

wellness as measured by the Kessler 6 scale. We have found a statistically significant correlation between insurance denial of GAMC and psychological distress, indicating an avenue for intervention for a vulnerable population.

194

Introducing the new Justice, Equity, Diversity, and Inclusion special interest group

Felicity Enders, Rachel Wurth, Minerva Orellana, Terri Menser
Mayo Clinic

OBJECTIVES/GOALS: The Association for Clinical and Translational Science (ACTS) offers important inter-institutional communities through Special Interest Groups (SIGs). New to the SIG ecosystem is the Justice, Equity, Diversity, and Inclusion (JEDI) SIG. **METHODS/STUDY POPULATION:** Formed in 2022, the JEDI SIG is a growing community of individuals seeking to develop papers and products relating to improving health equity and workforce diversity within the Translational Science Community. Within this context, diversity is broadly defined to include groups at a negative power differential within US society. **RESULTS/ANTICIPATED RESULTS:** Comprised of 54 individuals spanning 29 institutions as of our first meeting in October 2022, the JEDI SIG is a welcoming group for ACTS members looking to make a difference. We have developed working groups to develop SIG-directed projects, and we look forward to expanding our activities in the future. **DISCUSSION/SIGNIFICANCE:** In this poster we will share key information about the new JEDI SIG including monthly meeting times, current activities, and ideas for future work.

196

Measuring the Impact of Community Engagement Brokers through Qualitative Interviews

Patricia Piechowski¹, Gina Claxton², Nicola 'Nicki' Spencer³, Elizabeth Vasile⁴, Robynn Zender⁵

¹Michigan Institute for Clinical & Health Research (MICH), University of Michigan ²Indiana University School of Medicine, Indiana Clinical and Translational Sciences Institute (CTSI)

³Translational Research Institute, University of Arkansas for Medical Sciences ⁴Clinical and Translational Science Center (CTSC), UC Davis Health ⁵Institute for Clinical and Translational Science, University of California, Irvine

OBJECTIVES/GOALS: As the clinical and translational research enterprise evolves toward addressing health equity and the science of translational science, the CE Brokers are exploring new avenues for impacting the CTSA consortium. **METHODS/STUDY POPULATION:** Since 2013, managers of Community Engagement (CE) programs across the NCATS CTSA institutes have met monthly to build connections, share knowledge, and advocate for the boundary spanner role. As the clinical and translational research enterprise evolves toward addressing health equity and the science of translational science, the CE Brokers are exploring new avenues for impacting the CTSA consortium. The CE Brokers are composed of 140 individuals from 58 CTSA-associated institutions, and have a long history that has fostered rich, trusting relationships. The growth and strength of this group has primed it to pivot with the new NCATS direction to contribute meaningfully to the science of community

engagement and continue the work of improving health equity within the communities we serve. **RESULTS/ANTICIPATED RESULTS:** In 2022; we surveyed its members about their roles and responsibilities; the ways the network has contributed to their hub's adoption and development of best practices and innovations; resources and lessons learned; the creation of opportunities for members to collaboratively conduct and disseminate original research; and research on the science of CE. Grounding ourselves in this initial data, we have developed interview questions to take the inquiry further, by gathering qualitative data on the impact of the group: How the Brokers group impacted them personally and professionally; How the Brokers impacted the work of their CTSA; In three words, describe the group; How could the CE Brokers contribute to the science of community engagement? **DISCUSSION/SIGNIFICANCE:** Together, we will identify themes supported by quotes to inform how the CE Broker group is most effectively moving the CTSA's mission forward and how it can be improved. These will be shared at the Translational Science Meeting, 2023.

198

Meta-analysis of Transgender Exclusion from PrEP Clinical Trials

Jeremiah Lee
University of Southern California

OBJECTIVES/GOALS: To evaluate access to Pre-Exposure Prophylaxis (PrEP) medications for transgender individuals examining how systemic and sociocultural obstacles play a role. Additionally, analyzing the impact of trans-exclusion in clinical trials investigating PrEP efficacy on the trans-HIV care model. **METHODS/STUDY POPULATION:** By examining the clinicaltrials.gov database, inclusion and exclusion criteria will be collected for Phase III trials of FTC/TAF (Descovy) and FTC/TDF (Truvada) as PrEP for Human Immunodeficiency Virus (HIV). Secondly, trends of physicians' prescription of PrEP will be analyzed to track post-approval usage and deduce the acceptance and adherence of PrEP by transgender patients. Thirdly, post-approval marketing strategies of PrEP medications will be documented to see key demographics that biopharmaceutical companies are targeting. Finally, relevant literature about trans healthcare will be analyzed to identify key short fallings to support conclusions and justify recommendations for greater transgender clinical trial enrollment and reformations to current standard practices. **RESULTS/ANTICIPATED RESULTS:** After a preliminary literature review of published Phase III trials for Descovy and Truvada, there is a marked lack of transgender patient enrollment. Contemporary literature argues that this lag in enrollment has downstream effects on trust and acceptance of PrEP as safe and effective by cohorts in the transgender community. The examination of prescribing information for Descovy and Truvada for PrEP reveals a minimal effort to advise doctors of the increased risk for infection in the transgender demographic. Through continued research, I expect to elaborate on the cross-discipline impacts of trans-exclusion, including increased rates of HIV infection, sociocultural and financial barriers to PrEP, and stigmatizing doctor interactions with transgender patients. **DISCUSSION/SIGNIFICANCE:** The current trans-HIV treatment paradigm lags behind in its sensitivity and nuance, preventing the most equitable distribution of care. Only with more inclusion of transgender individuals in clinical trials can we hope to promote greater awareness and trust for PrEP as effective for HIV.