

community-engaged participatory research, and co-led a rapid assessment with researchers to assess vaccine hesitancy in communities. **METHODS/STUDY POPULATION:** The Chicago COVID-19 Community Response corps worked to mitigate COVID-19 transmission in disadvantaged neighborhoods by activating CHWs, a diverse public health workforce from communities most affected by health and economic inequities. The Earn and Learn Program allotted 600 corps members up to 7.5 hrs/week of paid capacity building opportunities to learn new skills, pursue training programs, or college courses. Embodying a praxis of participatory action research and intergenerational organizing, corps members co-designed research questions and survey instruments, pilot tested the tools, trained other corps members on how to recruit and collect data, and contributed to the analysis and interpretation of the results. They generated evidenced-informed solutions to address future real-world problems. **RESULTS/ANTICIPATED RESULTS:** Corps members brought insight, cultural literacy, and lived experience that was invaluable in reaching the priority population of unvaccinated Chicagoans. They enhanced all aspects of the rapid assessment while conducting their work safely and comfortably in neighborhoods that outsiders consider challenging. Community member responses as to why they had not yet received a COVID-19 vaccine included being unable to risk putting what they saw as a rushed or improperly tested product into their bodies, to not being able to risk becoming ill even temporarily due to the potential for lost wages, as well as having other priorities in their lives which took precedence over concern about COVID-19, such as paying bills and feeding their families. **DISCUSSION/SIGNIFICANCE:** Research and evaluation benefits from the inclusion of CHWs. They are agile agents of change with the potential to replenish and repair trust in a fractured public health system. Engaging CHWs in evaluation work can strengthen community-academic partnerships and enhance the understanding of challenges and solutions to improving community health.

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### **The MEND Initiative: Meaningfully Empowering the NeuroDiverse**

Alena Teresa Moya, Mouzhan Varshoueitabrizi, Abitha Suthakaran, Kaitlin Boddison and Joseph Ferenbok  
University of Toronto, Laboratory of Medicine and Pathobiology Department

**OBJECTIVES/GOALS:** This project's objective is to empower verbally-communicating autistic adults to express their mental health needs to mental health professionals, regardless of their training or experience in autism. By enhancing empowerment in this area, we aim to enhance their self-awareness and confidence in navigating and accessing mental health support. **METHODS/STUDY POPULATION:** Following the Toronto Translational Framework (TTF), our approach involves co-designing and testing an intervention directly with the autistic population through three phases. Phase I will review published literature on autism, mental health, and patient empowerment, validate our identified need through informal meetings with stakeholders, and assemble an autistic advisory committee (AAC) of 5-8 members who are able to provide informed consent without assistant, are fluent in English, and 18 years of age or

older. Phase II will involve participatory design sessions with our AAC to develop a low-fidelity prototype to address the identified need. Phase III will evaluate our prototype's effectiveness through a separate series of focus groups, which will consist of members from our target population. **RESULTS/ANTICIPATED RESULTS:** We are anticipating that by the end of our research, we have successfully co-designed an intervention that effectively empowers autistic adults in their mental health journey through increasing their self-awareness and confidence in navigating and receiving mental health support. At a larger scale, results may include the empowerment of autistic adults to seek and receive mental health care from mental health professionals, regardless of professionals' prior autism expertise. **DISCUSSION/SIGNIFICANCE:** By enhancing self-awareness of their mental healthcare needs and boosting self-reported confidence in communicating with mental health professionals, we aim to take the first step in creating timely, patient-centered solutions, and bridging gaps in the evolving neuro-affirmative healthcare system.

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### **Strategies for engaging patients in building a model for patient partner engagement to accelerate translational science**

Knoll Larkin<sup>1</sup>, Tricia Piechowski<sup>1</sup>, Greg Merritt<sup>1</sup>, Megan Haymart<sup>2</sup> and David Williams<sup>1,3</sup>

<sup>1</sup>University of Michigan, Michigan Institute for Clinical & Health Research (MICHR); <sup>2</sup>University of Michigan, Department of Endocrinology, and Internal Medicine and <sup>3</sup>Departments of Anesthesiology, Internal Medicine (Rheumatology), and Psychiatry

**OBJECTIVES/GOALS:** To describe the strategies our newly created Patient Partners Program has planned for engaging diverse patients in the co-creation of our planned Patient Partner Academy. We will elicit feedback from other CTSA's about their strategies for promoting individual patient partnerships in research. **METHODS/STUDY POPULATION:** Our program to promote authentic patient-researcher partnerships to advance clinical and translational research is grounded in participatory approaches to maximize meaningful engagement. The process of creating our Patient Partners Academy is co-led by a patient partner and national leader in re-envisioning the role of patients in research, and a University of Michigan faculty member who advocates for patient partnerships in research. Listening sessions and community engagement studios will involve the developers of patient partner training programs, patient partners who have received research capacity training (as well as researchers and patient partners interested in collaborative research. Insights from these sessions will inform the development of learning models and curriculum content. **RESULTS/ANTICIPATED RESULTS:** Through individual listening sessions and community engagement studios we will collect data on the barriers and facilitators to patient partner engagement in research and the experiences and preferred learning models in patient partner training programs. Both the listening sessions and community engagement studios will be recorded, transcribed, and analyzed for common themes. We aim to answer three questions: What do patient partners need to be meaningfully engaged as equal partners across the research continuum? How can we best engage people who

experience serious illness or chronic conditions and may be underserved by healthcare systems? What do researchers, faculty, and clinicians need to create trusting, collaborative relationships with patient partners? **DISCUSSION/SIGNIFICANCE:** Integrating patient partners into study teams accelerates innovation and translational science, increases the relevance of research findings, improves health outcomes and patient empowerment, and elevates the value of the patient perspective allowing researchers to gain a new point of view from an individual with lived experience.

