

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.

252

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

Noemy Diaz-Ramos, Josmarie Ortiz-Cotto, Heidy Diaz-Gomez and Paola Gomez-Galarza

University of Puerto Rico, Medical Sciences Campus

**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.

253

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

Jeanine Yonashiro-Cho, Zach Gassoumis and Laura Mosqueda  
Keck School of Medicine of USC

**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.

255

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

Pooja Rao<sup>1,11</sup>, Joel E Segel<sup>2,3</sup>, Kristin Bingen<sup>4</sup>, Katie A Devine<sup>5</sup>, Allison M Scott<sup>6</sup>, Laura M Koehly<sup>7</sup>, Ashton M Verdery<sup>8</sup>, Courtney L Rumbaugh<sup>9</sup>, Emily Wasserman<sup>9</sup>, Heather J Costigan<sup>9</sup>, Smita Dandekar<sup>1</sup>, Kevin Rakszawski<sup>3</sup>, Natthapol Songdej<sup>3</sup>, George F Blackall<sup>1</sup>, Monali Vasekar<sup>3</sup>, Seema Naik<sup>3</sup>, Eugene J. Lengerich<sup>3,10</sup> and Lauren J Van Scoy<sup>9</sup>

<sup>1</sup>Division of Pediatric Hematology/Oncology, Department of Pediatrics, Penn State Health Children's Hospital, Hershey, Pennsylvania, USA; <sup>2</sup>Department of Health Policy and Administration, The Pennsylvania State University, University Park, Pennsylvania, USA; <sup>3</sup>Penn State Cancer Institute, Hershey, Pennsylvania, USA Division of Pediatric Psychology; <sup>4</sup>Developmental Medicine, Department of Pediatrics, Medical College of Wisconsin, Milwaukee, Wisconsin, USA; <sup>5</sup>Rutgers Cancer Institute, New Brunswick, NJ, USA; <sup>6</sup>Department of Communication, University of Kentucky, Lexington, KY, USA; <sup>7</sup>Social and Behavioral Research Branch, National Human Genome Research Institute, National Institutes of Health, Bethesda, MD, USA; <sup>8</sup>Department of Sociology and Criminology, The Pennsylvania State University, University Park, Pennsylvania, USA; <sup>9</sup>Penn State College of Medicine, Hershey, Pennsylvania, USA; <sup>10</sup>Department of Public Health Sciences, The Pennsylvania State University, Hershey, Pennsylvania, USA and <sup>11</sup>Penn State College of Medicine

**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

and older) had to have fluency in written and spoken English and access to a computer or smartphone. Qualitative interviewers utilized an interview guide to conduct individual participant interviews. Interviews were audio-recorded and transcribed verbatim. Thematic analysis was used to analyze data using a phenomenological approach to explore how a personal cancer diagnosis impacted social connectedness. Qualitative data related to social connectedness (corresponding to code “Relationships and Support”) are presented. RESULTS/ANTICIPATED RESULTS: Three themes emerged through thematic analysis: (1) AYACS experience substantial heterogeneity related to social support needs; (2) AYACS leverage multiple relationships and resources when seeking support after a personal cancer diagnosis; (3) AYACS’ individual experiences were unique in that some noted positive changes, whereas others noted negative changes in relationships within social networks, specifically with peers. DISCUSSION/SIGNIFICANCE OF IMPACT: AYACS experience various social support needs, and leverage multiple relationships when seeking social support. These translational findings create a foundation to develop AYACS social programming, foster peer relationships, and incorporate social science methods to aid intervention development to strengthen AYACS’ social connectedness.

