

for estimating subsequent SMART program performance; and (4) a revised SMART program based on results from the developmental program evaluation. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This work highlights the feasibility and benefits of combining methods that have been cited in implementation science for understanding the complexity of implementation to accelerate the translation of innovations into clinical and community settings for advancing health equity.

WomenWise: Bridging translational science, empowerment, and capacity building for patient-centered research on alcohol misuse

Hannah Kolarik¹, Christopher Plappampil, Benny¹, Brianna N. Tranby², MN Tommi Thompson³, Kasey R. Boehmer⁴, MN Alanna M. Chamberlain⁵, MN Christi, A. Patten⁶ and MN Pravesh Sharma⁷

¹Medical College of Wisconsin-Central Wisconsin, Wausau, WI;

²Department of Psychiatry and Psychology, Mayo Clinic, Rochester;

³Wisconsin Women's Health Foundation, Madison, WI; ⁴Department of Internal Medicine, Division of Nephrology & Hypertension Research, Mayo Clinic, Rochester;

⁵Department of Quantitative Health Sciences, Division of Epidemiology, Mayo Clinic, Rochester;;

⁶Department of Psychiatry and Psychology, Mayo Clinic, Rochester, and ⁷Department of Psychiatry and Psychology, Mayo Clinic Health System, Eau Claire, WI

OBJECTIVES/GOALS: 1. Build a network of stakeholders (WomenWise) empowered as a Community Advisory Board (CAB). 2. Expand knowledge about patient-centered outcomes research (PCOR) and comparative effectiveness research (CER), specifically related to alcohol use in women. 3. Report facilitators, barriers, and CAB members' experience with developing WomenWise. **METHODS/STUDY POPULATION:** Female stakeholders from nonprofit organizations (NPOs), persons and family members with lived experience with alcohol misuse, and health professionals were organized into a CAB (n = 17). CAB members receive education on PCOR/CER and sex-related disparities in alcohol treatment and create resources for large-scale community dissemination. Members will also host partnered learning sessions in their community alongside NPOs to teach the public about alcohol misuse in women and engage in PCOR/CER. Surveys and descriptive statistics assess CAB members' understanding of educational material, engagement, and project feasibility. A Governance Council of co-investigators, collaborators, patient representatives, and a CAB chairperson oversee project progress and completion. **RESULTS/ANTICIPATED RESULTS:** Two CAB meetings were completed thus far, with five meetings continuing into the next year. The first two CAB meetings were attended by 14/17 (82%) of members. After receiving education on Research Fundamentals, among those completing the survey (11/14), the knowledge assessments scores were very high. The Governance Council began planning the first large-scale community dissemination symposium to be held in Summer 2025, and three additional CAB meetings will be held before the ACTS conference poster presentation. We will share data on the process to initiate this capacity-building project, PCOR/CER education, stakeholder engagement and feedback, challenges and responses, and overall evaluation of the project's feasibility and sustainability. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Historically, women have been unrepresented in alcohol misuse research, and studies rarely analyze sex and gender differences. WomenWise, a network of women stakeholders knowledgeable about these disparities

and PCOR/CER, will lead efforts to educate community members about alcohol treatment disparities and engage them in future research.

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Research follow-up: Outcomes/preliminary results – BeFit Toolbox Collaboration: Building empowerment through Fitness program[†]

Kimberly McCall¹, Jewell Dickson-Clayton², Jordin Lane², Keith McGregor², Shellie Layne³ and Raymond Jones²

¹University of Alabama at Birmingham; ²UAB Associate Professor and ³Women Under Construction Network/CE

OBJECTIVES/GOALS: Originally presented at TS24, we would like to discuss follow-up outcomes and preliminary findings “Building Empowerment Through Fitness” – objectives were designed to address the “whole women” in underserved segments of the population in impoverished and/or underprivileged communities with fewer opportunities and promote economic mobility. **METHODS/STUDY POPULATION:** A qualitative study design to understand unique cultural context and challenges faced by women residing in the Birmingham Housing Authority, regarding physical activity engagement, including sedentarism. The needs assessment approach examined barriers, support systems, and social networks. Semi-structured, pre, mid, and post program focus groups explored challenges and opportunities for health, such as diet and exercise, and are being analyzed by hand with a thematic analysis. The project framework used movement, home repair tools with a life-building/life repair curriculum to influence self-efficacy and program engagement. The study enrollment included 51 women over two cohorts in a 12-week project. **RESULTS/ANTICIPATED RESULTS:** Preliminary results showed the women did face heightened health risks due to sedentary lifestyles, educational gaps, and socioenvironmental barriers. We incorporated tool skills, healthy lifestyles, and social/emotional focus group to explore social/emotional perceptions, concerns, and needs. Although our results were on target, there were some unexpected outcomes related to family dynamics, literacy, housing stability, and peer support. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Women are more likely to be sedentary and have poor health. BeFit served as a solution to addressing problems related to economic mobility barriers, poor health, sedentariness, and low self-esteem/self-efficacy. Additionally, exercise/movement programs can be a powerful tool to address disparities and help prioritize health.