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### **Investing in Community-Led Research Capacity Building: New Seed Grant Type**

Jen Brown<sup>1</sup>, Claudia Galeno-Sanchez<sup>2</sup>, Corella Payne<sup>3</sup>, Sista Yaa Simpson<sup>4</sup>, Priyanka Reddy<sup>1</sup> and Pedro Serrano<sup>1</sup>

<sup>1</sup>Alliance for Research in Chicagoland Communities, Northwestern University; <sup>2</sup>Women in Green Spaces, Working Family Solidarity; <sup>3</sup>Peer Plus Education & Training Advocates and <sup>4</sup>The Association of Clinical Trial Service

**OBJECTIVES/GOALS:** We will describe the community-driven development and impact of the new Community Research Capacity-Building grants from the Alliance for Research in Chicagoland Communities, Northwestern University. Communities expressed that to enter equitably into partnerships with academics they need support to build their own community research capacity. **METHODS/STUDY POPULATION:** ARCC Seed Grants, since 2008, included Partnership Development and Research Pilots, which are both jointly submitted by a community-academic partnership. The new Community Grants are submitted only by community partners and don't require an academic partner. These grants, \$3,000 over 6 months, support the development or strengthening of organizational or community-level research capacity. This may include assessing community capacity to lead and/or collaborate on research; building research capacity of community organizations (staff, leadership, residents), developing community infrastructure (e.g. research principles; staff research responsibilities; process for assessing/ tracking researcher inquiries; template memorandum of understanding) or community research priorities, etc. **RESULTS/ANTICIPATED RESULTS:** Eight ARCC Community Research Capacity-Building Seed Grants have been awarded so far as a part of three cycles of applications over 2022-23 (2 in 2022, 6 in 2023). During this time period, data has been collected during the application process, in final reports, and in informal group and individual discussions. Information about the profile of grantees (community representation, health focus, etc.), the initial impact of grants, and feedback from grantees about the positive and challenging aspects of the grants will be shared. Grantees have informally shared that the awards have helped to address concerns that many low-income communities of color have their voices are not adequately included in research and other decision-making. The poster will be co-presented by a community grant recipient. **DISCUSSION/SIGNIFICANCE:** To ensure that

research partnerships are community-driven & equitable, it is necessary to invest in community research capacity-building. More evaluation is needed to understand the grants impact, as well as other approaches to community research capacity and leadership development. Poster will be co-presented by a community grant recipient.

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### **Antibiotic prescribing for inpatients with community-acquired bacterial pneumonia (CABP) due to methicillin-resistant Staphylococcus aureus (MRSA) in the All of Us database: Are there differences by age, sex, race, and ethnicity?**

Corbyn Gilmore and Christopher R Frei

University of Texas Health Science Center San Antonio; University of Texas at Austin

**OBJECTIVES/GOALS:** The purpose of this work is to assess antibiotic prescribing for inpatients with community-acquired bacterial pneumonia (CABP) due to methicillin-resistant Staphylococcus aureus (MRSA) in the All of Us database. The goal of this research is to determine if different subgroups are more or less likely to receive anti-MRSA antibiotics. **METHODS/STUDY POPULATION:** This is a retrospective cohort study of inpatients with CABP due to MRSA from 2/1/2011 to 7/1/2022 in the All of Us database. Cases will be excluded for other treatment settings, other pathogens, and other types of pneumonia. Patients will be stratified by age, sex, race, and ethnicity. The proportion of patients who received anti-MRSA antibiotic therapy will be compared within groups with the chi-square statistic. Significant associations between patient characteristics and anti-MRSA prescribing ( $p < 0.05$ ) will be assessed using multivariate logistic regression, with subgroup as the independent variable, anti-MRSA prescribing as the dependent variable, and divergent baseline characteristics as potential confounders. Odds ratios (OR) and 95% confidence intervals (95% CI) will be calculated. **RESULTS/ANTICIPATED RESULTS:** Previous research by our group has demonstrated differences in guideline-concordant, empiric antibiotic prescribing, for inpatients with CABP in the All of Us database; however, guideline-concordant empiric antibiotics for CABP do not routinely cover for MRSA. Anti-MRSA antibiotics are recommended if the patient has known MRSA or risk factors for MRSA. Investigations of disparity in anti-MRSA prescribing have been limited, especially since the abandonment of the healthcare-associated pneumonia (HCAP) categorization. Since the All of Us database contains information on CABP pathogens, we can study sub-types of CABP; therefore, we now hypothesize that the proportion of inpatients who received anti-MRSA antibiotics for CABP, due to MRSA, in the All of Us database, will differ by age, race, sex, and ethnicity. **DISCUSSION/SIGNIFICANCE:** This is one of the first studies to evaluate antibiotic prescribing for CABP due to MRSA in the All of Us database. Identifying and understanding differences in care, such as possible discrepancies in anti-MRSA prescribing by age, sex, race, or ethnicity, is essential to develop targeted interventions to address disparities in health outcomes.