about \$2.7 billion to U.S. Academic Medical Centers to build a national network of clinical and translational science program hubs that serve to meet their key goals and initiatives. Today there are about 60 Clinical and Translational Science Award (CTSA) program hubs. Each CTSA program hub has a corresponding website highlighting its clinical and translational science centered programs and activities. These websites are a critical communication gateway to promote NCATS goals and initiatives. Objective: The objective of this research is to evaluate the NIH funded Clinical and Translational Science Award (CTSA) program hub websites for NCATS goals and initiative content alignment, navigability, and interactivity. METHODS/STUDY POPULATION: Methods: Each CTSA program hub website was systematically evaluated for information or tools that align with the five NCATS / CTSA Goals and eight CTSA nationally identified program initiatives. Each NCATS goal and CTSA initiative was subsequently ranked by information diversity level (text, tool, interactivity) and navigation level (click distance from the home page). RESULTS/ANTICIPATED RESULTS: Results: Four of the five NCATS goals are thoroughly and consistently represented among the CTSA Consortium with workforce development, patient and community engagement, and quality and efficiency of research being the top three. Informatics is thoroughly and consistently represented, but not always clearly identified on the home page. The most underrepresented goal is integration of special and underserved populations which was identified on only 60% of CTSA program hub websites. The most common focus of the eight CTSA program initiatives is the Trial Innovation Network in CTSA program hub websites. The Smart IRB comes in a distant second. The remaining six initiatives are severely under-DISCUSSION/SIGNIFICANCE OF Discussion: The identification of these gaps among the CTSA program hubs presents an understanding of content management and website functionality among the consortium from 3 principal approaches. First it creates an understanding of CTSA program hub content alignment with its funding source goals and initiatives. Such an understanding presents an opportunity to promote ways to create a better aligned consortium with improved collaboration pathways by the funding source through program hub website content standards. Second, it creates an opportunity for program hubs to understand and respond to the messaging their websites are presenting as it relates to the funding source. Third, it provides an opportunity to identify specific program initiatives and goals the CTSA institutions independently chose to highlight which can open a dialog to the better understanding the value of the program initiatives as they relate to the needs of CTSA program hubs. Ultimately, CTSA websites through content alignment should lead to an improved user experience.

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## A TL1 Team Approach to Identify Factors Affecting Rural Tobacco Users' Participation in Research and Quitting Tobacco Use\*

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OBJECTIVES/GOALS: Guided by the health belief model and social identity theory, we aim to identify socio-cultural and psychological

factors that influence rural tobacco users a) participation in research and b) quitting tobacco use. We also explore how citizen scientists are perceived as disseminators of messages. METHODS/STUDY POPULATION: In Phase I of this multi-stage project, we are conducting in-depth interviews with approximately 30 tobacco users. Interviews are on-going, and have been conducted with 16 participants thus far from four rural counties in Florida. The interview consists of semi-structured questions and multiple validated questionnaires. Specifically, we ask a series of questions about participants' barriers to participating in research, tobacco use history, and internet use and message preferences. Additionally, we include questionnaires on participants' substance use, nicotine dependence, motivation to quit, and willingness to participate in research studies. RESULTS/ANTICIPATED RESULTS: Initial findings suggest that rural tobacco users have an overall positive perception of research, and many choose to participate in research for altruistic reasons (i.e. they want to help others). Further, participants noted described feeling stigmatized due to their tobacco use. Although most began smoking to fit in with their community, many now feel on the outs. Participants also reported logistical barriers to participating in research, including lack of transportation. DISCUSSION/ SIGNIFICANCE OF IMPACT: Findings can inform the development of recruitment materials to resonate with rural adults, including by emphasizing the collective potential to help by participating. This interdisciplinary highlights areas for collaboration to enhance the reach of health education and public health messages.

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Assessing Leadership Skills in Translational Science Training: The Rockefeller University Leadership Survey Roger Vaughan<sup>1</sup>, Michelle Romanick<sup>1</sup>, Donna Brassil<sup>1</sup>, Rhonda G Kost, MD<sup>1</sup>, Sarah Schlesinger, MD<sup>1</sup>, and Barry S. Coller, MD<sup>1</sup> Rockefeller University

OBJECTIVES/GOALS: There is universal recognition of the importance of team science and team leadership. We have developed a semi-quantitative translational science specific team leadership competency assessment tool and have begun implementation studies to assess the impact of personalized feedback on the team science leadership skills of KL2 Clinical Scholars. METHODS/STUDY POPULATION: To create the instrument, we employed a modified Delphi approach by conducting a thorough literature review on Leadership to concretize the relevant constructs, then used these extracted constructs as a springboard for the Rockefeller Team Science Educators (TSE's) to discuss and refine the leadership domain areas, collectively create domain-specific survey items. Further discussion helped refined the number, grouping, and wording. Scholars also contributed feedback in item development. We piloted the Leadership Survey by having all of the Rockefeller TSEs rate Clinical Scholars, and having each Scholar rate themselves. Each item was answered using a six-point Likert scale where a low score indicated poor expression and a high score represented excellent expression of the specific leadership attribute. RESULTS/ ANTICIPATED RESULTS: Incorporation into a REDCap data base made consenting and rating process by TSE's and the Scholars straightforward. The a priori domains (Foundational Leadership Competencies, Professionalism, Team Building and Team Sustainability, Appropriate Resource Use and Study Execution,