hypothesize that a PHSI will be a valuable tool for stratifying patients in future research studies, as well as aiding prognosis in clinical situations. DISCUSSION/SIGNIFICANCE OF IMPACT: A validated composite PHSI would be a major advance in clinical hydrocephalus research and practice. A PHSI would allow investigators to stratify patients based on initial presentation for clinical research studies, which may in turn lead to the establishment of more standardized treatment guidelines. It would also facilitate studies investigating differential utilization of healthcare resources based on disease severity. Clinically, a PHSI would better equip physicians to counsel parents on what to expect for their child or future healthcare resource requirements.

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PTSD: Understanding differences in trauma cognitions, memory, and emotional regulation

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OBJECTIVES/SPECIFIC AIMS: Low-income, urban adolescents experience high rates of interpersonal and community violence and consequently post-traumatic stress disorder (PTSD). Memory theory purports that the development of PTSD can be explained by dysfunctional trauma cognitions, high sensory and poor articulation of trauma memories, and poor emotional regulation. The purpose of this paper are as follows: (1) to describe trauma experiences and PTSD symptoms of a high-risk sample of low-income urban youth and (2) to explore if post-traumatic cognitions, trauma memory quality, or emotional regulation means differ in participants screening positive for PTSD as compared with those that did not screen positive. METHODS/STUDY POPULATION: A preliminary sample of low-income, urban adolescents (ages 16–21) at risk for homelessness took a web-based, self-report survey responding to questions related to their experiences of trauma and mental health (n = 48). PTSD was measured with the PTSD Checklist for DSM-5 criteria (PCL_5). A cut-off of 33 was used as a positive screen for PTSD. Post-traumatic cognitions was measured with the post-traumatic cognition inventory (pcti) with higher scores representing greater dysfunctions and negative cognitions. Trauma memory was measured with the Trauma Memory Quality Questionnaire (TMQQ) with higher scores representing more sensory-based and poorly verbalized memories. Emotional regulation was measured using the Difficulties in Emotional Regulation Scale (DERS) with higher scores representing greater difficulties with emotional regulation. All 3 variables conceptually represented theoretical constructs of the development of PTSD. Initial data from the baseline survey was used conducted a 1-way ANOVA to compare the difference in post-traumatic cognition, quality of trauma memory, and emotional regulation in those that screened positive for PTSD as compared with their peers. RESULTS/ANTICIPATED RESULTS: The majority of this population (80%) experienced at least 1 traumatic life event. This sample experienced an average of 10.5 lifetime traumas (SD = 10.6). Of those experiencing trauma about 20% (n = 8) reported a positive PTSD screen (PCL-5). There were significant group differences among those screening positive for PTSD and their peers in the following variables: (1) pcti ($F_{1,24} = 10.43$, $p < 0.004$), (2) TMQQ ($F_{1,29} = 11.02$, $p < 0.002$), and (3) DERS ($F_{1,36} = 19.68$, $p = 0.000$). The majority of this population (80%) experienced at least one traumatic life event. This sample experienced an average of 10.5 lifetime traumas (SD=10.6). Of those experiencing trauma about 20% (N=8) reported a positive PTSD screen (PCL-5). There were significant group differences among those screening positive for PTSD and their peers in the following variables: 1) pcti [F(1,24) = 10.43, p<.004], 2) TMQQ [F(1,29) =11.02, p<.002], [F(1,36) =19.68, p=.000]. DISCUSSION/SIGNIFICANCE OF IMPACT: This sample reported high rates of trauma and PTSD. Constructs representing memory theory (cognition dysfunction, quality of memory, and emotional regulation) all significantly differed among participants with PTSD compared with their peers. Consequently, it may be useful for trauma interventions to target the maladaptive post-traumatic cognitions, quality of traumatic memories, and emotional regulation in this population. These results will inform work that aims to explore if a trauma intervention, based on the memory theory can improve PTSD symptoms. Anticipated data collection completion in March 2017 (n = 120).

