

equally accessible to all children in Maine. This may restrict their access to specific asthma therapies such as allergic desensitization and monoclonal antibodies.

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HPV vaccine knowledge and beliefs among women in rural areas

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OBJECTIVES/GOALS: To reduce cervical cancer in the USA, it is essential to identify the reasons underlying the low HPV vaccination rates. This study aims to identify knowledge and beliefs about HPV vaccination among women in rural areas. The knowledge gained from this study will directly lead to developing an education tool tailored specifically for women in rural areas. **METHODS/STUDY POPULATION:** We conducted a cross-sectional study from November 2022 to July 2023. We recruited women ($n = 141$) who visited a mobile health unit in rural North Louisiana. The inclusion criteria were women aged 25–64 years who spoke English, had not undergone a total hysterectomy, and had no history of cervical cancer. Data collected included sociodemographic characteristics, sexual history, awareness and knowledge of HPV infection, cervical cancer, genital warts, and HPV vaccination, the perceived risk of acquiring genital HPV infection and developing cervical cancer, and the willingness to receive an HPV vaccine. Descriptive statistics were used to evaluate participant responses. Written informed consent was obtained before completing the self-administered questionnaire. **RESULTS/ANTICIPATED RESULTS:** Our findings showed significant gaps in HPV vaccine knowledge and uptake. Approximately 40% of the participants were unaware of the HPV vaccine, 96.5% had never received it, and 91.4% had never been offered it. However, 42% indicated a willingness to consider vaccination if it were offered. Factors influencing their decision to vaccinate against HPV included a family history of cervical cancer (44.7%), having multiple sexual partners (48%), and engaging in unprotected sex (61.7%). Furthermore, there was significant uncertainty surrounding the vaccine, with 65.2% of participants unsure about its safety, 66% unaware of potential health risks, and 47.5% uncertain about its effectiveness in preventing HPV. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Our research emphasizes the need for tailored behavioral interventions to address knowledge gaps about the HPV vaccine. Low HPV vaccination rates in rural areas contribute to health disparities in cervical cancer. Implementing educational interventions in healthcare settings can enhance vaccination rates and mitigate the risk of cervical cancer.

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Transplant center level variation in listing patients for liver transplant with initial inactive status

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OBJECTIVES/GOALS: Our objectives were to describe the characteristics of patients initially listed with inactive status on the liver

transplant waitlist to identify if disparities exist and compare the prevalence of initial inactive status listings across transplant centers. **METHODS/STUDY POPULATION:** This was a retrospective cohort study of candidates waitlisted for liver transplant between March 1, 2023 and February 12, 2023, utilizing the Scientific Registry of Transplant Recipients, a national database including all solid organ transplant candidates. 224,736 candidates were included in analysis, and covariates included race, ethnicity, sex, age, body mass index, primary payer, MELD at listing, and etiology of liver disease. **RESULTS/ANTICIPATED RESULTS:** Totally, 8,131 (3.62%) candidates were initially listed for liver transplant with inactive status. Although there were statistically significant differences between those listed initially with active status and those listed initially with inactive status in each covariate, these differences did not reach clinical significance. Of the 151 transplant centers, 128 listed any patients with an initial inactive status, with inactive status listings compromising 0–49.36% of total listings by transplant center. There is significant variation between listing centers in the practice of listing with initial inactive status by both liver disease etiology and across different eras of liver allocation policies. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Despite no significant clinical difference in the characteristics of patients listed with initial inactive status, there is significant variation across transplant centers of the prevalence of listing with initial inactive status. Subsequent investigations will focus on understanding these differences in listing practices between centers.

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Ethical care systems for substance use disorder (SUD): Evaluating stigma and clinical decision-making

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OBJECTIVES/GOALS: This project (1) assesses provider behavior at the Galveston Secure Against the Fentanyl Epidemic (G-SAFE) Clinic in providing evidence-based care for underserved patients in our community and (2) implements evidence-based anti-stigma intervention in local health care. **METHODS/STUDY POPULATION:** The efficacy and impact of G-SAFE on healthcare utilization, health outcomes, and patient satisfaction will be determined. Evaluations assessing provider behavior will be made across at least 25 clinic patient visits, taking note of medical students, clinicians, and health providers' interactions with patients related to decision-making, care plan creation, and communication. Health provider discussion groups will provide essential data in understanding the successful management of SUDs, management of safety and risk, and how best to pilot and assess interventions that promote greater trust-building and a harm-reduction approach to clinical care for patient empowerment and positive outcomes. **RESULTS/ANTICIPATED RESULTS:** Observations in the clinic will be turned into interventions to improve diagnostics and therapeutics for SUD medical care and behavioral change. We will recruit 40 medical students (with/without exposure to UTMB's free clinics) as well as 20 clinicians in the G-SAFE Clinic, Emergency Medicine, and Primary Care. Baseline stigma will be measured with the Medical Condition Regard Scale and the Drug and Drug Problems Questionnaire alongside measures of care approaches. The data collected and the educational intervention for medical students and clinicians will make a positive impact on the lives of those affected by SUDs and serve as a model for future interventions on a larger scale. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Health provider's

