132

A Qualitative Exploration of Preexposure Prophylaxis Among Black Women Attending Historically Black Colleges and Universities*

Marissa Robinson[1] and Rasheeta Chandler[2]
[1]Morgan State University and [2]Emory University School of Nursing

OBJECTIVES/GOALS: This proposed qualitative study aims to explore the perspectives about PrEP among heterosexual, cisgender Black women currently enrolled at an HBCU. Specifically, this study will elucidate this populations knowledge, attitudes, and beliefs surrounding PrEP uptake and marketing. METHODS/STUDY POPULATION: The Health Belief Model adapted from Chandler, Hull et al. (2020) will be utilized as the conceptual framework to guide this study. Multiple virtual semi structured focus groups will be conducted with individuals at two HBCUs. Study participants (n=20-25) will meet the following inclusion criteria: (a) self-identifies as Black/African American, (b) was assigned female at birth, (c) is enrolled at Morgan State University or Spelman College, (d) is 18 years or older, (e) is sexually active (anal, oral, vaginal, or experimental), (f) is HIV negative, (g) has multiple sexual partners and/or has inconsistent condom usage. A qualitative data analysis will be conducted utilizing MAXQDA software to perform a thematic analysis by creating a codebook and identifying prominent themes related to perceptions and use of PrEP. RESULTS/ANTICIPATED RESULTS: The research is on-going pending IRB approval. Data collection will include questions focused on topics surrounding PrEP, barriers/facilitators to participation in a proposed PrEP campaign, and sexual/reproductive health. These findings will characterize the awareness of PrEP among Black HBCU women, identify factors that may facilitate or cause barriers to Black HBCU womens knowledge and uptake of PrEP, and identify best practices for successful marketing strategies for PrEP campaigns targeting uptake among HBCU women DISCUSSION/SIGNIFICANCE: Findings from this study can help the public health community tailor PrEP campaigns designed for college-age Black women thereby curtailing HIV transmission among this at-risk group.

133

Investigating the Utilization Rate of Fertility Preservation Services Amongst Transgender and Gender Diverse Patients

Karen DSouza[1], Yeon Soo Lee[2], Dzhuliyan J. Vasilev[2], Megan Allyse[3], Alessandra Ainsworth[4], Caroline J. Davidge-Pitts[4], Felicity Enders[4] and Zaraq Khan[4]
[1]Mayo Clinic Graduate School of Biomedical Sciences, [2]Mayo Clinic Alix School of Medicine, Scottsdale, AZ, USA, [3]Mayo Clinic, Jacksonville, FL, USA and [4]Mayo Clinic, Rochester, MN, USA

OBJECTIVES/GOALS: Fertility preservation (FP) allows transgender and gender diverse (TGD) patients undergoing gender-affirming therapy to pursue genetic parenthood. Barriers to care exist leading to its underutilization; while these barriers to care have been investigated, the true utilization rates of FP services by TGD patients are unknown. METHODS/STUDY POPULATION: This study includes a retrospective chart review of adult and pediatric patients from Mayo Clinics Transgender and Intersex Specialty Care Clinic who have provided research authorization. We will assess if FP was discussed and review if the patients proceeded to make appointments with either the Department of Reproductive Endocrinology & Infertility or the Department of Urology. FP terms include semen cryopreservation, sperm extraction, sperm aspiration, testicular tissue cryopreservation, oocyte cryopreservation, embryo cryopreservation, and ovarian tissue cryopreservation. Patient demographic data will be collected to determine associations between utilization rate and age, sex recorded at birth, gender identity, race, ethnicity, and variables related to socioeconomic determinants of health. RESULTS/ANTICIPATED RESULTS: We hypothesize that the rate of FP utilization will be higher for patients who begin to affirm their gender at the age of 25 or older, and for those seeking feminization treatment in comparison to pre-pubescent adolescents, young adults, and transgender men. Of FP options, semen cryopreservation will be most utilized, followed by oocyte cryopreservation; both will be more utilized than embryo cryopreservation, sperm extraction, sperm aspiration, testicular tissue cryopreservation, and ovarian tissue cryopreservation. Employment, and insurance status and coverage, will play a role in FP service utilization after initial consult. This study was approved by Mayo Clinics Institutional Review Board. Data on N=611 patients is expected to be abstracted and analyzed prior to Translation 2022. DISCUSSION/SIGNIFICANCE: This study will be one of the first to examine the rate of FP utilization by TGD patients with respect to the age and timing of gender-affirming therapy initiation. Understanding the rate of utilization of FP services will allow for the creation of age-appropriate education materials for TGD patients pursuing gender affirmation and FP at Mayo Clinic.

