instrument into two surveys to track shifts in patient preference and experience. The first, administered at diagnosis, focuses on selection, and the second, a 6-month follow up, focuses on adherence. Following revisions, participants indicated the revised 2-part instrument was clear and not burdensome to complete. DISCUSSION/ SIGNIFICANCE OF IMPACT: The instrument's content validity was evaluated through cognitive interviews, which supported that the survey items' intended and understood meanings were isomorphic. In the next phase, we plan to conduct a large-scale prospective cohort study to evaluate the predictive validity, after which it will be available for public research use.

Discrimination, Social Cohesion, and Hypertension: A Cross-Sectional Analysis from the REGARDS Study

4137

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OBJECTIVES/GOALS: This research has two goals. The first is to establish the relationship between hypertension, discrimination, and social cohesion in the general populaiton. The hypotheses for these relationships are:

- Hypothesis 1: Self-reported discrimination will be positively associated with incidence of hypertension in all REGARDS participants.
- **Hypothesis 2**: Self-reported neighborhood cohesion will attenuate the effects of discrimination on the development of hypertension.
- **Hypothesis 3**: Increased levels of Self-reported social cohesion will moderate the effects of discrimination on the likelihood of being hypertensive by weakening the relationship between discrimination and the likelihood of being hypertensive.

The second goal of this research is examining the the nexus of race and social cohesion, to understand if racial effects exist. The hypotheses for this goal are:

- **Hypothesis 4:** Self-reported discrimination will be positively associated with prevalent hypertension in black REGARDS participants over and above the association between discrimination and hypertension in white REGARDS participants.
- **Hypothesis 5:** Increased levels of self-reported social cohesion for will not moderate the effects of discrimination on the likelihood of being hypertensive by weakening the relationship between discrimination and the likelihood of being hypertensive as strongly for black REGARDS participants as it does for white REGARDS participants

METHODS/STUDY POPULATION: The population under investigation will be respondents to The Reasons for Geographic and Racial Differences in Stroke (REGARDS) study at UAB. REGARDS participants are 45+ years old, and come from across the United States. The study will use the second wave of in-home data to assess relationships between discrimination, hypertension, and social cohesion. First we will calculate descriptive statistics (means and standard deviations or N and %) for each of the main variables and covariates. Modified Poisson regression will be used to model the association between discrimination and likelihood of hypertension, as well as the moderating effects of neighborhood social cohesion. We will run additional modified Poisson models including 1) demographic covariates (age, gender, race, rurality, education), 2) demographic covariates plus lifestyle factors, such as smoking status, BMI, exercise frequency, and 3) demographic covariates, lifestyle factors, and social characteristics, including insurance status, social support, getting around. To understand the main effect of social cohesion on hypertension, we will run a second set of models, following the same series of steps. A final series of models will test the interaction between perceived discrimination*perceived neighborhood cohesion. This model will be followed by the same series of steps as the global hypertension models. If the interaction is significant, postestimation will be used to model how different levels of perceived discrimination and cohesion are expected to interact to affect the likelihood of hypertension. If any of the covariates violates assumptions about distributions, data transformations will be explored. After conducting an analysis on the effects of discrimination on hypertension, and the buffering effect of social cohesion on the full sample population, the sample will be stratified by race so that the associations between discrimination, social cohesion, hypertension, and race are fully explored, consistent with previous literature. The stratified samples will be run through the same series of models as the full sample, providing information on how race, hypertension, and social cohesion are associated in and unadjusted models, models adjusted for demographic characteristics, models adjusted for sociodemographic and lifestyle characteristics, and finally full models that adjust for sociodemographic, lifestyle, and social characteristics. These models will compare each of these sets of characteristics, as well as the interaction between perceived discrimination* perceived neighborhood cohesion for stratified samples. This will allow researchers to compare the effects of discrimination, and the buffering effect of neighborhood cohesion across models. RESULTS/ANTICIPATED RESULTS: We anticipate that in a general population, social cohesion will attenuate the positive association of discrimination and hypertension. For blacks, however, higher levels of lifetime discrimination as well as lower levels of social cohesion in primarily black neighborhoods are expected to lead to both higher rats of hypertension and a lower degree of attenuation of the relationship between discrimination and hypertension. DISCUSSION/SIGNIFICANCE OF IMPACT: This study will help to elucidate the social nature of hypertension. By examining how perceptions of discrimination and social cohesion are associated with hypertension, interventions directed at improving heart health will be able to be effectively implemented at the community level by targeting specific social factors that can improve health outcomes. In addition, this research will provide insight into groups that may be particularly vulnerable to hypertension, advancing both the sociological and cardiology literature as it relates to discrimination, social cohesion, race and health.

