the population level. Potential structural or systematic inequities in large-scale datasets and traditional data analyses should be thoughtfully reviewed through a health equity lens.

184

Cross-institutional collaborations for health equity research at a CTSA

Elizabeth C. Whipple[1], Mirian Ramirez[1], Levi Dolan[2] and Joe D. Hunt[1]
[1]Indiana University School of Medicine, Indiana Clinical and Translational Sciences Institute and [2]Indiana University School of Medicine

OBJECTIVES/GOALS: We were interested in health equity research for each CTSA-affiliated institution, specifically focusing on cross department and cross-campus co-authorship. We conducted a bibliometric analysis of our CTSA-funded papers relating to diversity and inclusion to identify cross department and cross-campus collaborations. METHODS/STUDY POPULATION: We worked with our CTSAs Racial Justice, Diversity, Equity and Inclusion Task Force to conduct an environmental scan of diversity and inclusion research across our CTSA partner institutions. Using the Scopus database, searches were constructed to identify and retrieve the variety of affiliations for each of the CTSA authors, a health equity/health disparities search hedge, and all of our CTSA grant numbers. We limited the dates from the beginning of our CTSA in 2008-November 2021. We used PubMed to retrieve all MeSH terms for the articles. We used Excel to analyze the data, Python and NCBIs Entrez Programming Utilities to analyze MeSH terms, and VOSviewer to produce the visualizations. RESULTS/ANTICIPATED RESULTS: The results of this search yielded 94 articles overall. We broke these up into subsets (not mutually exclusive) to represent five of the researcher groups across our CTSA. We analyzed the overall dataset for citation count, normalized citation count, CTSA average authors, gender trends, and co-term analysis. We also developed cross department co-authorship maps and cross-institutional/group co-authorship maps. DISCUSSION/SIGNIFICANCE: This poster will demonstrate both the current areas where cross-departmental and cross-institutional collaboration exists among our CTSA authors, as well as identify potential existing areas for collaboration to occur. These findings may determine areas our CTSA can support to improve institutional performance in addressing health equity.

185

Stroke and COVID Population: A Health Equity Analysis

Ethan Assefa[1], Esau Hutcherson[2], Suliah Apatira[3], Dahnielle Milton[3], Rehan Javaid[1], Don Brown[1], Suchetha Sharma[1] and Johanna Loomba[1]
[1]University of Virginia, [2]Howard University and [3]Spelman College

OBJECTIVES/GOALS: Observational studies suggest unequal effects of COVID-19 on the population of the U.S. distinguished by race and ethnicity. Our primary research question: what are the demographic differences among patients identified with concurrent ischemic stroke and COVID-19 positivity? METHODS/STUDY POPULATION: The National Covid Cohort Collaboration (N3C) data was used to identify patients with concurrent COVID-19 and stroke, operationally defined as those with a COVID diagnosis and inpatient admission for ischemic stroke 1 week before or 6 weeks after their COVID diagnosis. The data was further age restricted (18-65 years) and a categorical variable was created representing payer plans (Medicaid, Medicare, Other insurance). Data on patients race/ethnicity, comorbidities, treatments administered (Remdesivir and ECMO) and insurance information was analyzed using various exploratory data methods and visualizations. Logistic regression was implemented to model the relationship between variables (dependent/independent) in the cohorts. Model complexity was analyzed using the F test of significance. RESULTS/ANTICIPATED RESULTS: Taken as a whole, the data contained over 7 billion rows and around 6.4 million persons ($\sim$ 2.15 million of whom were COVID+). The main cohort of individuals with concurrent COVID positivity and ischemic stroke made up around 0.29% of the original COVID+ group, and the payer plan sub-cohort consists of around 29.26% of our main cohort. Black/African American (AA) and the Hispanic/Latino any Race have younger distributions (median $\sim$ 65 years), while the White Non-Hispanic group has the oldest distribution (median $\sim$ 70 years). Black/AA had the highest average number of comorbidities per patient (4.49), compared to white non-Hispanic (3.39) and Asian non-Hispanic (2.59). In our analysis, Medicaid patients had lower odds of obtaining ECMO ($p < .01$), there was no significant difference in Remdesivir treatment. DISCUSSION/SIGNIFICANCE: We found the N3C data to be useful in studying a distinct group of patients, and exploring COVID-19 and ischemic stroke treatment across patients' race/ethnicity identities and insurance status. Our exploratory analysis provides a foundation for further insight into demographic trends and discrepancies in apportionment of treatment.

186

Community Research Academy: Lifting Community Voices for Equity in Health Research and Innovation

Lula Mae Phillips[1], Jennifer Sarah Tiffany-E[2], Natasha Ashley-Natasha Ashley[3] and Agnes Chayka[4]
[1]Weill Cornell Medicine Clinical Translational science Center, [2]Executive Director, Cornell University Cooperative Extension-NYC Programs; Director, Outreach and Community Engagement, Bronfenbrenner Center for Translational, Cornell Research, Cornell University College of Human Ecology; Core Director, Community Engagement in Research Component, Clinical and Translational Science Center, Weill Cornell Medicine, [3]holds lengthy experience in nutrition stemming from being a Public Health Nutritionist Supervisor, Director of Dietary/Registered Dietitian in Florida then continuing in New York where she then followed to be a Clinical Dietician at St. Barnabas Hospital and now the Regional Nutrition Coordinator at Cornell University Cooperative Extension and [4]Community Engagement and Research assistant-BA

OBJECTIVES/GOALS: To engage community partners in full spectrum of translational sciences participants will: 1. Develop community-based research projects. 2. Evaluate pilot awards submitted to the Community Advisory Board for funding. 3. Actively participate in the research cores at the CTSC METHODS/STUDY POPULATION: The Academy workshop curriculum supports an in-depth examination of the translational research process, introduction to the CTSC Community Advisory Board; as well as to community based participatory research; grant evaluation process, and the need for active community involvement in various cores, and clinical trials. Workshops presented by tenured professionals and community leaders with multi-media out of class assignments. Scheduled