

**OBJECTIVES/GOALS:** The Appalachian Translational Research Network (ATRN) Newsletter provides a unique platform that facilitates communication among Appalachian-serving CTSA/CTSAs and partnering academic and community organizations that strengthens research efforts and advances translational science across the region. **METHODS/STUDY POPULATION:** Published biannually, each ATRN Newsletter features content submitted by ATRN member universities and organizations. Members of the Communications Committee, who represent both CTSA- or non-CTSA- affiliated ATRN member institutions, provide as well as review and edit content for the Newsletter. Regular features include researcher and community member spotlights; funding opportunity announcements; information on upcoming seminars, trainings, and special events; and opportunities for collaborations among partnering ATRN institutions. Complementing regularly scheduled Newsletters, special editions are released as warranted, such as a special COVID-19 focused edition published in 2020. **RESULTS/ANTICIPATED RESULTS:** First published in 2012, the ATRN Newsletter initially represented founding ATRN institutions, the University of Kentucky and the Ohio State University CTSA, and a readership of 50. Reflecting ATRN growth that now represents 9 academic centers including NCATS- and IDeA-funded hubs, affiliated universities and partnering organizations, readership has grown to include 500 subscribers from across the U.S. and 3 other countries. With the establishment of the official ATRN website in 2019, the ATRN Newsletter became a prominent addition, providing ATRN members' access to both new and archived editions, thereby expanding reach and further strengthening critical communication across the Network. **DISCUSSION/SIGNIFICANCE:** Providing a vehicle for communication that supports ATRN collaborations and networking, the Newsletter is foundational to the success of the ATRN mission to improve health outcomes across Appalachia by fostering collaborative inter-institutional and community-academic research partnerships.

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### Psychosocial factors influencing the maintenance of a healthy lifestyle among African American adults during the COVID-19 Pandemic

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**OBJECTIVES/GOALS:** The COVID-19 pandemic disrupted established social support networks (faith-based, community, family, friends), resulting in unprecedented health-related, financial, and

employment challenges among African Americans (AAs). This study explores the psychosocial influences of the pandemic on the health and wellness of AAs. **METHODS/STUDY POPULATION:** The FAITH! (Fostering African-American Improvement in Total Health!) Program, an academic-community partnership with AA churches, shifted focus to COVID-19 prevention in AA communities. Funded by the Mayo Clinic Center for Clinical and Translation Sciences, this cross-sectional study recruited AA adults from FAITH!-affiliated churches and social media to complete a survey exploring the personal impact of the pandemic from hardships (e.g., food and housing insecurity, paying utilities) on healthy lifestyle (HL). The primary outcome was difficulty maintaining a HL during the pandemic. Logistic regression (odds ratios and associated 95% confidence intervals (CIs)) was used to examine the associations between difficulty maintaining a HL and factors including COVID-19 hardships and mental health. **RESULTS/ANTICIPATED RESULTS:** Participants (N=169, 71.4% female, 41.4% essential workers) had a mean age [SD] of 49.4 [14.9] years. Over half (91/169, 54%) reported difficulty maintaining a HL. Those reporting unemployment (OR 2.3; 95% CI [1.2,4.4]; p=0.008), difficulty paying rent (OR 4.1; 95% CI [2.1,8.6]; p<0.001), or food/utilities (OR 5.5; 95% CI [2.7,11.5]; p<0.001) all had greater odds of difficulty maintaining a HL. High stress ( $\geq 5/10$ , scale 1-10) was associated with difficulty maintaining a HL (OR 4.1; 95% CI [2.1,8.5]; p<0.001) compared to AAs with low stress. Negative mental health (depression (OR 3.4; 95% CI [1.0,13.7]; p<0.001), anger (OR 2.5; 95% CI [0.5,18.9]; p=0.005), and nervousness (OR 4.1; 95% CI [1.1,19.5]; p=0.003) was associated with difficulty maintaining a HL compared to AAs with positive mental health. **DISCUSSION/SIGNIFICANCE:** Our study findings revealed that COVID-19 hardships, stress, and negative mental health impacted the ability of AAs to maintain a HL. These issues should be considered in the design and implementation of community-based health programs to promote healthy living during future public health emergencies.