134

Impact of shifting engagement strategies during COVID: Are rural counties on equal footage? The Ohio HEALing Communities Study (HCS)

Pamela Salsberry[1], Bridget Freisthler[1] and Rebecca Jackson[1]
[1]Ohio State University

OBJECTIVES/GOALS: This study examines the impact of COVID restrictions on the process of engagement in the Ohio-HCS site. The goals are to: examine the impact of COVID restrictions on the process of engagement; 2) determine differences in process measures by geographic region (rural, urban). METHODS/STUDY POPULATION: Engagement activities collected as part of the Ohio HCS include an engagement log, coalition meeting type and attendance, tracker of implementation strategies. Study period: January 2020 to October 31, 2021. Measures are defined below. Meeting occurrence, type by month: Data report on whether a meeting occurred, was scheduled and cancelled, or a scheduled off-month. The meeting platform was also recorded (in-person, hybrid, virtual). Coalition meeting attendance by month: Number of community members in attendance. Engagement communications by type, by month: Counts and percent (types: email, calls, zoom, or in person). Evidence-Based Practices(EBP) delivery option: in person, virtual, or hybrid. Counties: 9 Ohio counties, 5 rural, 4 urban. RESULTS/ANTICIPATED RESULTS: Coalition meetings were cancelled in 40% of rural counties; none in the urban counties. Two rural counties switched back to in person or hybrid meetings by late 2020; urban counties remain 100% virtual. Rural counties had a drop-off in attendance in June 2021 with no decrease seen in urban counties. During first two months of 2020 engagement in rural and urban communities occurred in person; by March that shifted to 80% by email, which continued within rural counties. In urban counties that dropped to 50% by August of 2020, with zoom calls accounting for 30%. In-person strategies for naloxone distribution remained high in both county types (90%); urban counties use of in-person only strategies for medication for OUD (rural: 83%, urban 52%) and safer prescribing (rural:74%, urban:10%) were much lower than rural counties. DISCUSSION/SIGNIFICANCE: Results show that rural counties continue to rely on in person engagement strategies, making COVID restrictions more disruptive for rural counties. These results suggest that new supports and strategies may be needed to assure that rural regions are equally equipped to engage in research in a virtual environment.

135

Characterizing Autism Stigma in the Latinx Community: Impacts and Implications

Monica Abdul-Chani[1], Sarah O'Kelley[1] and Katharine Zuckerman[2]
[1]University of Alabama at Birmingham and [2]Oregon Health & Science University

