ACTIVATE, a community-engaged project co-developed withcommunityp artnersAmplaHealth, and a local grower. METHODS/ STUDY POPULATION: Mixed-methods outcome evaluation included attitudes survey, knowledge tests, attendance records, exit interviews, and participant observations. Attitudes survey, based on the Unified Theory of Acceptance and Use of Technology (UTAUT) model 3, measured Latino farmworkers' telehealth acceptability. Pre/Post knowledge tests measured participant knowledge gained on telehealth and mental health services. Semi-structured exit interviewsidentifiedthe impacts of incentives, Promotora training, and health education curricula on participants and community partners. Structured participant observation as certained the level of participant engagement and Promotora facilitation skills. RESULTS/ ANTICIPATED RESULTS: Results [https://drive.google.com/file/ d/1jQpQdDM3dIR_PzMc1xXPh45Jvz8uBka6/view] On what aspects of the project worked well: "This project really helped us … to make it a priority, to do [health education] workshops. When I was hired, we went out to a few farms and shared information about our services, but it wasn't anything hugely structured like what you proposed. We hadn't done a whole lot of Promotora health education prior to this project." -Ampla Health Administrator The most significant change observed: "Their attitudes… I feel that the very first session, I saw how they were more laid back, not really answering questions, just listening to us. And then the second one… they were more talkative and the very last one they were more comfortable sharing." -Promotora DISCUSSION/SIGNIFICANCE: Attendence and participant engagement increased over time. Results from the evaluation point to greater telehealth acceptability among participants, increased health education capacity among Ampla Health, and farm worker cohesiveness at the workplace.

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Accelerating Translational Science Through Dissemination Grants with Community Impact

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OBJECTIVES/GOALS: Promoting Academics and Community Engagement (PACE) Dissemination grants are funding opportunities via the Michigan Institute for Clinical and Health Research Community Engagement program designed to support the science of clinical and translational research demonstrating community impact. METHODS/STUDY POPULATION: Two statewide funding announcements over a 3-month period were issued to over 2,000 academic and community partners. Proposals were required to meet the following criteria: 1) data collection from an academic and community partnered research project completed; 2) research findings analyzed; and 3) a community-focused dissemination plan developed. Projects were funded up to $5000. RESULTS/ ANTICIPATED RESULTS: Six PACE dissemination grants with community-focused plans were funded spanning Southeast, Western, and the Upper Peninsula regions of Michigan, as well as statewide. Examples of funded projects topics areas include the following: firearm safety; housing discrimination; opioid misuse; suicide prevention; and youth mental health. Community dissemination activities include: a) presenting at a community town hall; b) writing a pamphlet for community use; c) creating artwork installation showcase for community display; d) storytelling through community channels; and e) designing and implementing a local social media campaign. DISCUSSION/SIGNIFICANCE:

Traditional funding mechanisms often do not provide resources to disseminate research findings with community benefit or impact back to communities. Funding dissemination awards through the PACE mechanism directly supports and accelerates translational science by sharing results directly back to the community in meaningful ways.

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Racism-based stress injury and biomarkers of stress: A Feasibility and Correlation study

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OBJECTIVES/GOALS: Racial discrimination and its associated stress are well-documented contributors to health disparities among African Americans (AA).This feasibility study aimed to acquire methodological insights and build the infrastructure for a subsequent mindfulness interventional study to reduce the effects of racism-based stress. METHODS/STUDY POPULATION: 20 AA participants (female 12, male 8)ages 18-50 were enrolled, and clinical data (blood pressure, waist/hip, BMI, lipids, HbA1c, creatinine) for Allostatic Index were collected. Racism-based stress was measured using RBTSSS and the Everyday Discrimination Scale (EDS). Psychometric measures (Coping, resilience, mindfulness, social connection) and sleep (PSQI) were included. Bivariate analysis explored associations between psychological measures and stress biomarkers, supported by Spearman's correlation analysis. RESULTS/ ANTICIPATED RESULTS: Low discrimination (EDS) was associated with a lower Total cholesterol/HDL ratio (2.99 vs. 4.20, p=0.009) and higher HDL (62 vs. 52, p=0.001). Low EDS participants also had better sleep (mean=3, SD=1.33, vs. mean=5.8, SD=3.99, p=0.05*) but reported less coping through drugs and alcohol (p=0.022*) and higher resilience (p=0.047*). Mindfulness negatively correlated to sleep disturbance (r=-0.477 to r=-0.62), coping and resilience. . EDS correlated with overall life stress and drug and alcohol use. Sleep disturbance was negatively associated with social connection (r=-0.569**) and mindfulness. Sleep disturbance and discrimination correlated positively with drug and alcohol use and overall life stress (r=0.52 and r=0.0.59, respectively), while resilience was negatively correlated with sleep (r=-0.45). DISCUSSION/ SIGNIFICANCE: Discrimination was associated with increased stress and unfavorable coping, while mindfulness may offer potential benefits for sleep, coping, and resilience. These preliminary findings provide a foundation for further exploring the potential of mindfulness interventions to address the biopsychological impacts of racism-induced stress.

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Weight Stigma as an Ongoing Challenge for Mental Health Post-Bariatric Surgery

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OBJECTIVES/GOALS: The objective for this study was to evaluate the associations between weight stigma and symptoms of depression, anxiety, and binge eating following bariatric surgery. METHODS/ STUDY POPULATION: Bariatric surgery is the leading evidence-based treatment for severe obesity; however, mental health challenges can compromise long-term improvements in quality of life.

