also assessed (i) changes in BPRS subscales over time, (ii) predictors of 20% improvement in BPRS, (iii) time to 20% BPRS improvement, and (v) the burden of clozapine side effects and the association of side effects and clinical improvement. RESULTS/ANTICIPATED RESULTS: The average age was 40.2 years; 63% were male, 78% had schizophrenia, and 20% had schizoaffective disorder. BPRS total scores improved by 10.94 points ($p < 0.001$), adjusting for age, sex, and clozapine dose. Participants showed significant improvement in positive, resistance, affective, and activation, but not negative subscale scores. Nigerian participants were 21.5 times more likely to demonstrate 20% BPRS improvement compared to Maryland participants ($p < 0.001$) and showed improvement more quickly, with most of the improvement in the first 4 weeks in Nigerian participants and 12 weeks for those in Maryland. 44.1% of participants had weight gain of at least 5% from baseline to endpoint. Improvement in tardive dyskinesia ($p = 0.008$) and weight gain ($p < 0.001$) were associated with BPRS improvement. DISCUSSION/SIGNIFICANCE OF IMPACT: This study demonstrates clozapine's efficacy in Black patients with schizophrenia spectrum disorders. Greater improvement in Nigerian participants may reflect differences in treatment resistance, social support, or expectation bias across groups. Further research is needed to improve utilization of clozapine in Black patients.

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Strengthening community–academic research partnerships through the Community Scientist Program: the "Kiosk Project" example

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OBJECTIVES/GOALS: To describe one method of strengthening community–academic research partnerships, the Community Scientist Program, and to provide an example of a successful collaboration this program enabled, the Kiosk Project. METHODS/STUDY POPULATION: In collaboration with its community and academic partners, NJ ACTS developed the Community Scientist program, a training and research partnership program that includes human research protections training and team building between community and academic partners for community-engaged research. This program has enabled rapid formation of subsequent research teams – and rapid project implementation. One example is the Kiosk Project. A community–academic team mobilized to take advantage of an internal pilot funding opportunity, designing and executing a project to address disparities in knowledge and participation in clinical trials. RESULTS/ANTICIPATED RESULTS: Five community partners, including four Community Scientists, teamed up with academic researchers to user-test a short video to be placed in local medical settings. This video was designed to educate community members about clinical trials and encourage participation. Together, the team created recruitment and focus group materials. Within 2 months, community partners recruited 40 participants for two rounds for a total of four focus groups. The team reviewed the first focus groups' comments to determine editing needs. Focus groups then viewed the revised video, concurring that the video successfully incorporated their feedback. Participants provided testimonials about their focus group experience, highlighting the value of their contributions for projects impacting their communities. DISCUSSION/SIGNIFICANCE OF IMPACT: Methods for strengthening community–academic research partnerships include programs for developing community research champions and advancing shared research goals. Enriched research partnerships enable rapid recruitment and high levels of community engagement in advancing community health priorities.

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Implementation of community–academic research pilot projects: a qualitative study using the iPARIHS framework

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OBJECTIVES/GOALS: Community-engaged research (CER) helps ensure that research findings reach communities. To support it, we administer a pilot program to foster partnerships, build research capacity, and generate data for larger initiatives. We sought to understand the determinants that influence community research pilot project implementation. METHODS/STUDY POPULATION: The community research award provides $30,000 and 24 months of support to a community–academic team. Awardees receive CTSA support through a capacity-building orientation, online written and video materials, and optional office hours. We conducted semi-structured interviews with the community and academic leads using an Integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS)-based guide to examine how the research project, recipients, context, and facilitation shaped implementation. Transcripts were analyzed using rapid qualitative analysis methods. Two coders independently reviewed each transcript and completed a summary template which were then analyzed by partner type and i-PARIHS construct. RESULTS/ANTICIPATED RESULTS: A total of six community leads and seven academic leads who received funds between 2020 and 2024 were interviewed. Three community partners and three academic partners completed projects. Partner commitment and expertise were emphasized as project

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facilitators, while role ambiguity and turnover were barriers. Innovation was valued for adaptation to community context and increased capacity; however, some leads noted tensions between research and advocacy goals. Context barriers included limited funding, COVID-19, and shifting CBO, local, and national policies. CTSA-provided Facilitation was mentioned positively by nearly all community leads. Academic leads interacted with the CTSA team primarily when conflicts arose. DISCUSSION/SIGNIFICANCE OF IMPACT: The i-PARIHS framework highlighted how strong partnerships, expertise, and adaptation to community context enabled projects, while role ambiguity, turnover, and contextual challenges impeded progress. Strengthening facilitation, clarifying roles and responsibilities, and planning for turnover may enhance future projects.