OBJECTIVES/GOALS: Stigma may be a barrier to care for Latinx children with autism, given lasting effects on individuals and families in other disorders. No study has explored autism stigma and its effect in this group. We explore the Latinx community's beliefs and stigmatizing attitudes towards and the effect of stigma on Latinx individuals with autism and their family. METHODS/STUDY POPULATION: Approximately 30 Latinx parents of typically-developing children recruited from Portland, Oregon and Birmingham, Alabama will complete a 60-90 minute interview and demographics questionnaire in Spanish. Participants will receive $50 for completion of the study. Using a phenomenological approach, a coding framework will be developed for the qualitative interview data. Structural coding will establish a set of predetermined codes that characterize the data generally. An emergent coding approach will be used to create new codes exploring each predetermined global characterization more precisely. Interviews and coding will cease when thematic saturation is achieved. RESULTS/ANTICIPATED RESULTS: Research exploring perspectives of parents of children with autism has suggested that autism stigma is high in the Latinx population and results in social isolation. However, results regarding developmental disability stigma in the general Latinx population have shown low rates of reported stigma. This suggests: 1.) stigma is not as high as reported by parents of children with autism, 2.) those perpetuating stigma are not reporting it explicitly on quantitative measures, and/or 3.) those perpetuating stigma are not aware that these attitudes are stigmatizing. A qualitative approach allows for a better characterization of this understudied phenomenon and explores the disconnect between the stigmatized and the stigmatizing. DISCUSSION/SIGNIFICANCE: By answering: “How do Latinx community members view autism?” and “How does stigma affect social support?” we open avenues for research, including: utilizing collectivistic culture in linguistically- and culturally-sensitive ways to spread knowledge of autism, provide social support for families, and increase inclusivity.

136

Implementing a Standardized Breast Cancer Patient Navigation Program to Advance Health Equity Across the City of Boston: Challenges and Opportunities

Amy M. LeClair[1], Ariel Maschke, Charlotte Robbins[3], Dolma Tsering[1], Tracy A. Battaglia[3], Jennifer S. Haas[4], Karen M. Freund[1] and Stephenie C. Lemon[5]
[1]Tufts Medical Center, [2]University of Chicago, [3]Boston Medical Center, [4]Massachusetts General Hospital and [5]UMass Medical Center

OBJECTIVES/GOALS: Translating Research into Practice (TRIP), a hybrid implementation pragmatic clinical trial and CTSA collaboration, aims to implement a standardized breast cancer patient navigation protocol across five sites in Boston, MA. The goal of this study was to assess individual and institutional barriers and facilitators to implementing this protocol. METHODS/STUDY POPULATION: From November 2019 to August 2020, researchers conducted ethnographic observations of Patient Navigators (PN) at three of the five participating sites. Each PN at each site was observed for two, four-hour blocks by researchers trained in ethnographic research. Observers took notes using TRIPs 11 Step Protocol as a guide, which includes identifying patients at risk for delays in care, screening and referring patients to resources for health-related social needs, and tracking patients across the care continuum. Fieldnotes were uploaded into Dedoose and coded deductively by four researchers using a comparison and consensus approach. Researchers analyzed the data to identify barriers and facilitators to both implementing each protocol step and maximizing navigations ability to promote health equity. RESULTS/ANTICIPATED RESULTS: Across all sites, PNs faced barriers to adhering to the TRIP Protocol due to practical workflow constraints including their level of engagement across the cancer care continuum. Although there are other staff members who engage in navigation activities, navigation is often viewed solely as the responsibility of the PN. Operationalizing navigation as a person rather than a process creates confusion around the role, and PNs are often seen as a catchall position when other staff do not know how to help a patient. The time that PNs spend on tasks unrelated to core navigation activities described in the TRIP Protocol prevents PNs from navigating patients most at risk for delays in care. A lack of continuity across the care continuum can create role confusion for the PNs. DISCUSSION/SIGNIFICANCE: Patient Navigation can promote health equity; however, any task that pulls PNs away from navigating patients most at risk for delays in care diminishes this potential. PNs abilities to enact the TRIP protocol, which they saw as valuable, is circumscribed by the extent to which navigation is operationalized as a process within the institution.

137

Community Grand Rounds (CGR): A Community and University Partnership on Chicagos South Side Addressing Social Determinants of Health through Health Education

Doriane Miller[1]
[1]University of Chicago

OBJECTIVES/GOALS: University faculty partner with Community Consultants (CC) to: 1) identify health concerns of Chicagos South