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"Pipa" means early death: Obesity and cardiovascular disease (CVD) risks perception, knowledge and behavior among minority NYC cab drivers—A qualitative analysis

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OBJECTIVES/SPECIFIC AIMS: More than 2 out of 3 adults in the United States are overweight or obese. Obesity disproportionately affects minority populations. There is limited data on obesity and CVD risks among inner-city minority cab drivers in New York City (NYC). The goal is to study perceptions, knowledge and health behaviors of Hispanic livery cab drivers of NYC that contributes to obesity. METHODS/STUDY POPULATION: We conducted an observational study of focus groups related to perception, knowledge, or behavior among Latino livery cab drivers of NYC. Direct transcription of the taped recordings into concepts were grouped into themes and common themes were categorized. The sample size of the focus groups was based on the saturation point where common themes emerged. RESULTS/ANTICIPATED RESULTS: In total, 25 Latino livery cab drivers were enrolled. Of those, 24 were men. Mean age is 53 years (21–69); body mass index (BMI) is 31 (22.8–38.7) kg/m^2; 50% had hypertension and 27% had diabetes. Eight dominant themes emerged. Cab drivers were aware of their increased risk for CVD which most of them attributed to work stress, sedentary lifestyle, and poor eating habits "on-the-go". In particular, they mentioned a tendency of having "Pipa," a Spanish term denoting increased abdominal girth, which they equated to early death. Family and social support was an important facilitator in changing unhealthy behaviors. DISCUSSION/SIGNIFICANCE OF IMPACT: Our study shows that minority cab drivers are generally obese or overweight and aware of their personal risk factors for CVD including central obesity. Social and family support may be key to improving their lifestyle. An evidenced-based health model that includes family education and decision support will be tested in our next study phase to understand if it can improve body weight.

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Characterizing delayed transition to adult care in children with chronic kidney disease

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OBJECTIVES/SPECIFIC AIMS: As part of a larger effort to create a longitudinal record of care for patients with chronic kidney disease (CKD) in Delaware, we assessed transitions of care from pediatric to adult care. This study examined the length of time between last pediatric contact and first contact in the adult system in order to determine characteristics associated with delayed transition to adult care. METHODS/STUDY POPULATION: Patients who receive pediatric care at the Nemours/Alfred I. duPont Hospital for Children (Nemours) are transitioned to adult care between the ages of 18 and 21. Our study population consists of all patients seen in the Nephrology unit at Nemours for CKD, hypertension (HTN), or diabetes who turned 21 years old between 2007 and 2013. Records of office visits from Nemours, Christiana Care Health System (CCHS), and Nephrology Associates, P.A. (NAPA) were transformed into the OMOP common data model and merged. Patients who had at least 1 record in the Nemours EHR of pediatric care before age 21 and had at least 1 record in the CCHS or NAPA adult EHRs were considered transitioned. To identify characteristics associated with delayed transition to adult care, we compared gender, race, ethnicity, age, comorbidities, and level of kidney function at the last pediatric visit between patients whose transition gap was less than 1 year and patients whose gap was 1 year or more. Kidney function was estimated by calculating glomerular filtration rate (GFR). Nemours estimates GFR in children using the revised Schwartz equation, which is based on serum creatinine and height. To calculate adult GFR, we used the CKD-Epi equation, which is based on serum creatinine, age, sex, and race and is widely used to derive adult GFR. As kidney function declines, GFR decreases. We used Fisher exact test to compare categorical variables and t-test to compare age and GFR. RESULTS/ANTICIPATED RESULTS: We found only 109 (25%) patients who had records in our adult offices out of the 440 Nemours patients in our data set. Of the 109 transitioned patients, 54 had office visits at CCHS, 37 at NAPA, and 18 at both locations. Examining the office visits of the 109 transitioned patients, 34 (31%) had an overlap in visits defined as an office visit at CCHS or NAPA before the last office visit at Nemours, and 75 (69%) did not have an overlap. The median gap between last pediatric and first adult office visit for the 75 patients without an overlap was 615 days (range 8–3495 d). Only 6 (6%) of the 109 transitioned patients had overlapping GFR measurements from pediatric to adult care, and all of the adult GFR calculations (CKD-Epi) were greater than the pediatric GFR calculations (Schwartz). The difference between child and adult GFR ranged from 8.2 to 87.1 mL/minute per 1.72 m^2. DISCUSSION/SIGNIFICANCE OF IMPACT: During the transition from pediatric care to adult care, many young adults with CKD experience declines in health outcomes and comorbidities such as diabetes and HTN complicate self-management. Lack of overlap between pediatric and adult care office visits indicates a delay in executing this transition. In our population of 109