

intersecting Western and Eastern medical practices. **METHODS/STUDY POPULATION:** International regulatory bodies included in this study were chosen based on the country's long history with TM and/or the existence of review processes specific to TM. TM-related regulatory changes that were enacted between the years 2000 and 2022 were identified and categorized into special departments, changes in clinical trials, or specialized tracks. The impact of these TM policies was measured via the number of TM-related INDs, approved applications, marketed drugs, and rejected applications per decade since 2000. This data was then organized alongside policies to draw conclusions about the influence of these regulatory changes. All data was collected using official government websites and journals published by independent, external research institutions accessed via USC's library services. **RESULTS/ANTICIPATED RESULTS:** Previous research revealed each country made efforts to integrate TMs into existing drug practices, such as clinical trials and safety requirements, although the extent and methods for the integration differed. Countries with a longer history with TMs are predicted to have regulatory systems that are more accommodating to the unconventional nature of TMs, making the approval and marketing of TMs much easier in these countries. As TM-related policies are more refined and increase in number in a given country, the number of TM-related applications and TMs marketed as legitimate, prescribable medications will also increase. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Timelines and charts displaying the impact of new TM-related regulatory changes will help identify a successful model for increasing TM IND submissions, approvals, and marketed TM drugs.

551

### **The unheard voices of clinical trials: A preliminary inquiry into the knowledge and sentiments of people experiencing homelessness (PEH) on clinical research**

Bruno Baltazar

University of Southern California

**OBJECTIVES/GOALS:** The purpose of this pilot study is to conduct a survey interview to understand the knowledge and attitudes of people experiencing homelessness (PEH) toward clinical trial participation, provide insights for future engagement strategies, and begin bridging the gap between clinical researchers and this marginalized group. **METHODS/STUDY POPULATION:** A 14-question survey, developed in collaboration with the street medicine (SM) team at the University of Southern California and other key stakeholders in PEH research, was administered in a survey-interview style to PEH in SM's East Side Los Angeles area of operations. The questions were designed to assess PEH's knowledge and attitudes toward the significance of clinical research and their potential participation. No identifying information was collected. To ensure diversity in responses, the surveys were conducted in different SM healthcare providers' areas of operations. The responses were then analyzed both quantitatively and qualitatively, taking into account the broader perspectives that PEH may have toward clinical trial research. **RESULTS/ANTICIPATED RESULTS:** A total of 9 PEH were surveyed. When asked to share their thoughts on "clinical trials" (CTs), most described the need to travel on-site to a practitioner to be studied/tested. They indicated that they knew what CTs were and that the FDA's official definition was easy to understand. Only one respondent reported being part of a diagnostic trial, and one declined to

answer. Four respondents indicated a willingness to participate in a CT. Four answered "maybe" and one answered "no." Of note, most believed that CTs have a positive impact, and only one responded that they think researchers do not maximize health benefits and minimize risk. Outside of the allowed answer choices, respondents also shared that there should be payment for participation in a CT, even if they don't expect any. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The survey results could significantly influence the future of clinical research, guiding it to be better tailored to PEH's unique circumstances, thereby potentially improving their participation rates. A key objective for the future will be to increase the sample size of the survey to improve the applicability and impact of the results.

## **Research Management, Operations, and Administration**

553

### **Telemedicine trends during the COVID-19 pandemic – World Trade Center Health Program, 2020–2021**

Alejandro Azofeifa, Ruiling Liu and Hannah Dupont

Centers for Disease Control and Prevention (CDC), National Institute for Occupational Health and Safety (NIOSH), World Trade Center Health Program (WTCHP)

**OBJECTIVES/GOALS:** The World Trade Center (WTC) Health Program (Program), a limited federal healthcare program for eligible people exposed to the terrorist attacks on September 11, 2001, expanded telemedicine services during the COVID-19 pandemic. We analyzed service use trends from 2020–2021 to describe how the program implemented telemedicine services. **METHODS/STUDY POPULATION:** We estimated use rates of telemedicine-eligible services and telemedicine services by all included program members and by subgroups of members defined by member type (responder or survivor) and selected characteristics for the study period 2020–2021. We described the use trends of total telemedicine-eligible visits, telemedicine visits, and in-person visits, respectively, by quarter. We calculated the quarterly rates of telemedicine use per 1000 living members. We used a multivariable logistic regression to examine associations between member characteristics and telemedicine use rates. **RESULTS/ANTICIPATED RESULTS:** About 75% of telemedicine visits were related to mental health services. In the second quarter of 2020 (April–June), telemedicine use rate (367 visits/1000 members) increased, exceeding in-person service rate (152 visits/1000 members) by 1.4 fold. Telemedicine use rate decreased gradually in the rest of the study period but still represented 38% of total visits by the end of 2021. Regression models showed differences in telemedicine use rates by member type and by demographic characteristics. Survivor members (vs. responder members), those self-identified as non-Hispanic Other races (vs. non-Hispanic White), those with preferred non-English language (vs. preferred English), and those not living in the New York metropolitan area (vs. living in the New York metropolitan area) were less likely to use telemedicine. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The expansion of telemedicine service provided members uninterrupted access to necessary health services during the COVID-19 pandemic. It underscored the importance of extensive partner collaboration, the capacity to rapidly develop necessary technical guidance, and the flexibility to timely address frequent regulatory guidance updates.