SUDs stigma undermines both care quality, patient empowerment, and recovery success. Addressing provider stigma is crucial for necessitating a shift toward collaborative, responsive, and creative clinical decision-making to tackle the ethical challenges posed by the opioid crisis.

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Understanding the mental health needs of adolescents in Puerto Rico: A phenomenological approach

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OBJECTIVES/GOALS: This study aimed to explore Puerto Rican adolescents' mental health experiences, focusing on risk and protective factors, and cultural perspectives on mental health. **METHODS/STUDY POPULATION:** Three focus groups were conducted: two with 20 adolescents aged 12 to 18 years of both genders and one with five adults who work with adolescents. Data were analyzed using interpretative phenomenological analysis. **RESULTS/ANTICIPATED RESULTS:** The majority of participants in both groups of adolescents identified five key themes: social pressures, barriers to discussing mental health, the impact of social media, coping strategies, and institutional interventions. The adult focus group highlighted adolescent mental health problems, support systems, family and social factors, the church's role, and recommended interventions. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The findings emphasize that social and familial pressures, mental health stigma, and social media significantly impact adolescent mental health. Coping strategies, such as sports, art, and nature, were also identified. These themes underscore the need for safe, supportive spaces, and targeted approaches to address youth mental health.

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Learning from those who care: Developing materials for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) dementia care partners

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OBJECTIVES/GOALS: • Investigate culturally-specific beliefs, caregiving approaches, care preferences, and unmet needs among Asian American, Native Hawaiian, and Pacific Islander (AANHPI) care partners supporting persons living with dementia • Apply identified findings toward culturally-adapting caregiving resources for AANHPI dementia care partners **METHODS/STUDY POPULATION:** Qualitative data from the Better Together Dementia Care Study and Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Dementia Caregiving Study were analyzed to investigate culturally-specific beliefs, caregiving approaches, preferences, and unmet needs of AANHPI dementia care partners. Both studies remotely conducted and recorded semi-structured interviews (1.5–2.5 hours), with care partners and providers though interview protocols were distinct. Transcripts were AI-generated, through Zoom or Trint, and analyzed using thematic content analysis by two coders. Apriori codes drawn from literature and inductively-identified codes were identified and coded. Preliminary findings informed sociocultural strategies used to adapt existing care

partner resources for use in these groups. **RESULTS/ANTICIPATED RESULTS:** Preliminary analysis of care partner (CP) interviews (N = 8; 4 romantic partners, 4 adult children), revealed differences in caregiving experiences and networks. CPs supporting care receivers (CR) who had emigrated away from extended family networks reported a lack of instrumental support. Most CR (7/8) had adult children, many of whom (6/8) provided some care, though half of CR-child relationships were distant or had past difficulties. Romantic partners were primary CPs while co-caregiving with children; Adult children served as primary CPs for unpartnered CRs (n = 4). Adapted CP resources integrated these findings, acknowledging the complexities of fulfilling traditional filial expectations in light of difficult past relationships. Formal services were framed as an extension of family-coordinated care. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Care partners of immigrants may have limited local family support and may benefit from formal services. Adult children may provide care, though this may be complicated by poor past relationship quality. AANHPI care partners may benefit from culturally-adapted resources which address these issues, though resource acceptability-testing is needed.

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The impact of a personal cancer diagnosis on adolescent and young adult cancer survivors' social connectedness: A qualitative analysis

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OBJECTIVES/GOALS: This study's objective was to explore how a personal cancer diagnosis impacts the social connectedness (i.e., quality, structure, and functions of social relationships) of adolescent/young adult cancer survivors (AYACS, patients diagnosed with cancer between 15 and 39 years old), to inform intervention development fostering social health. **METHODS/STUDY POPULATION:** In this qualitative study (part of larger study assessing AYACS' psychosocial challenges), participants were 15–25 years old at the time of cancer diagnosis and within 6 years of cancer diagnosis. Participants (and consenting parents of participants 18 years old