OBJECTIVES/GOALS: To tailor support for behavioral and social science research (BSSR), it is helpful to understand this broad category. As a first step to characterizing BSSR at University of Michigan (UM), our goal is to use a large language model (LLM) to identify health-related BSSR from a database of funded studies. METHODS/STUDY POPULATION: We are using a private, secure version of Open AI ChatGPT-4.1 LLM to evaluate whether studies are health-related BSSR or not based on the study team's (1) abstract, (2) objectives, and (3) key words entered into UM's internal research proposal system for all studies funded over the last 10 years (i.e., 2014 – 2024). The model included a prompt with the National Institutes of Health (NIH) definition of BSSR and was instructed to categorize the research as being BSSR, not BSSR, or possibly BSSR. Results from the LLM were compared for consistency with assessments made by human-made decision rules. RESULTS/ANTICIPATED RESULTS: Preliminary results from a pilot sample of 150 studies funded in 2024 (~5%) reviewed by ChatGPT for BSSR status revealed: 6 false positives, 128 true negatives, 14 true positives, and 2 false negatives. Accuracy = 95%, precision = 70%, recall (sensitivity) = 88%, specificity = 96%, and F1 Score = 0.78. ChatGPT and human-based decisions differed primarily on cognition and vehicle technology studies and studies for which information was sparse. Further refinements to the prompt are being made and applied to the remaining studies funded in 2024 before expanding to the entire sample of studies from the last 10 years. DISCUSSION/SIGNIFICANCE OF IMPACT: It is time and cost prohibitive for a human to review and classify all funded studies at UM as BSSR or not. Using LLMs offers the potential to make this classification work feasible with limited resources, which is a necessary step toward understanding the state of BSSR.

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Development and evaluation of a Bilingual Community Health Worker Certification Training Program: A pilot study

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OBJECTIVES/GOALS: To develop, pilot, and evaluate an accessible, Bilingual Community Health Worker (CHW) Certification Training Program that equips CHWs with core competencies, strengthens professional pathways, and supports integration into California's evolving health and social care systems. METHODS/STUDY POPULATION: The 8-week, 40-hour hybrid program aligned with the CHW Core Consensus (C3) Project and California's CalAIM standards. The pilot cohort (n=22) included Spanish-speaking Promotoras with 1–10 years of experience. The training combined online asynchronous modules, live weekly Zoom sessions, and in-person sessions at orientation and graduation. Participants completed weekly assignments and a final community-based project. Evaluation through weekly surveys and a retrospective pre–post evaluation assessing knowledge and confidence gains in addition to qualitative feedback were collected. A Steering Committee and a Community Advisory Board (CAB) provided guidance on curriculum design, accessibility, and cultural responsiveness. RESULTS/ANTICIPATED RESULTS: The pilot achieved high satisfaction (mean 3.8/4.0). Participants reported an average +32.9% increase in perceived knowledge and +36.1% increase in confidence/self-efficacy across CHW competencies. The largest gains were in advocacy, resource navigation, and community assessment. Over 95% indicated they were likely to apply learned skills with only 5% who had yet to apply what they learned 3-months post-training. Qualitative feedback emphasized empowerment, peer learning, skill-building relevance, and remaining challenges related to advancement as CHWs. Participants valued the real-world application through a capstone community project. DISCUSSION/SIGNIFICANCE OF IMPACT: This pilot demonstrates a scalable, culturally responsive CHW training model that builds professional confidence and readiness. Ongoing evaluation and expansion aim to strengthen the CHW workforce, open professional pathways, and create a sustainable model that advances public health by improving community capacity and health equity.

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Developing flexible micro-credential programs for a translational workforce

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OBJECTIVES/GOALS: Micro-credentials (MCs) are short programs to allow learners to gain knowledge and skills at their own pace. Since MCs do not have due dates, this study aims to understand the learners' timing and duration to complete MCs through the Buffalo CTSI program in respect to semester-based academic calendar and other CTSI-based learning opportunities. METHODS/STUDY POPULATION: Buffalo CTSI offers four MCs in effective teaching, good clinical practice, responsible research, and scientific communication. The MCs were developed to enhance existing workforce development (WFD) series. Each series consists of 3-5 90-minute sessions offered annually during academic year. Learners can enroll in a corresponding skill-based MC at any point during or after completing the WFD series and have up to a year to complete the MC assignments. We identified 89 from 2019 to 2022 and 45 individuals who completed an MC through Buffalo CTSI between Spring 2024 - and Summer 2025 using data from the UB Office of micro-credentials. Data examined included time since completing the initial WFD series, number of days needed to complete an MC, number of revisions on assignments per awardee, and proportion of non-completers. RESULTS/ANTICIPATED RESULTS: Overall, 85 learners

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