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### Experiences of benevolent sexism and the well-being of Latinx women: The moderating role of sexist attitudes

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**OBJECTIVES/GOALS:** Sexism harms women's well-being, affecting life satisfaction and self-doubt in complex ways (Shattell et al., 2008; Oswald et al., 2018). This study examines how hostile and benevolent sexist attitudes moderates the link between experiences of benevolent sexism, self-doubt, and life satisfaction in Latinx women. **METHODS/STUDY POPULATION:** Participants included 57 English-speaking Latinx women residing in the United States, with a mean age of 31.89 (SD=10.14) years. The majority (61.4%, n=35) identified as Mexican, and most identified as second generation or later (80.7%, n=46). Participants completed surveys assessing hostile and benevolent sexist attitudes (Glick & Fiske, 1996), self-doubt (Oleson et al., 2000), life satisfaction (Diener et al., 1985), and experiences with three aspects of benevolent sexism – protective paternalism (PP), heterosexual intimacy (HI), and complimentary gender differentiation (CGD) (Oswald et al., 2018). **RESULTS/ANTICIPATED RESULTS:** Moderation analyses were conducted to examine the moderating role of hostile and benevolent sexist attitudes between experiences of benevolent sexism (PP, HI, & CGD) and well-being measures (self-doubt and life satisfaction). An example finding revealed a significant interaction effect between benevolent sexist attitudes and experiences with CGD on satisfaction with life  $F(1,53)=8.34, p<.01$ . For participants who endorsed high benevolent sexist attitudes, experiences with CGD was associated with increased satisfaction with life ( $b=.78, p<.001$ ), while the effect of experiences with CGD on life satisfaction was attenuated for those who endorsed low benevolent sexist attitudes ( $b=.30, p<.05$ ). **DISCUSSION/SIGNIFICANCE:** These findings have important implications on the well-being of Latinx women as they indicate that those who reject sexist attitudes risk their well-being when confronted with benevolent sexism, unlike those who endorse to such beliefs, potentially gaining increased life satisfaction at the cost of embracing benevolent sexist behavior.

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### Age-Friendly Research Tools to Enhance Inclusion of Older Adults in Research

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**OBJECTIVES/GOALS:** Older adults are often underrepresented in research due to recruitment and retention barriers, among others. Frameworks have been developed to address these barriers but have not been disseminated to research teams without aging expertise. We aimed to test Age-Friendly tools among non-aging-trained research teams. **METHODS/STUDY POPULATION:** Our team developed and/or adapted seven Age-Friendly research tools to improve inclusion of older adults in research. Tools included a communication guide, Age-Friendly research checklist, knowledge consent check, and condolence card template, among others. Non-aging-trained research team members (n= 21) were invited to pilot test them and share strengths, limitations, and areas for improvement for each tool. Feedback was collected for up to 4 months using REDCap surveys and analyzed for common themes. Participants provided written informed consent and received a stipend of \$1000 upon

the completion of the surveys. **RESULTS/ANTICIPATED RESULTS:** Sixteen participants (76%) from primarily cancer and neurology departments completed at least one survey. The communication guide, research checklist, and knowledge check were implemented the most within the participants' study populations. Participants shared that the tools were user-friendly, easy to access, and well-explained through webinar trainings (offered separately) or instruction sheets. The most frequently reported barriers were lack of time, industry-sponsored trial restrictions, and lack of age-appropriate study populations. **DISCUSSION/SIGNIFICANCE:** Age-Friendly tools were acceptable and valuable among non-aging-trained research members. Dissemination of these tools could improve the experience for research teams and older adults and help align demographics of enrolled study populations with demographics of the condition being studied.

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### Answering the Call for Greater LGBTQ+ Research Inclusivity by Co-Developing A Workshop for Researchers

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**OBJECTIVES/GOALS:** The objectives of this workshop were to: (1) provide learners with a space to become aware of and discuss the history of the LGBTQ+ community in medical and public health research; (2) apply frameworks for LGBTQ+ inclusivity in research, inspired by lived experience and multimedia; and (3) assess LGBTQ+ research inclusivity best practices. **METHODS/STUDY POPULATION:** The CTSC provided the LGBT Community Center of Greater Cleveland (Center) with access to academic resources via an affiliate account and insights on the clinical and translational science research process. Members of the CTSC Research Equity, Accessibility, Diversity, and Inclusion team met regularly with the education and programming team at the Center to review research findings for workshop segments, ideate and provide feedback on activities, and strategize to ensure a psychologically safe virtual environment for learners. Zoom registration was used for workshop registration. An evaluation survey, created by the LGBT Community Center of Greater Cleveland (Center), was deployed by the CTSC to learners after the workshop. Respondents reported that the LGBTQ+ terminology focus was most valuable. **RESULTS/ANTICIPATED RESULTS:** To maximize investment in and scale the LGBTQ+ Inclusivity For Researchers workshop, the LGBT Community Center of Greater Cleveland offered a shortened version to their Youth Participatory Action Research group and will continue to offer the workshop in their suite of program/educational offerings. The CTSC plans to offer opportunities to co-host the workshop at its hospital system partner institutions, with room to tailor content based on internal LGBT resources (e.g., gender care offered at the institution). We hope to see a remarkable increase in LGBTQ+ identifying researchers, LGBTQ+ participation in research studies and clinical trials, and LGBTQ+ research topics/ideas/questions in response to CTSC pilots, local, national, and global funding opportunities. **DISCUSSION/SIGNIFICANCE:** LGBTQ+ people are less likely to have a regular health care provider—impeding screening, diagnosis, and treatment. This is reflected in health research where clinical research participation may follow a diagnosis. By providing tools for LGBTQ+ research inclusion, we will catalyze more research with LGBTQ+ people—as researchers and participants.