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Evaluating well-being in underserved communities through culinary and nutrition education: Adaptation of the PERMA profiler for youth[†]

Saloni Divyang Kanani¹, Siobhan M. Lawler², Nicole Farmer² and Deanna Jessop³

¹Northwestern University; ²NIHCC, Translational Biobehavioral Health Disparities Branch and ³Common Threads

OBJECTIVES/GOALS: The role of everyday behaviors that may provide positive experiences that contribute to well-being in children is

not well known. Hands-on tasks, collaboration, and cooking may help. Using validated PERMA measures, The Nourished Minds Project promotes well-being in underserved U.S. youth (grades 3–8) through nutrition and culinary education. **METHODS/STUDY POPULATION:** The study integrates an adapted PERMA Profiler into Common Threads' classes to assess well-being in underserved children. The 49-item tool was reduced to 16-items, ensuring consistency (Cronbach alpha ≥ 0.7) and a 3rd–4th grade reading level. Participants from SNAP-eligible communities will be recruited from partner schools in nine U.S. cities. The intervention group will complete surveys before, during, and after the 10-week program, while a control group will take surveys without participating. Data will be collected via paper and digital formats, analyzed in R using paired t-tests or Wilcoxon tests. The study will assess PERMA constructs and conduct subgroup analyses, with observational data monitoring fidelity and engagement. **RESULTS/ANTICIPATED RESULTS:** It is expected that integrating the adapted PERMA measure, alongside an updated PERMA-related cooking curriculum, within these programs will significantly enhance youth well-being across all five constructs. The adapted measure is anticipated to demonstrate validity in capturing meaningful changes in the psychological and emotional states of participating youth, with projected improvements in self-reported well-being across these areas over the course of the intervention as well post-intervention. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The adaptation of the PERMA Profiler for youth will serve as a vital tool to measure well-being in underserved communities. By linking culinary education to psychological flourishing, the Nourished Minds project can help inform future interventions aimed at enhancing youth well-being.

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Investigating disparities in mobility and physical health across the Rural South to inspire change

Kenneth Harrison, Brandon M. Peoples, Keven G. Santamaria-Guzman, David Redden and Jaimie A. Roper
Auburn University

OBJECTIVES/GOALS: This study aims to address mobility disability in the rural South by collecting advanced clinical measures in underserved communities, uncovering relationships between socioeconomic status, mobility, and physical health, providing data to aid clinicians in diagnosis and treatment, and improving healthcare delivery in disadvantaged areas. **METHODS/STUDY POPULATION:** We will recruit 50 participants aged 65+ years from a diverse range of areas in the rural South. Data collection will occur at community health fairs, employing a community-centered approach. Assessments include mobility measures using portable inertial sensors, physical health assessments: body composition (TANITA BC-568), muscle size analysis (ultrasound), central and peripheral blood pressure. Demographic information: We will analyze relationships between ADI, mobility, and physical health measures. This approach allows for comprehensive health evaluation in participants' own communities, facilitating trust building and immediate dissemination of health information. The study design enables investigation of socioeconomic impacts on health and mobility in this underserved population. **RESULTS/ANTICIPATED RESULTS:** Preliminary data from our ongoing community health fairs (n = 172) show promising feasibility for data collection in rural

settings. Importantly, initial analyses reveal a significant correlation between higher area deprivation index (ADI) scores and reduced mobility performance, supporting our hypothesis that socioeconomic factors influence physical function. We anticipate further findings, including more detailed relationships between ADI and specific mobility parameters (e.g., gait speed and balance), associations between ADI and poorer physical health measures (e.g., increased arterial stiffness and decreased muscle mass), and interrelationships between mobility impairments and cardiovascular health markers. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Building vital relationships with rural communities while uncovering critical links between mobility and physical health. By bridging urban science and rural needs, we are addressing health disparities and informing targeted healthcare strategies. Our findings will improve clinical decision-making and healthcare delivery in underserved areas.

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Improving early life pediatric surgical care: Designing and implementing a multi-methods assessment of disparities and opportunities for intervention in pediatric inguinal hernia repair (PIHR)

Nicole Santucci and Colin A Martin
Washington University in St Louis

OBJECTIVES/GOALS: Pediatric inguinal hernia (PIH) is a common diagnosis managed by pediatric surgeons. Patients typically present in the outpatient setting for evaluation. However, a subset present emergently with hernia incarceration, which has a higher risks. Our research aims to identify and address disparities in access to care of PIHR. **METHODS/STUDY POPULATION:** This study has a sequential multi-methods approach. First, we will perform a retrospective cohort study of pediatric patients (ages 0–18) who have undergone PIHR at St Louis Children's Hospital (SLCH) over the past 5 years (n = 3,421). We will assess the impact of demographic and system-based factors on patient outcomes. Second, we will conduct interviews with caregivers of patients who have undergone PIHR. Qualitative interviews will be coded to prospectively identify themes in barriers and facilitators to accessing care, understanding of disease, and effectiveness of risk factor education by the pediatric care team. Finally, we will analyze the readability index (RI) of patient provided materials to assess the impact of health literacy on access to care and PIHR outcomes. **RESULTS/ANTICIPATED RESULTS:** We hypothesize that demographic factors and socioeconomic status (SES) impact outcomes in PIHR. We anticipate higher rates of incarceration and emergent presentation of children from low SES and racial/ethnic racial minorities in our dataset, with longer time from initial presentation to definitive repair. Moreover, we anticipate identifying significant barriers to accessing care for non-white patients and patients with low SES, with gaps in understanding about the risk factors, presentation, and management of PIH. Finally, we hypothesize that the RI of our patient provided materials do not match community literacy rates, and there will be opportunities to implement new patient provided materials to improve parental education and communication in the perinatal space. **DISCUSSION/SIGNIFICANCE OF IMPACT:** More than 600 patients undergo PIHR annually at a large tertiary care pediatric hospital, with those who are born premature being at higher risk. Using a mixed-methods approach, we aim to implement targeted interventions to facilitate access to care and improve patient outcomes in PIHR.