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Applying human-centered design to develop and refine a cervical cancer screening intervention for people experiencing homelessness

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OBJECTIVES/GOALS: People experiencing homelessness (PEH) face disproportionate cervical cancer burden and screening barriers. Our goal was to design a tailored intervention involving community health worker (CHW)-led education and delivery of context-appropriate screening options in two homeless shelters in Indiana. METHODS/STUDY POPULATION: Guided by a community advisory board and following a human-centered design (HCD) framework, interviews with 30 PEH were conducted in the inspiration phase to explore experiences, knowledge, and attitudes toward cervical cancer screening, including human papillomavirus (HPV) self-sampling, a novel approach where patients collect their own vaginal swab. Rapid qualitative analysis informed an HCD session with 12 PEH in the ideation phase to further explore screening motivators and key messages to encourage uptake of HPV self-sampling. Data were synthesized into an educational flipbook and iteratively refined with participant feedback. RESULTS/ANTICIPATED RESULTS: Findings from interviews and the HCD session highlighted a strong desire to be screened and the need for clear information, access to a trusted CHW, and choice in screening options. The final intervention consisted of an individual cervical cancer education session with a CHW utilizing the educational flipbook, followed by optional screening through HPV self-sampling at the shelter and/or navigation to a clinic. To date, a total of 200 participants have enrolled in the education session. Preliminary results show significant knowledge gains and retention and positive shifts in attitudes toward screening. After an education flipbook redesign, HPV self-sampling uptake significantly increased. DISCUSSION/SIGNIFICANCE OF IMPACT: Applying a HCD approach enabled meaningful engagement to iteratively develop and refine an intervention that addressed community needs, increased HPV self-sampling uptake, and expanded cervical cancer screening access for people experiencing homelessness in Indiana.

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Lived experiences of loneliness: A phenomenological study of older adults with chronic illnesses living in community dwellings in Puerto Rico

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OBJECTIVES/GOALS: The purpose of this study is to explore and understand the experience of loneliness in adults over 65 years of age with chronic illnesses residing in public and private community dwellings in Puerto Rico. METHODS/STUDY POPULATION: The Phenomenological qualitative approach aims to deepen participants' understanding of how they define loneliness, the associated risk factors, the strategies they use to cope with it, and its perceived effectiveness. The project has three phases: the first phase involves obtaining informed consent, the second phase consists of the interview, and the third phase concludes the interview with a reminder that a follow-up meeting will be held to validate the information collected. This study will use a convenience sampling method to recruit 20 participants aged 65 years or older with chronic illnesses residing in public (10 participants) and private (10 participants) community dwellings in Puerto Rico. RESULTS/ANTICIPATED RESULTS: This study is needed to better understand how older adults with chronic illnesses experience loneliness, what factors influence their perception, and what strategies they use to cope with it. DISCUSSION/SIGNIFICANCE OF IMPACT: The findings may inform community interventions and public policies aimed at improving the quality of life for this population.

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Adoption and feasibility of Streetwyze, an online platform for continuous engagement of San Francisco Pregnancy Family Village (SFPFV) community members

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OBJECTIVES/GOALS: Ongoing engagement between community and health organizations is key to improving perinatal health outcomes. The San Francisco Pregnancy Family Village partnered with Streetwyze, an online private community platform, to share real-time experiences and feedback with organizations and enhance continuous engagement between events. METHODS/STUDY POPULATION: We are using a mixed-methods design combining platform analytics, community focus groups, and surveys to evaluate feasibility, acceptability, and early impact of the Streetwyze platform. Measures include frequency and type of engagement, perceived enablers and barriers to use, and indicators of trust and communication

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