depression, anxiety, and other drug use will be evaluated. Knowledge of current trends is essential to tailor public health messages and inform both providers and policymakers.

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Stakeholder-engaged adaptation of a dementia caregiving intervention for families of aging adults with Down syndrome

Amy Bodde[1], Lauren Ptomey[1], Eric Vidoni[1], Linda Teri[2], Makaila Pelter[3] and Joseph Sherman[1]
[1]University of Kansas Medical Center; [2]University of Washington Madison Banwart, University of Kansas Medical Center Annie Rice, University of Kansas Medical Center and [3]University of Kansas Medical Center Olivia Morris, University of Kansas Medical Center

OBJECTIVES/GOALS: The "Reducing Disability in Alzheimer's Disease" (RDAD) intervention promotes physical function for people with dementia and reduces caregiver burden but has never been tested in adults with Down syndrome despite their 90% lifetime risk of Alzheimer's disease. Our objective is to modify RDAD for the needs of this population using the ADAPT framework. METHODS/STUDY POPULATION: We worked collaboratively with families, self-advocates, and professionals to conduct a 2-phase adaptation process of the RDAD intervention materials, content, and mode of delivery. In Phase 1, we convened focus groups comprised of adults with Down syndrome, caregivers, community-based disability service professionals, and researchers to review and advise changes to the RDAD intervention and analyzed their feedback qualitatively using content and thematic analysis. In Phase 2, we conducted a 4-week usability pilot test of RDAD with 5 older adults with Down syndrome and their caregivers to gather additional feedback on intervention feasibility, usability, and acceptability using weekly surveys and a final interview. RESULTS/ANTICIPATED RESULTS: In Phase 1, twelve stakeholders met for four 90-minute focus group sessions. Based on their feedback, we modified the mode of delivery (remote delivery) and changed from one-on-one to group classes to support social connectedness. In the revised materials, we addressed the broad resource needs around dementia diagnosis, healthcare, and caregiving. We updated intervention materials to make them more usable and attractive and integrated music into the live, remote exercise classes, which include a person with Down syndrome as an instructional assistant. In Phase 2, we tested the revised intervention for 4 weeks and collected preferences for the exercise classes, content for the caregiver training, and modes of delivery. We have integrated these findings into the revised intervention and renamed it CareFit-DSAD. DISCUSSION/SIGNIFICANCE OF IMPACT: We adapted an evidence-based intervention to the needs of families with Down syndrome using input and evaluation by key stakeholders. The adapted intervention is now undergoing a 12-week pilot and feasibility test (n = 20 dyads) to further assess feasibility, acceptability, and preliminary changes in physical function and caregiver burden.

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Development of the Montefiore-Einstein Community Engagement Tracker

Damara Gutnick, Claudia Lechuga, Anisha Balaji and Elizabeth Spurrell-Huss
Albert Einstein College of Medicine

OBJECTIVES/GOALS: * To identify community priorities and compare alignment with research initiatives * To connect research(ers) to community groups or members with similar priorities * To identify areas requiring outreach and/or collaboration * To build capacity and to catalyze new meaningful CTR partnerships * To evaluate ongoing collaborations for sustainability. METHODS/STUDY POPULATION: Together with our Medical School and Hospital, our Institute for Clinical and Translational Research (ICTR) led the development of a Community Engagement Tracker (CE Tracker). This tool tracks organizations, events, programs, and individual contacts to provide insight into current and past collaborations and capacity with the goal of building capacity and catalyzing new research partnerships with community members and organizations. We implemented a 6-stage development process involving: 1) internal stakeholder engagement, 2) initial development, 3) collaborator feedback, 4) refinement, 5) ongoing use, and 6) further refinement. RESULTS/ANTICIPATED RESULTS: In the process of internal stakeholder engagement, we engaged with key internal stakeholders including the Montefiore-Einstein Offices of Community and Population Health and Community Affairs and the Comprehensive Cancer Center's Community Outreach team to align goals and development plans. With stakeholders, we created an initial set of linked databases for tracking community engagement. We then collected feedback from 36 collaborator groups including the Montefiore Care Management Organization. Our collaborators expressed concerns about privacy, so we refined our tracker to limit data accessibility. At present, there are 36 active users and 28 community and faith-based organizations are tracked. We are collecting data to improve usability of the tracker and plan to implement dashboards in the future. DISCUSSION/SIGNIFICANCE OF IMPACT: Catalyzing and sustaining community engagement work in clinical and translational research are paramount but are limited by several logistical barriers. We hope the CE Tracker can decrease logistical barriers to working with communities by building on and tracking currently existing relationships.