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### What is still needed?: Community conversations about health research

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**OBJECTIVES/GOALS:** While strategies for community engagement in health research and clinical trials are well documented, participation from underserved populations remains low. Our research team conducted a series of Community Engagement Studios for community members to discuss what is still needed for them to engage in health research. **METHODS/STUDY POPULATION:** In the spring of 2023, our research team conducted four community engagement studios using the Vanderbilt Community Engagement (CE) Studio model. Community members were recruited through health councils- which are a community-led collaborative, focused on health at the county level throughout the state. In the CE Studio model community members or stakeholders are referred to as experts. In total, 31 experts from 12 different health councils from around the state participated in the CE Studios via Zoom. The CE Studios centered around two main questions 1.) What do communities want to know before agreeing to participate in research? And 2.) When a study is presented as an opportunity for your community, what things need

to be addressed to see if it is a good fit? RESULTS/ANTICIPATED RESULTS: Themed summaries for each CE Studio and one overall themed summary were developed by a designated notetaker on the research team. Of novelty were cultural considerations for each region that included recommendations such as “Foster kinship between those doing the research and the community” speaking to the shared community bond that unites people and the need for researchers to also spend time creating meaningful community bonds throughout the research process. The CE Studio overall summary revealed two main themes for researchers: 1.) Things that help with research participation, and 2.) Things that get in the way of research participation. Overall themes echoed documented best practices for community engagement efforts. DISCUSSION/SIGNIFICANCE: Each CE studio revealed cultural considerations that included recommendations to researchers. Overall themes echoed documented best practices for community engagement efforts implying that while strategies for researchers to engage with communities are well known, more needs to be done to continue to implement these practices.

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### The Community Research Liaison Model: Facilitating community-engaged research

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OBJECTIVES/GOALS: The Community Research Liaison Model (CRLM) is a novel model to facilitate community engaged research (CEnR) and community–academic research partnerships focused on health priorities identified by the community. We describe the CRLM development process and how it is operationalized today. METHODS/STUDY POPULATION: The CRLM, informed by the Principles of Community Engagement, builds trust among rural communities and expands capacity for community and investigator-initiated research. We followed a multi-phase process to design and implement a community engagement model that could be replicated. The resulting CRLM moves community–academic research collaborations from objectives to outputs using a conceptual framework that specifies our guiding principles, objectives, and actions to facilitate the objectives (i.e., capacity, motivations, and partners), and outputs. RESULTS/ANTICIPATED RESULTS: The CRLM has been fully implemented across Oregon. Six Community Research Liaisons collectively support 18 predominantly rural Oregon counties. Since 2017, the liaison team has engaged with communities on nearly 300 community projects. The CRLM has been successful in facilitating CEnR and community–academic research partnerships. The model has always existed on a dynamic foundation and continues to be responsive to the lessons learned by the community and researchers. The model is expanding across Oregon as an equitable approach to addressing health disparities across the state. DISCUSSION/SIGNIFICANCE: Our CRLM is based on the idea that community partnerships build research capacity at the community level and are the backbone for pursuing equitable solutions and better health for

communities we serve. Our model is unique in its use of CRLs to facilitate community–academic partnerships; this model has brought successes and challenges over the years.

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### Comparative Analysis of Emergency Department Visits for Breast Injuries Pre- and Post-COVID

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OBJECTIVES/GOALS: Studies show a decrease in injury-related emergency department (ED) visits during COVID. There is a gap in the literature regarding the effect of the pandemic on breast injury-related ED visits. We aim to compare these visits pre- and post-COVID, and whether this subset reflects the same trends seen in overall injury-related ED visits. METHODS/STUDY POPULATION: A retrospective study of breast injuries was conducted between 2018 and 2022, using the National Electronic Injury Surveillance System. Patients were categorized into pre-COVID and post-COVID groups, for visits occurring before and after January 20, 2020. A total of 1077 breast injuries were stratified into pre-COVID (n = 444) and post-COVID (n = 633) groups. Clinical data on patient demographics, diagnosis, disposition, location, and alcohol use were collected. RESULTS/ANTICIPATED RESULTS: Mean age was significantly different: pre-COVID mean age was 37.29; post-COVID's was 40.40 (p = 0.0338). >90% of patients were female (p = 0.4066). White patients accounted for 36.0% of pre-COVID visits and 47.2% of post-COVID; BIPOC patients were 32.88% and 31.75% respectively. There was significant difference between race and COVID groups (p = 0.0013). No significant differences were found when considering all diagnoses (p = 0.3841) or the top three diagnoses (other, contusions/abrasions, and burns/scald) (p = 0.6176). Incident location showed a weak evidence of association ( $\alpha = 0.1$ ), when including unrecorded data (p = 0.1365) and removing those entries (p = 0.0832). Alcohol use did not reveal a significant association (p = 0.2110). DISCUSSION/SIGNIFICANCE: There are more breast injuries reported post-COVID. No significant difference was identified in the types of injuries diagnosed, the location these injuries took place, and how these injuries were treated. However, the demographics (age, race) of patients seeking care were significantly different.

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### How virtual communication affects the mental stress of caregivers communicating with their loved one's healthcare providers during the COVID-19 pandemic

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OBJECTIVES/GOALS: The COVID-19 pandemic limited family caregivers' in-person visits to their loved one's healthcare appointments, and many switched to phone and video calls with their loved one's healthcare providers. We sought to determine the relationship between virtual communication with their loved one's healthcare providers and caregiver's mental stress. METHODS/STUDY