Weight stigma is a major contributor to mental health challenges for individuals with obesity generally; however, the role of weight stigma post-operatively after significant weight loss is poorly understood. 148 patients underwent pre-bariatric surgery psychological evaluation and completed a follow-up study approximately 2 years after. Measures included the Stigmatizing Situations Inventory-Brief, Patient Health Questionnaire, Generalized Anxiety Questionnaire, and Binge Eating Scale. RESULTS/ANTICIPATED RESULTS: In regression models controlling for demographic covariates (sex, age, education, race), body mass index, and baseline measure of each outcome (e.g., depressive symptoms pre-surgery in models predicting depression post-surgery), weight stigma was independently associated with depression (p=.023), anxiety (p <.001), and binge eating (p=.008) symptoms post-surgery. Above and beyond weight, demographics, and pre-surgery measurements of mental health, weight stigma continues to influence mental health outcomes in the years following bariatric surgery. Despite weight loss after bariatric surgery, this data suggests the cumulative experiences of stigma and discrimination continue to negatively impact mental health. DISCUSSION/SIGNIFICANCE: Interventions for bariatric surgery patients must consider the effects of weight stigma, at both the societal and individual levels. Interventions countering stigma could optimize long-term quality of life and associated outcomes.

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Exploring the development of recovery community organizations in non-metropolitan settings: A community-engaged multiple-methods approach

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OBJECTIVES/GOALS: Rural recovery community organizations (RCOs) are key to fostering people's resilience in the face of the nation's substance use crisis. However, their development is often a black box. METHODS/STUDY POPULATION: A community-engaged multiple-methods approach was conducted to elucidate stakeholders' perspectives about the creation of two RCOs through a consortium intended to build peer recovery support services in a rural Southern Indiana designated health professional shortage area. Document review (e.g., meeting minutes, event photography, and administrative reports) were extracted to map activities, products, and milestones of the development of the RCOs. Consortium members, RCO leadership and staff, and community members identified by consortium or RCO leadership/staff participated in one-on-one interviews or community roundtable sessions were held to reflect on the evolving development of the RCOs. Procedures were approved by the Institutional Review Board of Indiana University. RESULTS/ANTICIPATED RESULTS: This designated health professional shortage area is unique as it is the nonmetropolitan county with two accredited RCOs. Each RCOs has its own distinct brand. One RCO primarily provide support services to prepare justice-involved individuals who are re-entering the community from jail or probation. The second RCO operates a recovery café – a drug free space that offers accountability groups (recovery circles), volunteer opportunities, and multiple pathway (e.g., 12-steps, referral to medication assisted treatment) meetings. Services are facilitated through peer recovery coaches. Services are provided by certified peer recovery coaches (individuals who has lived experience with addiction and recovery) who offers informational, socio-emotional, and instrumental/basic needs support. DISCUSSION/SIGNIFICANCE: This collaborative rural-based model features recovery community organizations as emerging lead agencies in providing informational, socio-emotional, and basic needs for individuals living in long-term recovery as well as individuals using substances and is not yet in recovery services or acknowledging an addiction is present.

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Social-ecological approach To Outline Risks to Medication adherence during Disasters (STORM MEDs): Preliminary Results

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OBJECTIVES/GOALS: Limited access to medication and poor medication adherence exacerbate chronic diseases following disasters. Experts recommend individuals in disaster-prone areas be prepared to manage their chronic diseases in the event of resource disruption. This study's goal is to identify factors underlying personal medical preparedness. METHODS/STUDY POPULATION: A cross-sectional survey of 120 insured adults age $\geq$50 in Southeast Louisiana with hypertension and $\geq$1 daily medication during the 2023 Atlantic Hurricane Season is underway. The survey includes the Household Emergency Preparedness Index Access and Functional Needs Section (HEPI AFN), a validated measure of medical preparedness that accounts for special circumstances including refrigerated medication and electricity-dependent medical equipment. The mean score of the 9-item tool ranges from 0 to 1, with higher scores indicating more preparedness. The survey also includes 3 open-ended questions where participants can explain difficulties with medication adherence during hurricanes in their own voice. Data collection is ongoing. This interim analysis provides descriptive statistics. RESULTS/ANTICIPATED RESULTS: An interim analysis of the first 50 respondents included 46% women, 52% Black, mean age 61.2 (SD=7.3) years, and mean 52.5 (SD=16.2) years living in a hurricane-impacted area. Participants had a median of 1 comorbid condition; 72% reported taking >5 daily medications. Most respondents (94%) stated their household was at least "somewhat prepared" to handle a disaster and reported medical preparedness on an average of 82% of HEPI-AFN items (mean score = 0.82, SD=0.18); 90% reported that they had never had a healthcare worker talk to them about personal medical preparedness. On open response questions, participants cited insurance restrictions as the primary barrier to having extra medication on hand. In the final sample, regression models will be used to examine factors associated with increased preparedness. DISCUSSION/SIGNIFICANCE: While most participants in this insured, disaster-experienced preliminary sample are medically prepared, few have discussed preparedness with a healthcare provider. Identifying socio-demographic factors associated with preparedness will help to strengthen mitigation strategies addressing widening of health disparities during disasters.