

individuals completed Shield testing the mean age was 59.5 years (range 30.6–89.9). Most were female (98.7%), representing 31 rural cities and one urban city. Racial/ethnic distribution included African American (33), White (26), Hispanic/Latino (16), Pacific Islander (5), and Asian (1) participants. Test outcomes were negative (87%), positive (10%), and inconclusive (3%). All positive participants were referred for colonoscopy. Among inconclusive cases, two were offered stool-based testing and one declined. Implementation was well accepted and demonstrated operational feasibility within mobile health services. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Integrating an FDA-approved blood-based colorectal cancer screening test into a mobile health program demonstrates a scalable and innovative strategy to reach medically underserved populations. This model can transform rural screening delivery and advance cancer health equity.

257

The Community Health Consultant Program: Supporting integration of lived experience across translational research processes

Hilary Broughton¹, Radford Kym², Doyle Robert², Brown Angela² and Maricque Brett²

¹Washington University in St. Louis and ²Washington University in St. Louis, Institute of Clinical and Translational Sciences

OBJECTIVES/GOALS: Integrating lived experiences of people like patients and caregivers across translational research increases responsiveness to local need and likelihood of meaningful results. The Community Health Consultant (CHC) Program is a dynamic, formalized source of lived experience advisors for the Institute of Clinical and Translational Sciences (ICTS). **METHODS/STUDY POPULATION:** Established in 2023, the CHC Program comprises: 1) ongoing recruitment of individuals committed to sharing their lived experiences and perspectives with researchers; 2) creation of profiles which detail an individual's neighborhood involvement, lived experiences with health and social conditions, and interest in types of advisor activities; 3) matchmaking individuals with relevant lived experiences to community studios, boards, and community grant review processes; 4) a formalized compensation structure which prioritizes efficiently compensating consultants at a rate that demonstrates the value that lived experiences brings to research processes; and 5) consistent feedback loops with the CHC Program as a whole as well as with individual consultants. **RESULTS/ANTICIPATED RESULTS:** To date, 152 individuals with wide-ranging backgrounds have joined as lived experience advisors to ICTS research. A sample of their collective individualities: * Chris is a community health worker in East Saint Louis. He wanted to be a liaison to the areas he says researchers do not go. "Researchers need to listen to people like me," he says, "the urban community feels like it's lost its voice." * Terry is a mayor in north St. Louis. He says if a researcher is focused on a particular group, they should get "real feedback on how we feel these things benefit us or not benefit us." * Melvia is an active senior citizen. She says, "The connection to

the community is a wealth of information." In 12 months, activities have included community studios (46), grant review (32), advisory committee linkages (6), and faculty lunch meetings (3). **DISCUSSION/SIGNIFICANCE OF IMPACT:** A dynamic, formalized source of lived experience advisors is critical for mobilizing engagement activities to support ICTS researchers. A community engagement program acts as a natural coordinating hub, building and maintaining individual relationships while matchmaking and providing warm handoffs for lived experience linkages.

258

The impact of intrapartum depression on gestational weight gain and postpartum weight retention*

Priyanka Fernandes, Alejandra Ellison-Barnes, Tianxu Chen, Nae-Yuh Wang and Wendy Bennett

Johns Hopkins School of Medicine, MD

OBJECTIVES/GOALS: This study aims to understand the relationship of intrapartum depression with gestational weight gain and postpartum weight retention, given the inconsistent findings in prior research. These findings could inform intervention strategies to prevent maternal and fetal obstetric consequences as well as future maternal cardiometabolic sequelae. **METHODS/STUDY POPULATION:** We analyzed data from a randomized controlled trial at a tertiary care center. Participants had singleton pregnancies <15 weeks gestational age and BMI ≥25; those with diabetes, severe hypertension, history of preterm birth, psychiatric illness, or substance use disorders were excluded. Baseline demographic and obstetric characteristics were obtained. Depression was measured using a modified Edinburgh Postnatal Depression Scale (EDPS). Maternal weights were a combination of measured clinical weights and self-reported weights. These were used in conjunction with CDC guidelines to determine adequate, excessive, or inadequate gestational weight gain at 37 weeks as well as to assess weight retention at 6 months postpartum. Regression analyses will be conducted in Stata18. **RESULTS/ANTICIPATED RESULTS:** There were 375 participants enrolled in the study. Of these participants, 54.7% were White, 29.9% Black, 5.9% Asian, and 9.6% multi-racial/other; 9.1% were of Hispanic ethnicity. Mean age was 32.8 (SD: 5.0), and mean baseline weight was 198.8 lbs (SD: 39.9). Early pregnancy (<15 weeks gestation) BMI distribution was 35.5% 25–29.9 kg/m², 48.0% 30–39.9 kg/m², and 16.5% ≥40. Mean baseline EDPS score was 6.1. Planned analyses will evaluate the associations between baseline EDPS scores and (1) gestational weight gain at 37 weeks and (2) postpartum weight retention at 6 months. We hypothesize that higher baseline EPDS values will be associated with increased gestational weight gain and increased postpartum weight retention. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Excessive weight gain in pregnancy increases risk for complications such as preeclampsia, gestational diabetes mellitus, and need for a Caesarian section. Postpartum weight retention increases risk for future cardiometabolic disease. Understanding risk factors for excess weight gain/retention will inform targeted screening and interventions.