256

### Identifying causes of parenting stress among postpartum mothers receiving medication for opioid use disorder (MOUD)

Mollee Steely Smith, Michael Cucciare, Melissa Zielinski and Nicola Edge

University of Arkansas for Medical Sciences

OBJECTIVES/GOALS: Summarize literature on parenting stress and treatment outcomes among postpartum women with opioid use disorder (OUD). Describe the causes of parenting stress identified by postpartum women who received medication for OUD (MOUD) and service providers. Discuss recommendations for parenting support services for postpartum women receiving MOUD in outpatient treatment settings. METHODS/STUDY POPULATION: We will conduct focus groups with postpartum women who received MOUD up to one-year after childbirth (2 groups;  $n = 10$ ) and service providers (e.g., obstetrics, psychiatry, pediatrics, primary care; 2 groups;  $n = 10$ ) to identify causes of and contributors to parenting stress to inform the adaptation of a parenting intervention for postpartum women receiving MOUD in an outpatient clinic setting. Participants will be recruited via flyers, email, and social media reach-outs, clinic staff and patient group meetings, and community-based outreach methods. Participants will be compensated for their participation. Focus groups will be audio-recorded and transcribed. Data will be analyzed via rapid analytic procedures using a summary template matrix. RESULTS/ANTICIPATED RESULTS: We will use parenting-related stressors identified by mothers with substance use disorders in previous research to guide our interview questions. We expect to hear participants speak about their knowledge and experiences with stigma, guilt and shame, mental health symptoms, neonatal opioid withdrawal or neonatal opioid withdrawal syndrome (NOMS), fear of being reported to child protective services, and difficulties with mother–infant bonding and

attachment. We will also ask participants about structural barriers that are known to increase parenting stress, such as housing instability, financial strain, and availability and cost of childcare. We will also report on new themes that emerge from the data that are shown to increase stress, challenge sobriety, and hinder continued engagement in the treatment. DISCUSSION/SIGNIFICANCE OF IMPACT: Discontinuation of MOUD in the postpartum period is high and can lead to opioid recurrence and overdose. Outpatient treatment programs who offer psychiatric and behavioral health care, and parenting programs that target contributors of early postpartum parenting stress could improve health and MOUD treatment outcomes for mothers with OUD.

257

### Assessing the association between experienced and anticipated discrimination with objective physical activity among SGM adults using an unsupervised machine learning approach\*

Veneros David Lopez<sup>1</sup>, Hasso Ensari Ipek<sup>2</sup>, Yashika Sharma<sup>3</sup>, Kasey Jackman<sup>4</sup> and Billy A. Caceres<sup>4</sup>

<sup>1</sup>Columbia University Irving Medical Center; <sup>2</sup>Plattner Institute for Digital Health, Icahn School of Medicine at Mount Sinai; <sup>3</sup>University of Connecticut and <sup>4</sup>Columbia University

OBJECTIVES/GOALS: Using k-means clustering, we aimed to identify whether clusters characterized by greater exposure to minority stressors (e.g., experienced/anticipated discrimination) were associated with lower moderate-vigorous physical activity (MVPA) and higher sedentary behavior among sexual and gender minority (SGM; e.g., lesbian/gay, bisexual, transgender) adults. METHODS/STUDY POPULATION: SGM adults face higher risks of inadequate PA due to exposure to minority stressors, which may influence their willingness and ability to engage in PA. An online sample of SGM adults completed daily surveys about experienced and anticipated discrimination and wore wrist accelerometers for 28 days to objectively measure PA. We used k-means clustering to identify clusters based on reports of experienced and anticipated discrimination. We determined the optimal number of clusters using established partition criteria and ran linear regression models (adjusted for demographic factors) to examine the associations of minority stress clusters with MVPA and sedentary time. RESULTS/ANTICIPATED RESULTS: Among 42 SGM adults (mean age  $27.0 \pm 7.7$  years) with 1133 person-days of accelerometry data, we identified four minority stress clusters: low anticipated/low experienced (LAL; reference group), low anticipated/high experienced (LAHE); high anticipated/low experienced (HALE), and high anticipated/high experienced discrimination (HAHE). Participants in the HALE cluster ( $n = 12$ ) engaged in 202 fewer minutes of MVPA than those in the LAL cluster ( $n = 7$ ). Participants in the LAHE cluster ( $n = 10$ ) had 123 fewer minutes of vigorous PA than those in the LAL cluster. No differences were identified for sedentary time. DISCUSSION/SIGNIFICANCE OF IMPACT: This is the first study to examine the association of minority stressors with objective PA among SGM adults. Participants in the HALE/LAHE clusters had lower PA than those with low levels of experienced and anticipated discrimination. Interventions to improve PA among SGM adults must target reduction of minority stressors.