Hollywood, Health & Society: Infusing Cutting-Edge Science into Popular Media

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OBJECTIVES/GOALS: Partner with the entertainment industry to build trust in science and research, especially among high-disparity and underserved communities, through inclusion of research themes on popular television shows. METHODS/STUDY POPULATION: To date, our partnerships with TV writers have led to inclusion of clinical research storylines on 10 popular TV shows (e.g., Grey's Anatomy with an audience of 7M). We are now conducting research on show popularity among diverse audiences, and interviewing medical and entertainment experts to understand health priorities and potential entry-points to deliver targeted outreach. We are also analyzing keywords in scripts to assess frequency and sentiment of medical topics in entertainment. Our team also consults with the TV community regarding storylines and public service announcements on health and innovations in medicine. RESULTS/ANTICIPATED RESULTS: We anticipate reporting insights into current and shifting narratives around future-of-medicine topics. Building on work that reached over 64M viewers, more frequent and accurate depictions will likely be related to positive changes in attitudes, behaviors, and trust regarding health and science. The overall goal is to foster attitudes among high-disparity and underserved populations that will increase service utilization and early screenings, foster trust in research and evolving medical technologies, and combat misinformation. DISCUSSION/SIGNIFICANCE: By working with television writers of shows proven to be popular among key audiences, this initiative has the potential to reach millions of viewers in their homes with important and timely information modeling healthy behavior, providing accurate facts, depicting cutting edge research, and emphasizing diversity in medical research.

Identifying and Describing Hybrid or Fully Remote Research in Washington, Wyoming, Alaska, Montana and Idaho

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OBJECTIVES/GOALS: The Institute of Translational Health Science (ITHS)Remote Technologies for Research Reference Center (REMOTECH) aims to ease the use of remote technologies in research, addressing barriers to research participation related to in-person and onsite assessments METHODS/STUDY POPULATION: We engaged with stakeholders in our CTSA catchment area to understand the use and impact of remote research: implementation practices, participant acceptability, and impact on accrual. This environmental scan consisted of three parts: (1) Facilitated discussion groups with clinical trial regulatory and implementation experts regarding 10 key areas of research operations using composite case studies of research using remote technologies; (2) Semi-structured interviews with research teams who have successfully implemented remote technologies, querying about specific technologies, expected and actual barriers, and impact on the study population; and (3) A survey distributed to 900+ faculty and staff identifying prevalence of hybrid or fully remote research and describing specific remote technologies. RESULTS/ANTICIPATED RESULTS: Discussion group preliminary findings show experts recommended prioritizing the assessment of value and burden for both research participants and the research team, that equity and diversity should not be sacrificed to accommodate cost and efficiency, and the importance of evaluating the impact of implementing remote technologies on data collection and analysis. Seventeen of 30 interviews are complete, mid-point analysis shows researchers wanting formal best practices and training in remote research, desire increasing diversity through remote options, and expressing concerns about participant burden. 46% of survey respondents report implementation barriers, including participant burden and confusing regulatory pathways. 17% thought remote technologies were not appropriate for their studies. DISCUSSION/SIGNIFICANCE: We plan to leverage a multidisciplinary team to address the identified barriers and disseminate through a public remote technology information portal. Coding and further analysis is underway, including additional interviews targeting researchers working with adolescents and older adults with an increased focus on equity and diversity.

Impact of Gender Affirming Medical Care Access

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OBJECTIVES/GOALS: Gender affirming medical care such as hormone therapy surgery can greatly impact the emotional wellbeing and quality of life of transgender and gender-nonconforming individuals. In the US, insurance coverage for these services vary greatly. This project will focus on how insurance denial of gender affirming care can impact emotional wellbeing. METHODS/STUDY POPULATION: Data was collected via the LITE Connect study, a multi-institutional cross-sectional survey conducted among transgender and gender non-conforming adults in the United States and Puerto Rico from 2020 to 2021. The survey collected 2,125 responses concerning demographic data, insurance status, desire to access gender affirming care, history of insurance denial of gender affirming care, psychological distress (measured via Kessler 6 scale), self-harm, and suicide. The study population consisted of respondents who have sought GAMC in their lifetime, and further separated into individuals who have had insurance denial of gender affirming care versus those without insurance denial. Odds ratios were examined for categorical variables and linear regression was conducted for Kessler 6 score. RESULTS/ANTICIPATED RESULTS: Of the 2125 respondents, 1274 (61%) have sought out GAMC. Of those seeking GAMC, 451 (35.4%) have experienced an insurance denial. Preliminary analysis of the odds ratios of insurance denial versus demographic identifiers found no significantly increased odds ratios with respect to race, gender, or age. Given the impact GAMC has on quality of life, we theorize that difficulty accessing gender affirming care would be associated with greater psychological distress. Linear regression found a statistically significant impact of insurance denial of GAMC on Kessler 6 responses (Beta = 0.9684, R^2 = 0.0069). With adjustments for age, gender identity, race, and insurance status, linear regression found denial of GAMC led to a 1.28 increase in Kessler 6 score (CI [0.59, 1.98], $p < 0.05$). DISCUSSION/SIGNIFICANCE: This study examined the association between access gender affirming care and emotional