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Listening to faculty who engage communities: Informing a needs assessment to strengthen community engaged research supports and systems

Katharine Helegda[1], Susan Woolford[2], Patricia Piechowski[2] and Polly Gipson Allen[2]
[1]Michigan Institute for Clinical & Health Research (MICHR) and [2]University of Michigan

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OBJECTIVES/GOALS: The objective of this study was to identify the support needs of faculty conducting health-related community engaged research (CEnR) at the University of Michigan (U-M). Our primary goal was to develop a faculty-informed needs assessment survey. METHODS/STUDY POPULATION: We conducted semi-structured interviews with seven U-M faculty members engaged in health-related CEnR. Participants were affiliated with the Michigan Institute for Clinical and Health Research (MICHR), represented a variety of health disciplines, and had varying levels of CEnR experience. Interviews explored research processes, challenges, and support needs. Transcripts were thematically analyzed. Findings informed the design of a university-wide needs assessment survey, to be distributed to ~1,000 faculty conducting health-focused CEnR across all three of U-M's campuses. This formative qualitative study represents the initial phase of a broader, mixed-methods effort to strengthen institutional support for translational research through community engagement. RESULTS/ANTICIPATED RESULTS: Interviews revealed key needs across the CEnR lifecycle from study design, partnership development, project management, and dissemination. Themes included the value of introductions to communities by trusted faculty, challenges sustaining partnerships between funding cycles, and the need for greater recognition of CEnR in promotion and tenure. These insights directly shaped the needs assessment survey, which aims to validate and expand on these themes. Findings from the survey will inform CE Team priorities, guide service development, and address barriers that limit the effectiveness and impact of community-engaged translational research at U-M. DISCUSSION/SIGNIFICANCE OF IMPACT: By centering faculty voices, this work ensures future programming and services are aligned with real-world needs. Strengthening institutional support for CEnR will improve the systems, methods, and process that enhances its effectiveness and impact, accelerating research translation and fostering stronger university-community partnerships.

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Community Forums as participatory dissemination: A collaboration between an academic institution and community partners

Celeste Charchalac-Zapeta[1], Grace Cua[2], Devyani Gore[2], Sandra Morales[3], Crystal Stevenson[4], Jerisha Mack[5], Evonne Fluornoy[5] and Kathryn Welch[6]
[1]University of Illinois Chicago; [2]University of Illinois Chicago, Center for Clinical and Translational Science; [3]University of Illinois Chicago, Center for Clinical and Translational Science; [4] University of Illinois Chicago, Auburn Gresham Neighborhood Center; [5]University of Illinois Chicago, Office of Community Engagement and Neighborhood Health Partnerships and [6]Greater Auburn Gresham Development Corporation

OBJECTIVES/GOALS: The University of Illinois Chicago's (UIC) Center for Clinical and Translational Science (CCTS) aimed to increase research dissemination findings to strengthen community relationships and opportunities for researchers to be in dialogue with communities. METHODS/STUDY POPULATION: From 2024 to present, the CCTS developed a collaboration with community and internal UIC partners connected to Auburn Gresham (AG), a predominantly African American community located in a far southside neighborhood of Chicago, to co-design a series of Community Forums. Community partners included UIC's Neighborhood Center AG site, dedicated to supporting local stakeholders through strategic interventions, Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP), fostering community partnerships through service, education, and research, and the Greater Auburn Gresham Development Corporation (GAGDC), a grassroots organization focused on community development in low-income communities. RESULTS/ANTICIPATED RESULTS: Each community forum discussed research topics affecting the AG community by providing a safe space to foster bidirectional dialogue among community members, university researchers, and other field experts, while simultaneously bridging the gap between the community and research. Topics were identified through AG members' community expertise and audience anecdotal/survey feedback. The forums were free and evolved to provide community resource packets and basic health screenings (e.g., blood pressure and glucose). This was an iterative engagement process (e.g., establishing relationships and trust, incorporating community feedback) to best mold the community forums to AG's needs. The community audience and researchers/field experts have continued to express their interest in future community events. DISCUSSION/SIGNIFICANCE OF IMPACT: The AG community forums have increased the interest in what research is and how to be involved among community members. Researchers/field experts have reiterated the importance of bidirectional dialogue with the community and the positive impact on research. These forums support research dissemination and community engagement.

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Evaluation of a community studio program to integrate lived experience across translational research

Anne Trolard[1], Justin Xu[2], Hilary Broughton[2], Kym Radford[2], Robert Doyle[2], Angela Brown[3] and Brett Maricque[4]
[1]Washington University in St Louis; [2]Washington University in St Louis School of Medicine, Institute of Clinical and Translational Sciences; [3]Washington University in St Louis School of Medicine, Division of Cardiology and [4]Washington University in St Louis School of Medicine, McDonnell Genome Institute

OBJECTIVES/GOALS: Community engagement is required to translate scientific discovery into improvements in health. Lived experience is essential knowledge for translational research activities. Community studios facilitate interaction between researchers and community members, but mechanisms of how lived experience integrates into research are under explored. METHODS/STUDY POPULATION: The community studio program at the Center for Community Health Partnership and Research was evaluated through interviews with participating community health consultants (CHCs) and researchers. Fifteen facilitated community studios held since 2023 were included. Study participation was organized by studio: invitations went to all researchers, and then to three CHCs randomly selected from each researcher's studio. Rapid qualitative analysis methods were used to create analysis templates based on key questions from the interview guide. Interview notes were summarized according to the template and compiled into matrices for study team reflection and discussion. Responses to key questions were articulated during group discussions and iteratively refined. RESULTS/ANTICIPATED RESULTS: Thirteen researchers and 25 CHCs were

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