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

Karen Hinshaw[1], Nicole Tarr[2] and Jessia Schrodel[2]
[1]Indiana University - Indiana CTSI and [2]Penn State

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

Tiffany Younger
Yale School of Medicine

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

Hilary Broughton[1], Angela Brown[2] and Brett Maricque[2]
[1]Washington University in St. Louis and [2]Washington University in St. Louis, Institute of Clinical and Translational Sciences

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OBJECTIVES/GOALS: The Clinical and Translational Research Funding Program (CTRFP) awards 12-month community-engaged pilot projects. Following cycles of proposals with underdeveloped community engagement plans, the study section recommended earlier community feedback. The CTRFP early review process integrates lived experiences in proposal development. METHODS/STUDY POPULATION: Each CTRFP competitive letter of intent (LOI) submission includes a partnership description with roles, project engagement plans, and aims. The early review process includes 1) match community health consultants with specific lived experiences to LOIs; 2) separately, match academics with specific community-engaged research experiences to LOIs; 3) meet with each reviewer to collect verbal feedback; 4) provide written feedback from both community and academic perspectives to applicants one month prior to proposal due date; and 5) consult with applicants as requested leading up to proposal submission. Applicants must state how they incorporated feedback into their proposal. This process is managed through the Institute of Clinical and Translational Sciences' community engagement function. RESULTS/ANTICIPATED RESULTS: Three cycles of early review have been integrated into the CTRFP, involving 11 community and 5 academic reviewers. * 29% of LOIs reviewed did not submit. Two realized their partnerships were not ready and within 4 months applied for partnership development funding. * An early reviewer said, "It's one thing to have a bird's eye view of an issue, but another to talk to people that grew up in it and know it in their day to day. My voice is totally necessary. I break down 'food insecurity' from this surface concept into this issue impacting real people like me and my family." * Applicants said feedback led to better research design and engagement activities, community benefit, and bigger partnerships. * 22% of proposals scored in the fundable range in 2021. In 2024, 66% of proposals scored in the fundable range. DISCUSSION/SIGNIFICANCE OF IMPACT: Early review of CTRFP applications proposing community-engaged research demonstrates accountability to valuing lived experience. Staggering funding with programs that support community engagement, such as partnership development funding and community studios, can efficiently improve proposals not adequately prepared for submission.

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Patient perspectives on GLP-1 receptor agonists for weight loss: A mixed-methods study to inform translational obesity care

Jane McElroy, Regina DePietro, Chloe Zink, Isabella Bertarelli and Jamie Smith
University of Missouri

OBJECTIVES/GOALS: To explore patient experiences and perceptions of GLP-1 receptor agonists for weight loss, informing translational obesity care and highlighting the impact of emerging therapies on patient-centered outcomes. METHODS/STUDY POPULATION: This mixed-methods study included adults (≥18 years) without diabetes, pregnancy, or relevant medical contraindications. From March to July 2025, 140 participants completed a 30-item survey and ~30-question semi-structured interview tailored to six distinct GLP-1 experience groups from considering it, to actively using it, to having stopped. Participants received a $20 e-gift card. Quantitative data were analyzed using SAS; qualitative data were coded and thematically analyzed in Dedoose. The sample was predominantly white (82%), female (63%), privately insured (84%), employed full-time (74%), college-educated (75%), and married (65%), with 47% reporting income ≥$100,000 and a mean age of 45 years. RESULTS/ANTICIPATED RESULTS: Distinct themes emerged across groups. Group 2 reported reduced interest in food, which influenced their food choices with mixed clinician support on nutrition. Group 4 credited GLP-1 for weight loss success but feared losing access to medication due to cost or insurance and thereby rebounding. Group 6 discontinued due to unsustainable side effects, cost, or coverage denial. Female participants (Groups 3–5) often faced stigma, with comments about "cheating" in weight loss, rarely reported by males. A reduction in "food noise" – intrusive food thoughts – was common while on GLP-1. Educational support from clinicians varied widely. Despite media portrayals, nearly all participants had long struggled with weight and were actively pursuing healthy lifestyles with exercise and nutritious food while on GLP-1. DISCUSSION/SIGNIFICANCE OF IMPACT: Findings reveal strong patient enthusiasm for GLP-1 therapies and emphasize the need for consistent education and policy reform to support equitable, sustainable obesity care. Patient-centered insights can inform translational strategies in obesity treatment.

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Understanding cross-sector trust between healthcare clinics and farmers for Produce Prescription Program (PRx) implementation

Leandra Lacayo[1], Elizabeth C. Rhodes[2], Emily Nieckula[2] and Karen R. Siegel[2]
[1]Emory University and [2]Emory University, Hubert Department of Global Health

OBJECTIVES/GOALS: Trust among stakeholders is vital for effective implementation, boosting collaboration, and ensuring long-term commitment to a program. In the past decade, PRx has gained traction, but trust between farmers and healthcare clinics remains understudied. This study aims to identify facilitators and barriers to building trust for PRx implementation. METHODS/STUDY POPULATION: We partnered with 3 primary care clinics within a healthcare system in Atlanta, GA, conducting 7 one-hour focus group discussions (FGDs) with providers, residents, and staff (6-8 participants each), and 13 one-hour semi-structured interviews with healthcare administrators. Seventeen organic fruit and vegetable farmers within 2 hours of Atlanta were recruited via Georgia Organics and snowball sampling for 1-hour semi-structured interviews. FGDs and interview guides were based on the Exploration, Preparation, Implementation, and Sustainment framework's preparation phase. FGDs were held in person; interviews were in person/Zoom. Sessions were recorded, then transcribed verbatim by a professional transcription company. The data were analyzed using a team-based rapid qualitative analytic approach. RESULTS/ANTICIPATED RESULTS: Farmers and healthcare personnel stressed the importance of communication for building trust in a partnership for PRx implementation. They both value commitment

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