

verbatim. Data analysis included thematic analysis of transcripts of the focus groups and quantitative analysis. RESULTS/ANTICIPATED RESULTS: Participants (N=18) were all female and Black with a mean age of sixty-two years. For RQ1, Results revealed that 1) limited knowledge of AD led to feelings of not being able to do anything about the disease, whereas awareness and education led to hope; 2) past healthcare experiences informed subsequent beliefs and behaviors, and 3) culture impacted beliefs, with a cultural norm of “what happens in our house, stays in our house” being prominent. For RQ2, results revealed the importance of regionally specific messaging for AD. Generic statements that applied broadly did not appeal to participants. Message delivery, layout, and format for low literacy individuals are key for maximizing audience impact. Pictures give hints about the message and aid in understanding. DISCUSSION/SIGNIFICANCE: Barriers such as past experiences, lack of knowledge, and cultural norms negatively impact the likelihood that Black adults will get screened for AD, resulting in delayed healthcare or healthcare avoidance. Regionally specific health messaging for AD has the potential to encourage modifications in health-related behaviors.

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### **Ethnoracial Disparities in Subjective Cognitive Decline Among Sexual Minority Men in the U.S.\*†**

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OBJECTIVES/GOALS: Sexual minority men (SMM) of color are at greater dementia risk than their White and non-SMM counterparts. The purpose of this study is to examine the relative effects of ethnoracial minority status, sexual minority status, and the intersection of both on dementia risk for men in the U.S. using subjective cognitive decline (SCD) as a proxy for dementia. METHODS/STUDY POPULATION: Data will be weighed to represent population estimates from 35 states' 2019-2022 Behavioral Risk Factor Surveillance System Survey to describe SCD among 4 study groups consisting of SMM and non-SMM who are from minoritized ethnoracial groups (i.e., minoritized ethnoracial gay and bisexual men, minoritized ethnoracial heterosexual men), and White SMM and White non-SMM (i.e., White gay and bisexual men, White heterosexual men) aged  $\geq 45$  years. Logistic regressions and adjusted odds ratios will determine SCD prevalences and test for differences between prevalence and demographic characteristics (i.e., education, employment, income, marital status, health coverage, and depression). RESULTS/ANTICIPATED RESULTS: Due to excess chronic stress from belonging to multiple intersecting marginalized identities, we expect that SMM from minoritized ethnoracial groups will have a greater prevalence and higher odds of SCD after accounting for demographic factors when compared to groups that benefit from both “White Privilege” and heterosexism (White non-SMM, White SMM, and minoritized ethnoracial non-SMM). We also expect the odds of SCD to be higher in minoritized ethnoracial SMM when compared to White non-SMM and minoritized ethnoracial non-SMM. The odds of SCD are expected to be higher in White SMM compared to White non-SMM.

DISCUSSION/SIGNIFICANCE: This is the first population-based study to apply an intersectional lens to examine dementia risk across the axes of race, sexual orientation, and gender identity. Findings from this study can inform targeted interventions to address the needs and experiences of LGBTQ+ subgroups at risk or living with dementia.

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### **Developing a community laundromat intervention to increase reproductive health literacy outreach**

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OBJECTIVES/GOALS: The project goal was to conduct formative work using community-based participatory research (CBPR) to inform the development of a laundromat-based reproductive health literacy intervention (LI) informed by Passhe-Orlow and Wolf's Conceptual Model. We provide insights to support the development of similar health literacy interventions. METHODS/STUDY POPULATION: In Phase I, we recruited female patrons over the age of 18 living in DC from 4 community laundromats. Participants completed a survey with validated measures to assess reproductive health knowledge, self-efficacy, and intentions to seek care. Open-ended questions assessed participants' experiences accessing care, communication with health providers, and laundromat use. Data informed the development of a 2-3 minute reproductive health literacy intervention (LI) storyboard. In Phase II, in-depth interviews were conducted with reproductive health providers (midwives, obstetricians-gynecologists, women's health registered nurses, women's health nurse practitioners) working in the communities where the laundromats are located. LI acceptability and appropriateness were explored. RESULTS/ANTICIPATED RESULTS: For Phase I, we recruited 60 patrons. Participants (68.3%) expressed interest in a laundromat-based reproductive health literacy intervention (LI). Identified reproductive knowledge gaps included: unaware of fertile days (50.0%); believe prenatal care should begin after 2nd trimester of pregnancy (50.0%); unclear about pregnancy spacing (85.0%); unable to identify use for folic acid (91.7%); believe once a cesarean always a cesarean (53.3%). In Phase II, all 14 providers supported increasing community accessibility to health information: “we have to move beyond doing public health education in a provider's office. That's very outdated.” Providers identified the LI as an approachable, informative, and accessible way to disseminate health information. DISCUSSION/SIGNIFICANCE: Patron and provider input informed our choice of content, style, and delivery of the reproductive health literacy intervention. An essential aspect of our CBPR approach, this research will inform effective, appropriate reproductive health education despite barriers presented by access, transportation, and work schedules.