of 15 (8 Somali and 7 African American) parents and 14 (7 Somali and 7 African American) youth (N=29). Parents and youth participated in separate, semi-structured discussions guided by a parallel script covering five domains: identity and family, racial socialization messaging, context and frequency of conversations, the perceived usefulness of messages, and responses to racialized experiences. Sessions, which lasted 60 to 90 minutes, were audio-recorded, transcribed verbatim, and analyzed in NVivo using a collaboratively developed codebook. Descriptive counts of message endorsement were also calculated to identify patterns in messaging across dyads. RESULTS/ANTICIPATED RESULTS: Participants shared a complex understanding of race and racism, often acknowledging that race "shouldn't matter, but does," and describing discrimination as a normalized part of daily life. Parents emphasized that racist moments require a response, while youth described a range of reactions, including anticipation, humor, resistance, and disengagement, often adapting strategies to specific contexts. Across dyads, anticipation emerged as a dominant coping mechanism, with youth preparing mentally and emotionally for potential racial bias. Social media and humor were commonly used for processing experiences, while parents often encouraged measured resistance or dialog over avoidance or physical confrontation. DISCUSSION/SIGNIFICANCE OF IMPACT: This study, by examining differences in racial socialization messages across Black ethnic subgroups, can easily identify novel intervention routes that may have been overlooked. Existing racial socialization mental health programs can be expanded and adapted to incorporate the unique messaging or values identified by these different groups.

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Walking the walk: Deepening impact through community-engaged program design

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OBJECTIVES/GOALS: Describe key elements of CEARCH's community-engaged research (CEnR) approach to program development. Provide three CEARCH case examples illustrating CEnR-based program development. Showcase a model for applying CEnR approaches in program design from ideation through evaluation. METHODS/STUDY POPULATION: CEARCH, the University of Minnesota Clinical and Translational Science Institute's Community Engagement core, utilizes community-engaged research (CEnR) best practices aligned with its collaboratively established values to develop and implement programming. CEARCH builds programs through shared decision-making, power and resource sharing, conflict resolution, and authentic conversations that lead to a collaborative leadership approach. All programming is structured via a community–academic leadership model and engages community members through a governing council and workgroups. RESULTS/ANTICIPATED RESULTS: Through a collaborative leadership approach, CEARCH's process increases depth and relevance to the communities being served. As a result, programming is built on trusting relationships. Shared decision-making ensures that all relevant constituents are driving program needs, involved in its creation, and part of its leadership. CEARCH has co-designed community-engaged research training materials, hosted community and faculty co-led workshops, and facilitated community feedback sessions that feature community members as experts. In addition, community partners drove the development of a statewide CHW research training, the launching of a community research network, and co-facilitation of training workshops for community and academic partners focused on community-engaged research. DISCUSSION/SIGNIFICANCE OF IMPACT: CEARCH uses CEnR practices to center community in program development and leadership. This approach deepens and broadens impact by valuing partners as knowledge holders, experts, and researchers and fosters authentic bi-directional collaboration.

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Developing, aligning, and implementing Community Advisory Boards to reflect research and community health needs across Mayo Clinic

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OBJECTIVES/GOALS: Community Advisory Boards (CABs) offer researchers community perspectives and empower CAB members to learn about research. The Mayo Clinic Center for Clinical and Translational Science (CCaTS) engages communities through six CABs. We describe our efforts over the past 17 years to develop, implement, align, and evaluate the six Mayo Clinic CCaTS CABs. METHODS/STUDY POPULATION: CABs were established in Jacksonville, FL (2008), Rochester, MN (2011), Phoenix, AZ (2014), Pediatrics, MN (2019), Native Tribal Health, MN (2021), Rural, Midwest (2022), and each operated independently. To harmonize CAB structure and function, a framework was developed in 2024 through an assessment of current CAB practices, guidelines, and feedback from CAB members. Through this process, a shared vision, mission, and strategy were created. The goal of harmonization was to align the six CABs with community health needs identified through local Community Health Needs Assessments (CHNAs). This information was consolidated into a new Guiding Document that outlines our unified approach to engaging the community in research through CABs. This harmonization framework provides both structure and flexibility. RESULTS/ANTICIPATED RESULTS: As part of CAB harmonization framework, annual evaluations assess CAB impact, satisfaction, and growth opportunities. One CAB was evaluated in 2023, two in 2024, four in 2025, and all in 2026. CABs have four roles: Members, Board Chairs, Coordinators, and Scientific Leads. Each CAB has 15–20 members serving 3-year terms. CABs meet quarterly, with one in-person meeting annually. Meeting topics fall into four categories: site-based programs, planning, or evaluation; community-engaged research partnerships; research

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