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DIFFERENTIAL CHANGES IN YOUTH TOBACCO USE BEFORE AND AFTER IMPLEMENTATION OF MASSACHUSETTS' STATEWIDE FLAVOR RESTRICTION POLICY

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OBJECTIVES/GOALS: This study examined youth tobacco use, disaggregated by sexual and gender minority (SGM) identity and race, in Massachusetts before and after the state implemented a flavored tobacco restriction. We assessed if the policy differentially impacted groups that have had higher rates of flavored tobacco use (i.e., SGM African Americans [AAs]). METHODS/STUDY POPULATION: Data for this analysis came from the 2019 and 2021 Massachusetts Youth Risk Behavior Survey (YRBS), a biennial, national survey conducted among high school students, provided by the Massachusetts Department of Elementary and Secondary Education. Changes in current use of cigarettes and e-cigarettes between 2019 and 2021 were examined for the entire sample and by SGM identity and race/ethnicity. Current cigarette use and current e-cigarette use were defined as reporting any use of the product in the past 30 days. We received confirmation from the IRB that because the data are de-identified and available to the public, this research is considered Not Human Subjects Research. RESULTS/ ANTICIPATED RESULTS: Between 2019 and 2021, current cigarette use and current e-cigarette use decreased for the entire sample (3.78% to 2.79% and 27.69% to 15.74%, respectively). Decreases were also observed after disaggregating results, but smaller changes were observed among minoritized groups (i.e., SGM and AAs), particularly for e-cigarettes. Current e-cigarette use decreased 25.56% among individuals identifying as SGM (28.14% to 20.95%) compared to a 49.33% decrease among non-SGM individuals (27.63% to 14.0%). Among all races, AAs had the lowest prevalence of current e-cigarette use in 2019 (15.10%), but also saw the lowest percentage decrease (17.68%). Among whites, current e-cigarette use decreased 45.75% from 32.33% in 2019 to 17.54% in 2021. DISCUSSION/ SIGNIFICANCE: After implementation of Massachusetts' flavored tobacco restriction, current cigarette and e-cigarette use declined among Massachusetts youth overall and among groups that have been most affected by flavored tobacco. However, minoritized groups (i.e., SGMs, AAs) had lower percentage decreases compared to non-minoritized groups.

Designing a parent-adolescent-provider intervention to support adolescent girls' use of dual prevention strategies: Results from the Teen and Parent Survey

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OBJECTIVES/GOALS: This study examines health provider and caregiver influences on adolescent dual prevention strategies, or the use of condoms and another form of contraception, to inform clinically

focused triadic intervention, involving caregivers, adolescents aged 15-17, and health providers. METHODS/STUDY POPULATION: Data for the 2021 Teen and Parent Surveywere two online, cross-sectional surveys, a national sample of adolescents aged 15-19, and a survey of caregivers of 15-17-year-old adolescents. Data were matched to create a dyadic dataset (n=273). Drawing from the Actor-Partner-Dependance Model we will conduct a secondary retrospective analysis, specifically cross-sectional univariate, bivariate, and multivariate logistic regression analyses on sets of influences around contraception and sexual health: communication with parents and health providers, information delivery of sexual health, condom attitudes and self-efficacy around preventative behaviors. RESULTS/ANTICIPATED RESULTS: In preliminary unadjusted analyses, 91% of the sample were cis-gender females (n=249), of which 32% (n=87) had sexual contact with someone who could get them pregnant. In the past, 35% (n=86) discussed birth control pills and 9% (n=24) discussed long-acting contraception with a health provider. In the last health visit, 29% (n=72) discussed STI prevention. Caregivers discussed sexual decision-making (49%, n=144), how to prevent pregnancy (62%, n=169), and how to prevent STIs (55%, 151) at least once in the past year. At last sex (n=49) most used condoms (47%, n=23), followed by birth control pills (33%, n=16), and withdrawal (14%, n=7). Additional predictors and adjusted analyses will be further examined. DISCUSSION/ SIGNIFICANCE: Dual prevention strategies can be influenced by caregivers and health providers, but they are contingent on communication. Triadic interventions may consider involving both caregiver and health provider communication around sexual health prevention.

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Translating Alzheimer's Disease Research to Improve Dementia Screening Through Health Message Design in the Community: A Qualitative Study

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OBJECTIVES/GOALS: This study engaged Black adults who reside in a rural area of Kentucky to explore their beliefs, norms, knowledge, attitudes, and health-related behaviors about Alzheimer's disease (AD) (RQ1) and what message elements are most relevant for designing a health message aimed at encouraging them to get screened for AD (RQ2). METHODS/STUDY POPULATION: This qualitative study was guided bythe Integrative Model of Behavior. Participants were recruited from a faith-based institution in rural Kentucky. Black adults aged 50+ years were invited to participate in the study, which consisted of two focus groups. Group 1 gained information about behavioral determinants (RQ1) and examined which message design elements were important to Black adults by asking for feedback on a handout from the Alzheimer's Association that encouraged AD screening (RQ2). The handout was redesigned based on feedback from Group 1. Group 2 was involved in a discussion of the redesigned handout, asking for further feedback. Focus groups were audio recorded and transcribed