

individual Black identity in adulthood. **METHODS/STUDY POPULATION:** We examined whether racial identity, as measured by the regard subsection of the Multidimensional Inventory of Black Identity (MIBI), was impacted by childhood trauma exposure and related to PTSD and depressive symptoms in a sample of pregnant persons ($N=215$, $\text{Mage}=27.5$, $\text{SDage}=5.3$) who identified within the Black diaspora, seeking prenatal care at Grady Hospital in Atlanta, GA. The regard subsection of the MIBI determines extent to which individuals feel positively about membership within the Black group (private regard) and the extent to which they think others feel positively about the Black group (public regard). We assessed childhood trauma using Childhood Trauma Questionnaire (CTQ) and depression and PTSD symptoms with Edinburgh Postnatal Depression Scale, and PTSD Checklist for DSM-5, respectively. **RESULTS/ANTICIPATED RESULTS:** Public regard (pubR) and private regard (privR) were significantly negatively correlated with childhood emotional abuse, emotional neglect, and overall childhood trauma exposure (all $p's < .05$). PrivR was significantly negatively correlated with both postpartum depression and PTSD symptoms ($p < .05$). **DISCUSSION/SIGNIFICANCE:** Ethnic-racial identity formation is a critical aspect of our psychological well-being, beginning in childhood and continuing across one's lifespan. Our findings suggest that childhood trauma impacts racial identity in persons of the Black diaspora, which may contribute to negative mental health outcomes, including PTSD and depression.

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Relationships between geospatial factors and adverse outcomes in Medicaid-enrolled children with asthma

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OBJECTIVES/GOALS: To determine the relationship between race/ethnicity, geospatial (place-based) social determinants of health (SDOH; rurality and child opportunity index (COI)), and asthma-related adverse events (AAE: hospitalizations, emergency department (ED) visits) among children with asthma in Arkansas. **METHODS/STUDY POPULATION:** Using the Arkansas All-Payer Claims Database, we conducted a retrospective analysis of children (5-18 years). Medicaid-enrolled children with 1 asthma diagnosis (ICD-10 J45.xx) for any type of medical event in 2019 were included. Race/ethnicity were self-reported (non-Hispanic White, non-Hispanic Black, Hispanic/Latino). Due to small sample size, all other racial/ethnic groups were classified as Other. Rural-Urban Commuting Area (RUCA) codes were used to determine rural-urban designation using 4-category classification by zip code. COI level was determined by zip code (scale: very low- to very-high opportunity). AAEs were identified using 2019 medical claims. **RESULTS/ANTICIPATED RESULTS:** The cohort ($n=25,198$) included 38.7% White, 32.9% Black, 6.0% Hispanic, 5.1% Other, and 17.3% Missing race/ethnicity children. Overall, 61.2% live in rural and 38.8% live in urban areas. Among rural children, 33.1% were in very-low, 34.4% low, 20.8% moderate, 11.6% high, and 0.1% very-high opportunity areas. Among urban children, 32.6% were in very-low, 12.4% low, 17.5% moderate, 19.5% high, and 18.0% very-high opportunity areas. Overall, Black children more frequently lived in very-low or low opportunity areas (75.4%). Among rural children, 9.3% had an AAE. White children had highest rates of AAE. Overall, AAE rates were variable by rurality/urbanity and COI

level. **DISCUSSION/SIGNIFICANCE:** Differences in asthma outcomes by race/ethnicity, rurality, and COI level were unexpected, with similar rates of poor outcomes across the cohort. These findings underscore the complexity of the relationships between race/ethnicity, geospatial SDOH, and asthma outcomes.

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Relationships Between Self-Perceived Risk of HIV, Behavioral Risk of HIV, and Self-Reported Pre-Exposure Prophylaxis (PrEP) Utilization Among Young Men Who Have Sex with Men of Color at Risk for HIV Infection: Findings From a Prospective Cohort Study

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OBJECTIVES/GOALS: To improve our delivery of HIV prevention services by evaluating associations between self-perceived risk of HIV, objective risk for HIV based on sexual risk, and self-reported lifetime PrEP use. This will expand our current understanding of an essential component of decision making for PrEP uptake in young men who have sex with men (YMSM). **METHODS/STUDY POPULATION:** The population consists of participants in the Healthy Young Men (HYM) observational cohort study (16-24-year-old YMSM of color at risk for HIV in Los Angeles). Secondary analysis was conducted using an existing data set to test associations between self-perceived risk of HIV, behavioral sexual risk, and self-report of lifetime PrEP use at baseline. **RESULTS/ANTICIPATED RESULTS:** The HYM cohort consists of 397 HIV-negative young men who have sex with men from Los Angeles; 21% identify as African American/Black, 59% as Latinx, and 20% as multiethnic. Of these participants, 90% were aware of PrEP and 86% were eligible for PrEP according to CDC behavioral risk criteria; however, only 23% had ever been prescribed PrEP. We hypothesize that those who have utilized PrEP will report higher self-perceived risk of HIV infection and will have stronger correlation between self-perceived and objective risk for HIV. Associations will be tested using appropriate chi-square tests. **DISCUSSION/SIGNIFICANCE:** Self-perceived risk of HIV is proposed as a strong predictor of engagement in HIV prevention. This has been widely understudied in youth in the context of accessing PrEP. A better understanding of the role of self-perceived risk is essential to create and improve interventions to increase PrEP uptake as well as to improve PrEP service delivery for youth.

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Researcher and Stakeholder Partner Perspectives on Engaged Research During the COVID-19 Pandemic

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OBJECTIVES/GOALS: We sought to explore how the COVID-19 pandemic impacted community and stakeholder engagement in