

questionnaires (feasibility and quality of life). Additionally, blood and urine specimens will undergo metabolomic analysis to identify biomarkers predictive of future cardiometabolic outcomes. In the first year, 7/8 eligible patients have enrolled. RESULTS/ANTICIPATED RESULTS: We expect that early implementation of STRONGER ALL in children undergoing chemotherapy will be feasible and preliminarily effective at mitigating risk factors for long-term cardiometabolic outcomes in survivors. Feasibility will be defined by recruitment capability (at least 50% of eligible patients agree to enroll), acceptance/compliance (at least 50% of participants complete the program with participation in at least 50% of sessions), data acquisition (collection and outcomes measures are appropriate), and practicability (program shows promise of being successful with pediatric ALL patients as measured by validated surveys administered to patients and caregivers). We anticipate that ALL patients participating in STRONGER ALL will have improved fitness and quality of life. DISCUSSION/SIGNIFICANCE OF IMPACT: We aim to show that exercise during intensive chemotherapy for children with ALL is safe, feasible, and beneficial. Participants train 3x/week for 12 months (in-person or virtual), complete fitness tests, and answer health and quality-of-life surveys to inform future care. This work addresses barriers to implementing exercise in this population.

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Strengthening translational science: Community engagement infrastructure across UM1 Clinical and Translational Science Institutions (CTSI) hubs

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OBJECTIVES/GOALS: This poster presents a landscape analysis of UM1 CTSI community engagement (CE) programs. The University of Michigan (U-M) CTSI, CE team compared services and supports across 27 UM1 CTSIs to identify best practices, unique offerings, and potential models to adopt or adapt to strengthen support for community engaged research (CEnR) at U-M. METHODS/STUDY POPULATION: UM1 websites (n=27) were reviewed to assess publicly available information on CE supports, with focus on CTSIs CE cores. Key elements analyzed included missions, advisory structures, service portfolios, funding and training opportunities, and digital accessibility. Attention was given to how CE cores foster bidirectional learning, build trust, lower barriers to collaboration, and sustain networks – all essential for advancing translational science. Findings and recommendations were compiled to inform possible improvements and new strategies for the Michigan Institute for Clinical and Health Research (MICHHR), CE program. RESULTS/ANTICIPATED RESULTS: All CTSIs reviewed operated a CE core, with common offerings in funding and translating science to impact. Over 90% featured community engagement studios; less than 20%

charged fees for services. Most (70%) used community advisory boards (CABs) to guide the overall CTSI. Additional services include consultations, matchmaking, and capacity-building to create bridges from early-stage research proposal development through results with real-world impact. Several innovative external models were identified along with unique MICHHR offerings. #_msocom_1 DISCUSSION/SIGNIFICANCE OF IMPACT: This analysis highlights the diversity and commonalities of CE services across UM1 CTSIs, reveals limitations due to online data availability, and identifies opportunities for MICHHR to adopt or adapt external best practices to better support community-engaged research and translational science.

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Self-reported rates of psilocybin use in North Florida, 2012 to present

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OBJECTIVES/GOALS: Mainstream interest in psilocybin (“shrooms”) has grown over the past several years as two US states have “legalized” psilocybin and clinical trials are underway for use in multiple mental health conditions. We evaluated self-reported use of psilocybin among community members in North Florida and trends in use from 2012 to the present. METHODS/STUDY POPULATION: Established in 2011 as part of the UF Clinical and Translational Science Institute, UF HealthStreet Community Health Workers enroll community members from North Florida through outreach, conduct Health Needs Assessments (HNAs) to guide referrals to social and medical services and opportunities to participate in research. This model provides community health concerns and behaviors, which can be compared across time to direct resources based on importance to the community. Topics covered in the HNA include demographics, trust in research and researchers, food insecurity, access to medical care, health conditions, and use of various substances, from legal drugs like alcohol or opioid pain medication to illicit substances such as cocaine, heroin, or psilocybin. RESULTS/ANTICIPATED RESULTS: We evaluated self-reported use of psilocybin among HealthStreet members, beginning in 2012 when psilocybin use was first assessed until October 2025. Among 12,870 participants, 1,194 (9.3%) reported using psilocybin in the past 12 months. Males were more likely to endorse psilocybin use than females (57.3% vs 42.7%), and Whites were overwhelmingly more likely to report psilocybin use (76.1%) than Blacks (12.1%) or People of Other Race (11.8%). Prevalence of psilocybin use was roughly equal to self-reported rates of use of speed or amphetamines (9.2%), but slightly higher than rates of use of ADHD medications (8.5%). Most notably, when viewed over time, self-reported psilocybin use tripled, from 6% in 2012–2013 to 18% in 2024–2025. DISCUSSION/SIGNIFICANCE OF IMPACT: These community data from North Florida confirm a rapidly growing use of psilocybin across the United States. Risk factors for psilocybin use such