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Advancing community-engaged research through the Community Health Initiated Research Partnership (CHIRP) fellowship awards program

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OBJECTIVES/GOALS: The CHIRP program aims to promote community-driven research on local health priorities, strengthen community–academic partnerships, and build capacity for sustainable and fair research through education, training, and mentoring, while supporting CTSA's mission to advance translational science. METHODS/STUDY POPULATION: CHIRP, funded by NCATS/CCTS, supports community/academic partnered teams to conduct impactful research in community or clinical settings. Selected projects have undergone a competitive application process: eligibility screening by the CHIRP team, a panel review by both community and academic partners, and scoring using a 9-point NIH system. After final approval by CCTS leadership, selected teams consisting of at least one community partner and one academic partner participate in a mandatory 2-day Proposal Development Retreat where they receive training and resources to further refine their proposal. Upon IRB approval, teams receive funding of up to $20,000 and mentorship from experts during the grant period to support implementation of the proposed project. RESULTS/ANTICIPATED RESULTS: Since its inception, CHIRP has funded 20 academic teams in 3 CTSA regions of Texas (Houston, Northeast Texas, and Rio Grande Valley) in partnership with 20 community organizations such as public schools, faith-based organizations, and community-based health provider organizations, providing $380,000 funding for clinical research or initiatives on health promotion and disease prevention strategies driven by community need. The program resulted in 10 peer-reviewed articles, 15 conference presentations, and multiple community forums. Currently, CHIRP is supporting its fifth cohort of fellows who completed the Proposal Development Retreat and a majority reported being "Very Satisfied" with the training. DISCUSSION/SIGNIFICANCE OF IMPACT: The CHIRP model supports community–academic partnerships to drive translational research. The model has application for other sites wanting to train and support community-engaged research and strengthen the translational research pipeline.

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Evaluating patient and family experiences across distinct pediatric resource navigator programs: A multisite mixed-methods study

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OBJECTIVES/GOALS: Resource navigator programs (RNPs) improve care coordination and access to social resources, but designs vary widely. We aim to evaluate patient and family experiences across three distinct pediatric RNPs, focusing on how program structure and context influence satisfaction and perceived impact. METHODS/STUDY POPULATION: Using purposive, criterion-based sampling, we will recruit families who completed one of three established Bay Area RNPs. Surveys will assess satisfaction and perceived support addressing social needs, while qualitative semi-structured interviews informed by the Consolidated Framework for Implementation Research and literature review will examine participants' lived experiences with the RNPs, probing family attitudes on identifying social needs, their experiences in being connected with community-based organizations, and their perceived impact on their child's health and well-being. Dedoose will be used for qualitative data management and coding organization. Survey and interview findings will be triangulated to identify converging themes. RESULTS/ANTICIPATED RESULTS: Our interview guide has been developed and we are in the process of recruiting participants. Two of the sites are tertiary children's hospitals and one is a safety-net hospital. The programs vary in structure and intensity, from a student volunteer model and a community health worker model with 6-month follow-up to an interventionist-led model with 1-year follow-up. We hypothesize that clinics serving medically complex patient populations will benefit most from longitudinal RNPs with dedicated interventional staff, given their extended contact with the healthcare system, whereas volunteer-based programs with shorter follow-up may be more effective in primary care settings, reaching larger populations with less intensive needs. DISCUSSION/SIGNIFICANCE OF IMPACT: Insights from patient and family experiences can guide adaptation to local contexts and inform evidence-based decisions for hospitals implementing or refining RNPs. Findings will better inform the design and implementation of a new RNP for socially vulnerable pediatric surgical patients in the Bay Area.

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Shaping Black youth identities: Identifying differences in African American and Somali parents' racial socialization messages

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OBJECTIVES/GOALS: Although parental ethnic-racial socialization (ERS) supports positive mental health outcomes, existing literature often treats Black identity as monolithic and rarely considers variation across ethnic backgrounds. This study examines differences in ERS messages shared by African American and Somali families. METHODS/STUDY POPULATION: Three dyadic focus groups were conducted between June and August 2025, including a total

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