

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.