATION: Patients and Methods Using the Genetic Association Information Network (GAIN) public database, this study compared clinical phenomenology between bipolar patients of African Versus European ancestry (AA = 415 vs. EA = 1001). The semi-structured Diagnostic Interview for Genetic Studies (DIGS) was utilized to evaluate individual symptom endorsement contributing to diagnostic confirmation. A χ² test was used to compare group differences in DIGS harvested manifest and psychosis sections, and overview of psychiatric medications. RESULTS/ANTICIPATED RESULTS: Results: The symptom of auditory hallucination was significantly more endorsed in AA bipolar patients than EA bipolar patients (57.9% AA vs. 36.1% EA, p < 0.0001). Conversely, the symptom of elevated or euphoric mood was significantly less endorsed in AA bipolar patients than in EA patients (94.6% AA vs. 97.5% EA, p = 0.027). AA, in comparison to EA bipolar patients, had a significantly higher prevalence of lifetime exposure to haloperidol (36.9% AA vs. 29.4% EA, p = 0.0017) and fluphenazine (12.3% AA vs. 6.7% EA, p = 0.004). In contrast, AA, in comparison to EA bipolar patients, had a significantly lower prevalence rate of lifetime exposure to lithium (52.5% AA vs. 74.2% EA, p < 0.0001), and lamotrigine (13.7% AA vs. 35.6% EA, p < 0.0001). DISCUSSION/SIGNIFICANCE OF IMPACT: Conclusion: The higher rate of psychotic symptom endorsement and lower rate of core manic symptom endorsement represent differential illness presentation that may contribute to misdiagnosis in African-American bipolar patients. The higher rate of high potency typical antipsychotic treatment and lower rate of classic mood stabilizing treatment may also contribute poorer bipolar treatment outcome. While structured diagnostic interviews are the gold standard in diagnostic confirmation, this study is limited by lack of knowledge of clinician/expert interviewer interpretation of symptom endorsement which may contribute to symptom misattribution and misdiagnosis. Incorporation of additional African American participants in research is a critical future direction to further delineate symptom presentation and diagnosis to serve as validation for these results.

The influence of health insurance stability on racial/ethnic differences in diabetes control and management

Alison G. M. Brown, Nancy R. Kresin, Norma Terrin, Amresh Handa, Jillian Suzukioka, Sucharita Kher, Lori L. Price and Amy LeClair Tufts University

OBJECTIVES/SPECIFIC AIMS: The aim of this study is to examine if stable health insurance coverage is associated with improved type 2 diabetes (DM) control and with reduced racial/ethnic health disparities. METHODS/STUDY POPULATION: We utilized EMR data (2005–2013) from 2 large, urban academic health centers with a racially/ethnically diverse patient population to longitudinally examine insurance coverage, and diabetes outcomes (A1C, LDL cholesterol, BP) and

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