interviewed from April to June 2025. Eighty-six percent of researchers had a research degree, either a PhD or Master's; 85% were associate or full professors. None reported formal training in community engaged research. Several types of knowledge gaps were filled including correction of faulty assumptions, awareness of the impacts of SDOH, and ideas for solving operational challenges. CHCs were 80% female. CHCs felt valued during the studio experience, received benefit from hearing the lived experiences of others, and gained new perspectives on their health issue. CHCs expressed a desire to know the impact their participation had on the research, and several said they would have to see it to believe it. Both researchers and CHCs appreciated the expert facilitator. DISCUSSION/SIGNIFICANCE OF IMPACT: Everyone learned during studios. Eliciting lived experience filled different knowledge gaps. Sharing provided social benefits and studios functioned like a third space, a merging between the built and social environment. An expert facilitator played key roles that included fostering belonging and translation of lived experience into knowledge.

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*Team science and community engagement: CTSI cross collaboration for community engagement and action

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OBJECTIVES/GOALS: Cross-institutional collaboration describes the development of cross-institutional partnership between two CTSI's to overcome common challenges faced by both entities. Community engagement work discusses ways that Strategic Doing fostered sustainable initiatives to improve wellness in rural communities. METHODS/STUDY POPULATION: Through collaborative efforts, the Indiana and Penn State University Clinical & Translational Science Institutes were able to plan and implement community engagement initiatives to advance health outcomes among under-resourced populations in each of their respective communities. The institutions shared and utilized key principles of an educational series entitled "Strategic Doing (SD)" that provided instruction on developing and facilitating complex collaborations. Leveraging SD practices, both CTSI's community engagement teams guided groups of local community leaders and stakeholders in meaningful, action-oriented partnerships to promote better health and wellness. RESULTS/ANTICIPATED RESULTS: At Indiana CTSI, six staff completed Strategic Doing Institute Agile Leadership training. As a result, community partners in 11 counties implemented evidence-based strategies, including a community garden with cooking classes, a mobile kitchen for nutrition education, and wellness passports at community events with food samples, screenings, and educational programs. At Penn State, twelve staff (9 CTSI, 3 community partners) completed the same training. Of 8 post training evaluation respondents, 75% were extremely likely and 25% somewhat likely to apply the training to their work. Trainees are leading task forces that received CTSI funding focused on substance use, healthy aging, and public health infrastructure and health literacy. DISCUSSION/SIGNIFICANCE OF IMPACT: SD trainees have reported transformative changes when facilitating community-academic partnerships. By using a scientifically based framework, task forces have experienced enhanced synergy, resulting in increased engagement and accountability that led to improved wellness in the community.

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*Translating Wealth-Health Frameworks into clinical and community practice: A community participatory approach

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OBJECTIVES/GOALS: This study aimed to develop and validate the Black Wealth-Health Framework, a community-derived model that integrates behavioral, cultural, and structural dimensions to explain and intervene on the relationship between wealth and health among Black individuals. METHODS/STUDY POPULATION: Using a community participatory approach, we conducted semi-structured interviews and focus groups with 40 Black adults across diverse life contexts. Grounded theory and thematic analysis guided data collection and synthesis. Participants explored how they define and experience wealth and health across physical, emotional, mental, and spiritual domains; identified culturally grounded strategies for maintaining well-being; and described interactions with structural systems such as housing, employment, and healthcare. RESULTS/ANTICIPATED RESULTS: Preliminary findings reveal that Black adults conceptualize wealth and health as multidimensional, intergenerational, and deeply relational. Themes include the centrality of cultural wealth such as mutual aid, spirituality, and community care, the burden of structural barriers, and the embodied stress of economic exclusion. These insights informed a conceptual and visual model linking systemic inequity, cultural resilience, and health outcomes. DISCUSSION/SIGNIFICANCE OF IMPACT: The Black Wealth-Health Framework bridges public health, economic justice, and cultural resilience to guide clinical, community, and policy interventions that reflect the lived experiences of Black people. Translating this framework into practice offers a pathway toward wealth-health equity.

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Early review for pilot project engagement plans and aims: Supporting integration of lived experience across translational research processes

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