food insecure and had greater odds and positively correlated with needing resources for medication financing (OR = 7.28, I^2 = 0.33), housing (OR = 129.99, I^2 = 0.28), energy assistance (OR = 3.94, I^2= 0.2), mental health (OR = 4.54, I^2= 0.28), insurance (OR = 2.86, I^2= 0.18), and dental care (OR=3.65,I^2= 0.28), but not legal concerns, education/work opportunities, or substance use. Food insecure patients had higher odds and positively correlated with having anxiety (OR = 3.26,I^2= 0.23) or depression (OR = 2.88,I^2= 0.19), but not obesity, hypertension, diabetes, dyslipidemia, CKD, or GERD. DISCUSSION/SIGNIFICANCE: Patients without health insurance and experiencing food insecurity were more likely to have multiple SDOH needs and mental health diagnoses. Risk factors separate from food security status may explain associations with other chronic medical conditions, including uninsured status, socioeconomic status, eating behaviors, or food accessibility.

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Perceived Needs and Access to Community-based Dementia Resources in the Rural Deep South

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OBJECTIVES/GOALS: The goal of this project is to investigate dementia caregivers' needs, barriers to access, and current utilization of community-based dementia-care services in Alabama, and how these vary across rural/urban settings and racial groups. METHODS/STUDY POPULATION: We partnered with Marketry Inc. to recruit and conduct interviews among three groups: dementia caregivers, healthcare providers, and aging services representatives. We recruited caregivers from dementia support groups and aging services in 2 rural and 2 urban Alabama counties. Purposive and snowball sampling was used to recruit healthcare providers and aging services representatives. Interviews were conducted by trained Marketry staff, recorded, and transcribed verbatim. Rapid content analysis was conducted by three investigators using the Social Determinants of Health as a coding framework to assess patterns in barriers and facilitators to utilizing community-based dementia resources. RESULTS/ANTICIPATED RESULTS: We interviewed 5 healthcare providers, 32 caregivers, and 15 aging services representatives. Providers thought that the process of memory loss care is not streamlined and they lack key information necessary to fulfill their role. Caregivers expressed a need for more dementia education, social connection, and access to financial resources. Aging services agencies need more funding and volunteers to sustain community-based dementia services. Dementia resources, like memory clinics, were more available in urban than in rural counties. African-American caregivers mentioned a reluctance to accept outside help for taking care of their loved ones with dementia, potentially due to distrust. DISCUSSION/SIGNIFICANCE: There is a need for more accessible dementia services in rural AL and a need to build service trust and familiarity, especially among African-American caregivers. Future research should develop tools for providers and caregivers to start conversations and increase awareness of service availability.

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Perceptions of the COIVD-19 Pandemic on Social, Mental, and Physical Health of Native American and Latino Communities

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OBJECTIVES/GOALS: The COVID-19 pandemic impacted health systems and exposed disparities in access to health care among underserved populations. We examined how the pandemic shaped social, mental, and physical health among Native American and Latino communities in rural and underserved areas. METHODS/STUDY POPULATION: Using Theory of Planned Behavior, Social Cognitive Theory, and Social Contextual Factor frameworks, we developed interview guides to examine perceptions of the COVID-19 pandemic on social, mental, and physical health among community members. Stakeholders of the Confederated Salish and Kootenai Tribes of the Flathead Reservation in Montana and the Hispanic/Latinx population in Yakima Valley in Washington were selected through purposeful community-engagement. A total of six focus group discussions and 30 key informant interviews were administered in both communities. A codebook was developed and deductive coding was applied to informant responses, followed by an inductive, constant comparison approach. The codebook was further refined and inter-rater agreement was completed by three analysts. RESULTS/ANTICIPATED RESULTS: Four themes were highlighted as areas impacted by the COVID-19 pandemic (mental and physical health, family dynamics, and social disruptions) with few differences among geographic areas or between focus group (n=39) and key informant (n=28) participants. Perceived impacts on mental health included increased stress, anxiety, and depression, while pandemic-related lifestyle or family changes impacted physical health. Participants reported changes to family routines and dynamics due to staying home, social distancing, and more frequent interactions inside or limited interactions outside the household respectively. Social distruptions reported included impacts on finances, employment, and household staples, though participants highlighted how many community members stepped up to help those in need. DISCUSSION/SIGNIFICANCE: The COVID-19 pandemic had similar impacts on two geographically distinct underserved communities in Montana and Washington. Understanding the community's experience with the COVID-19 pandemic is critical to identify strategies to support families, community needs, and mental and physical health in underserved communities.