

OBJECTIVES/GOALS: The Appalachian Translational Research Network (ATRN) Newsletter provides a unique platform that facilitates communication among Appalachian-serving CTSA/CTSIs 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.

252

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

Carrie R. McCoy¹, Ashya Burgess², Clarence Jones³, Monisha Richard⁴, Minnesota Jamia Erickson⁵, Irene G. Sia^{6,7}, Mark L. Wieland⁸, Chyke A. Doubeni^{6,9,10} and LaPrincess C. Brewer^{1,9}

¹Division of Preventive Cardiology, Department of Cardiovascular Medicine, Mayo Clinic, Rochester, Minnesota; ²Mayo Clinic Comprehensive Cancer Center, Rochester, Minnesota; ³Med - Hue-Man Partnership, Minneapolis, Minnesota; ⁴Volunteers of America, Inc., Minneapolis; ⁵Thrivent Financial, Inc., Rochester, Minnesota; ⁶Center for Clinical and Translational Science, Mayo Clinic, Rochester, Minnesota; ⁷Division of Infectious Diseases, Mayo Clinic, Rochester, Minnesota; ⁸Division of Community Internal Medicine, Mayo Clinic, Rochester, Minnesota; ⁹Center for Health Equity and Community Engagement Research, Mayo Clinic, Rochester, Minnesota and ¹⁰Division of Community Internal Medicine, Mayo Clinic, Jacksonville, Florida

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.

253

What is still needed?: Community conversations about health research

Cynthia Michaela Killough
University of New Mexico

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