

obtained perspectives of primary care providers (PCPs) who practice in rural clinics. **METHODS/STUDY POPULATION:** Quantitative retrospective analysis of patients with COPD using VA data. We included patients whose primary care clinic is located in a rural VA Midwest Health Care Network (HCN) facility and quantified binary measures for receipt of: spirometry, pulmonary specialty care, and optimal inhaler therapy (regimen with LAMA or LABA monotherapy). **Qualitative semi-structured individual interviews of PCPs** (physicians, nurse practitioners, and physician assistants) whose clinics are located in a rural VA Midwest HCN facility. We elicited perceived barriers to and recommendations for receiving spirometry, pulmonary specialty care, and optimal inhaler therapy from PCPs. **RESULTS/ANTICIPATED RESULTS:** 6,350 rural patients had a new diagnosis of COPD in 2016-2019. 48.4% had spirometry, 14.4% had pulmonary encounters, and among patients who were prescribed long-acting inhaler therapy, 48.8% received optimal inhaler regimens. Rural PCPs (n=14) highlighted lack of access to spirometry, pulmonary specialty care, and clinic staff support in local clinics and suggested: 1) leveraging the expertise of pharmacists in COPD management and 2) improving access to resources, including use of telehealth technologies. **DISCUSSION/SIGNIFICANCE:** Less than 50% of rural COPD patients received recommended diagnostic testing and therapy. Resource limitations in rural clinics were the main barrier. The main recommendation was to leverage pharmacists' expertise in COPD care. These findings provide a pathway forward to improving rural COPD care.

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COVID-19 Vaccine Uptake in Latinx Sexual and Gender Minorities in South Florida

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OBJECTIVES/GOALS: Intersecting marginalized identities and multimorbidity elevate Latinx sexual and gender minority (SGM) risk for severe COVID-19, making vaccination critically important for this group. This study provides some of the first data on strategies for improving vaccination efforts in this community. **METHODS/STUDY POPULATION:** Data come from the Latinx SGM substudies of the NIH-funded Florida Community Engaged Alliance against COVID-19 Health Disparities (FL-CEAL), recruited between April 2021-August 2022 (n=215). Descriptive statistics and univariate analyses informed a multivariable logistic regression model with a dichotomous outcome variable for respondents who received at least one COVID-19 vaccine dose. Covariates included, gender, education, poverty, immigration status, an index of six COVID-19-related challenges, and dominant COVID-19 strain. Dichotomous measures of trust in six information sources (e.g., doctors, community organizations, social media) were also included. **RESULTS/ANTICIPATED RESULTS:** 182 respondents (85%) had received one or more vaccines. Key findings of statistical significance associated with vaccination from the adjusted model include White race (p=0.028), college degree attainment (p=0.006), high trust in community organizations (p=0.022), and the dominant variant at the time of survey (p). **DISCUSSION/SIGNIFICANCE:** In a departure from non-SGM Latinx samples, high trust in community organizations was significantly associated with vaccine uptake. This highlights the importance of LGBT organizations to Latinx SGM and suggests messaging regarding vaccination via these organizations may be especially effective.

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Delving into Sociocultural Influences in Access to Care in Black Women and Latinas with Uterine Fibroids

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OBJECTIVES/GOALS: Uterine fibroids (UF) are a significant public health concern with a lifetime prevalence of over 70% in all women, however Black/African American women (BW) are disproportionately affected by UF, and Hispanic/Latinas (HL) mostly understudied. Our goal is to investigate sociocultural influences on menstrual and UF experiences of BW and HL with UF. **METHODS/STUDY POPULATION:** We have taken a community engaged research approach and partnered with the Fibroid Foundation, a patient UF advocacy group. Following IRB approval, the study was advertised on the Fibroid Foundation's various social media platforms, such as Instagram. Screening began on October 25, 2022, the screening survey included participants' contact information, preferred time of contact, time zone, and confirming identifying as a BW and/or HL diagnosed with UF. Ensuring eligibility, we plan to conduct semi-structured interviews for participants. The interviews will be conducted via phone or video call based on participant preference. The interviews will be sent for transcription to an external HIPAA compliant vendor then analyze the interviews for a priori and new themes using traditional content analysis. **RESULTS/ANTICIPATED RESULTS:** As of November 13, 2022, over 200 participants have completed the screening survey with a total of 133 (66.5%) being eligible to participate. The demographics are the following: 109 (82%) Black women, 14 (10.5%) Latinas, 4 (3%) Afro-Latinas, and 6 (4.5%) did not disclose ethnorracial identity. The participants were sent a consent form and will be interviewed. We anticipate achieving our goal of interviewing a minimum of 60 women for this study. Based on our previous research, we expect to find sociocultural influences leading to negative experiences of menstruation that affect access to care for UF. We also expect women will lack sufficient and accurate information regarding menstrual symptoms and UF. We additionally anticipate seeing delays in UF diagnosis. **DISCUSSION/SIGNIFICANCE:** There is a need to discuss sociocultural influences around menstruation as negative perceptions lead to delayed diagnosis of UF and can be translated to other gynecological diseases, such as endometriosis and endometrial and ovarian cancer. This suite of female-specific conditions all share increased disparity in historically minoritized women.

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Development of an Individualized Responsive Feeding Coaching Intervention

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OBJECTIVES/GOALS: Responsive infant feeding (RIF) promotes healthy dietary patterns and infant weight gain. Research is needed to assist caregivers recognize infant hunger/satiety cues and overcome barriers to using RIF. The Learning Early Infant Feeding Cues (LEIFc) intervention was designed to fill this gap by using a