

self-reported smell changes will complete a survey with a list of 45 household items to smell. Item reduction to develop the NASAL Short Smell Test will occur by measuring content validity, factor analysis, and internal consistency. In the Validation phase, 200 participants with self-reported smell changes will take the NASAL Short Smell Test at baseline and again at three weeks. In both phases, the validated University of Pennsylvania Smell Identification Test (UPSIT) will be used as the gold standard. Measures of performance as well as test-retest reliability and sensitivity to change will be measured. RESULTS/ANTICIPATED RESULTS: We anticipate that the majority of participants will have at least half of the items in their household and will report ability to smell for each. Measures of sensitivity, specificity, likelihood ratios, and UPSIT score correlations will allow us to evaluate performance of each item. Item reduction will allow us to create the NASAL Short Smell Test, in which a handful of common items will be used to create a screening tool for smell loss. The Validation phase will allow us to measure discriminative performance of this tool as well as test-retest reliability and sensitivity to change, which we expect to be at least comparable to the validated UPSIT. DISCUSSION/SIGNIFICANCE OF FINDINGS: Current tools for diagnosis of OD are costly, time-consuming, and often require a clinician to evaluate. The validation of the simple at-home NASAL Short Smell Test to screen for OD will allow us to detect infection with COVID-19, neuropsychiatric disease, or post-operative smell loss quickly and efficiently.

Team Science

18069

WISE Indiana (Wellbeing Informed by Science and Evidence in Indiana) - A state-university partnership response to the pandemic

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ABSTRACT IMPACT: The WISE Indiana COVID-19 project facilitates rapid response and access to relevant and emerging evidence-based information for state personnel, healthcare providers and systems, managed care entities, community organizations, and all others involved in a professional capacity with the pandemic response. OBJECTIVES/GOALS: The COVID-19 project was developed to assist in responding to the Indiana Department of Health's need for rapid and evidence-informed responses to complex questions about the pandemic and best practices for preventing, mitigating, monitoring and recovering from the COVID-19 global pandemic. METHODS/STUDY POPULATION: The WISE Indiana team was activated to assist in managing the project and immediately connected with university research librarians. Through our established networks, we were able to quickly engage academic researchers and clinicians across the state to rapidly respond to key questions about COVID-19 from government leadership. Research librarians added their expertise by conducting comprehensive searches of evidence-based clinical, public health, policy, and law literature and writing up detailed annotated bibliographies. Academic experts were also recruited to write daily summaries of emerging COVID-19 literature for the benefit of Indiana's frontline responders and build and maintain an online repository of evidence-

based learning materials for practitioners on the front lines. RESULTS/ANTICIPATED RESULTS: This work has informed key decision-making at many levels of Indiana's COVID-19 response. Examples include data modeling for the IN.gov COVID-19 Dashboard, the allocation of Remdesivir, decisions about resuming elective procedures, and strategies for scaling back mitigation efforts. The WISE Indiana team has been able to engage over 40 academic experts from across the state of Indiana with expertise in pulmonary, infectious disease, law, epidemiology, mental health, public health, policy, and communications to assist in responding to key questions posed by government leadership and writing summaries of emerging COVID-19 literature which is summarized and accessible through our website: <https://indianactsi.org/community/monon-collaborative/covid-19/>. DISCUSSION/SIGNIFICANCE OF FINDINGS: The bidirectional exchange of information through the WISE Indiana collaborative network enable our team to quickly pivot to respond to the needs of our government leadership. Our team was able to rapidly translate the evidence-based information in order to respond to the policy and health outcomes needs of the state's response to the global pandemic.

99391

A TL1 Team Approach: The Role of Parents in Physical Activity Engagement Among Adolescents with Comorbid Asthma and Obesity

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ABSTRACT IMPACT: Our research highlights the need for both parental and clinical support to promote PA engagement among higher risk youth with comorbid asthma and obesity; these findings will inform research and clinical efforts in the youth development, prevention science, and clinical psychology fields. OBJECTIVES/GOALS: Asthma incidence doubles in youth with obesity. Physical activity (PA) is beneficial for asthma management; however, parental influence on PA levels among youth with asthma and obesity is poorly understood. This study examines the association of parents and PA among youth with asthma and/or obesity, accounting for risk and protective factors. METHODS/STUDY POPULATION: Data from 5th, 8th, 9th, and 11th-graders were obtained from the 2019 Minnesota Student Survey (N=96,820). Linear regressions examined the impact of parent connectedness on PA across 4 groups (neither asthma nor obesity [OB], asthma only, OB only, comorbid asthma/OB). The p-value for significance was set at p<.001. For PA, youth reported how many days they were physically active (≥ 60 min/day) in the last week. Two items assessing youth perception of parent care and ability to talk to parents about their problems were used to measure parent connectedness. BMI was calculated using self-report height/weight, age, and gender. Control variables included age, race/ethnicity, and free/reduced lunch eligibility. Models 2-4 retained parent connectedness variables and added risk and protective factors. RESULTS/ANTICIPATED RESULTS: In Model 1, both parent variables significantly predicted PA for each risk group (β ranges: parent care=.07-.09; parent talk=.04-.05, p<.001), except for the asthma/OB group (parent talk: p>.001). Models 2 and 3 added risk factors. Depression was the most salient risk factor, particularly for the highest risk group (asthma/OB; $\beta = -.13$, p<.001). Safe neighborhood was positively associated with PA for all groups ($\beta = .05$, p<.001) except the asthma/OB group (p>.001). In Model 4, extracurricular activity involvement (protective factor) was