4378

Dynamic Influences on Population Health Management by Asthma Community Health Worker (CHW) Programs: An Agent Based Modeling Approach*

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OBJECTIVES/GOALS: Twenty years of evidence show CHW homevisits for asthma improve population health and lower overall health care system costs by reducing costly Emergency Department (ED) visits. We built a model to communicate these results to decision makers and demonstrate how program modifications can improve CHW program sustainability and long-term cost savings. METHODS/STUDY POPULATION: This CHW program simulation model (CHWsim) examines program level outcomes of sustainability and costs. CHWsim is populated with individuals in an asthma registry with frequent ED visits. The simulation shows the uptake of the CHW program, and the less frequent use of ED visits based on empirical data from a recent randomized controlled trial (RCT). CHWsim is interactive, allowing for parameter adjustments to programming and robust quantitative evaluation of those changes. We study sustainability using parameters based on number of CHWs, case load, frequency and duration of program. For cost outcomes, we use empirical data from a published return on investment study to demonstrate the cost of CHW programming vs. health care systems savings from reduced ED visits. RESULTS/ANTICIPATED RESULTS: We demonstrate a basic model that successfully simulates a recent RCT (n = 551), replicating the primary outcome of reduced ED visits within the Confidence Intervals. The model is validated by reproducing results of other RCTs. Results will also be presented from an in-process expanded model that simulates the intervention in a broader population (n = 4000). We test two programmatic changes and demonstrate how these modifications might improve health outcomes (reduced ED visits) that translate into cost savings to the system. 1) In the original trial, we served only one household member; in the model, we treat the full household, serving several individuals at the same time. 2) We also consider the assumption that a short annual visit might sustain the known 12-month health effect across many years. DISCUSSION/SIGNIFICANCE OF IMPACT: CHWsim uses individual level local data and patient characteristics to demonstrate the impact of program efficiencies to improve CHW program sustainability and reduce health care system costs without expensive new RCTs. CHWsim has the potential to improve CHW program delivery and influence funders to provide support.

4464

Effect of Surface Topography on *In Vitro* and Mechanical Performance of 3D Printed Titanium

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OBJECTIVES/GOALS: The goal of the study is to understand how changing the surface roughness of 3D printed Titanium either by processing printed samples or artificially printing rough topography impacts the mechanical and biological properties of the Titanium. METHODS/STUDY POPULATION: Titanium dog bones and discs were printed via laser powder bed fusion. groups were defined as 1. polished, 2.blasted, 4.as built, 4.sprouts and 5.rough sprouts. Roughness was measured with line measurement using a confocal microscope. Tensile testing of dog bones produced stress strain curves. MC3T3 preosteoblast were seeded on discs. Samples were analyzed at 0, 2, and 4 weeks. A cell viability assay and confocal fluorescent microscopy assessed cell growth. Alkaline Phosphatase (ALP) assay and Quantitative Polymerase Chain Reaction (qPCR) examined cell differentiation. Extracellular matrix (ECM) was stained for collagen and calcium. Scanning Electron Microcopy (SEM) was done on sputter coated discs. RESULTS/ANTICIPATED RESULTS: Measured roughness defined by Rz, maximum peak to valley distance of the sample profile

ranged from 2.6-65.1 µm. The addition of printed roughness in the sprouts and rough sprouts group significantly diminished ductility resulting in early strain to failure during tensile testing. Cells adhered and proliferated on discs regardless of roughness group. There was no statistical difference in ALP activity, but qPCR showed that rough groups (sprouts and rough sprouts) had diminished Osteocalcin gene expression at week 2 and 4. The ECM in the rough groups was more resistant to repeated washes and was more extensive with SEM. DISCUSSION/SIGNIFICANCE OF IMPACT: Printing roughness diminished mechanical properties without clear benefit to cell growth. Roughness features were on mesoscale, unlike samples in literature on microscale that increase cell activity. Printed topography may aid in implant fixation and not osseous integration as hypothesized. CONFLICT OF INTEREST DESCRIPTION: Dr. Samual Adams, Dr. Ken Gall and Cambre Kelly own stock and/or stock options in restor3d, Inc.

4042

Enhancing Scientific Rigor, Reproducibility, and Reporting in Translational Science Training and Practice Roger Vaughan¹, Matthew Covey¹, Michelle Romanick¹, Anthony Carvalloza¹, and Barry S. Coller, MD¹ ¹Rockefeller University

OBJECTIVES/GOALS: Irreproducible and incompletely reported research lead to misallocated resources, wasted effort in pursing inappropriate avenues of investigation, and loss of public trust. To address this challenge, we employed a Team Science approach to create a multimodal program to support Rigor, Reproducibility, and Reporting in Translational Science. METHODS/STUDY POPULATION: We conducted literature searches to reveal sources of irreproducibility and recommended corrective actions, invited leaders in the field to give lectures on opportunities to support reproducible science, and worked with the Rockefeller team science leadership group to instill an overarching rigor approach, infused into all training efforts. This multifaceted program was labeled R3 (R-cubed) for Enhancing Scientific Rigor, Reproducibility, and Reporting. **RESULTS/ANTICIPATED RESULTS: Didactic Courses:**

- Introduction to Biostatistics and Critical Thinking focus on pitfalls in inferential statistics, consequences of poor research, and errors in published research.
- Scientific Writing teaches methods and procedures in writing to ensure reproducibility. Lecture Series
- Established nine lectures on topics related to R3, including Data Management, Statistical Methods, Genomic Analyses, Data Repositories, Data Sharing, Pharmacy Formulation, and e-lab notebooks. Website
- Creating a comprehensive website as repository for research, methods, programs, updates, and improvements related to R3. KL2 Clinical Scholars Seminars and Navigation
- Scholars participate in seminars and tutorials to discuss opportunities to improve R3 across the research life-course.

DISCUSSION/SIGNIFICANCE OF IMPACT: Striving for research reproducibility takes focused energy, discipline, and vigilance, but the effort is worthwhile as rigorous and reproducible science is the prerequisite for successful translation of great discoveries into improved health. CONFLICT OF INTEREST DESCRIPTION: none