A Model for Introducing Biomedical Commercialization and Entrepreneurship Concepts to Research Faculty

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OBJECTIVES/GOALS: Use an easily accessible medium to educate life science researchers and academic innovators interested in the commercialization of academic research at the University of Michigan (UM). METHODS/STUDY POPULATION: Life science research investigators and academic innovators interested in research commercialization and technology development from across the state of Michigan were invited to attend the Idea to Impact: The Translation & Commercialization of Academic Research webinar series, presented by Fast Forward Medical Innovation at the University of Michigan. The webinar series outlined the significance and critical milestones of developing novel therapeutics, medical devices, diagnostics, and digital health innovations, as well as essential collaborations with industry partners to translate a research-based idea into a product of impact. RESULTS/ANTICIPATED RESULTS: 113 investigators and innovators from 28 different institutions, organizations, and companies, registered for the webinar series. Results (N=24) of an evaluation immediately following each webinar revealed that 100% of respondents strongly agreed or agreed that the series was effective in helping them to identify and describe commercialization resources, including funding, education, and mentorship, available at the University of Michigan and within the state. Participants stated that they "loved the practical information" "shared" and that the series was a "great overview that inspired a lot more questions." The Fast Forward Medical Innovation team was then able to consult with participants to connect them with additional resources. DISCUSSION/SIGNIFICANCE: The data suggests that easily accessible and digestible commercialization education can make navigating the academic entrepreneurial ecosystem easier for investigators and innovators. The recorded webinar series, Idea to Impact: The Translation & Commercialization of Academic Research, serves this purpose.

Assessing the Accessibility of CTSA Training Resources

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OBJECTIVES/GOALS: The New Jersey Alliance for Clinical & Translational Science conducted an observational study of current clinical research training to establish a comprehensive infrastructure. The goal was to develop a cross training catalogue of available resources for trainees to fill gaps in their Clinical Research training. METHODS/STUDY POPULATION: The focus of this observational study is the evaluation of (1) available clinical research training programs, (2) training areas aligned with the Joint Task Force competency domains, (3) specific target audiences who utilize trainings offered nationally, and (4) availability of resource toolboxes. This assessment was extracted by clicking on each of the hubs Education & Training and Resources tabs. The determination of the training areas and competency skills that aligned with the JTFs eight domains was confirmed by reviewing the course description on each website. RESULTS/ANTICIPATED RESULTS: CTSA hub website analysis of each hub revealed that each CTSA hub region has their own regional focus on training areas targeted for specific audiences. The validation of the NJ ACTS Education and Offering Inventory study allowed authors to categorize available training programs which significantly showed that Basic Training Programs targeted 22% of Undergraduate Students, Community Engagement Training Programs targeted 15% of Early Career Faculty, Experiential Training targeted 20% of Early Career Faculty and Undergraduate Students, Scholarly & Certificate Training targeted 20.5% of Graduate Students, and Graduate/Post Graduate Programs targeted 22.5% of Graduate Students and KL2 scholars. DISCUSSION/SIGNIFICANCE: This information helps build the infrastructure of a National Cross-Training Resource Platform in aid to encourage trainees to take advantage of available trainings across the CTSA Consortium.

Evaluation

Connections IN Health: A Model for Coalition Building?

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OBJECTIVES/GOALS: Participants will learn about the Connections IN Health partnership. Participants will learn about the mixed-methods, multi-level evaluation model used to evaluate health coalitions. Participants will learn about how the Connections IN Health partnership promoted coalition growth among Indiana chronic disease coalitions. METHODS/STUDY POPULATION: Chronic disease coalitions under the Connections IN Health (CINH) partnership were evaluated using a novel mixed-methods, multi-level evaluation framework that triangulates coalition functioning and effectiveness (F/E) surveys, social network analysis (SNA), and health data. F/E and SNA surveys were distributed to active coalition members of the chronic disease coalitions before, 1 year, and 2 years after CINH was implemented. F/E data was analyzed to detect significant changes in coalition members' perceptions of coalition functioning and effectiveness using unpaired, two sample t-tests in R. SNA data was analyzed to detect changes in partnership networks over time, such as membership growth and strength of connections using R software. County-level health data will be evaluated at year 5. RESULTS/ANTICIPATED RESULTS: The results of our longitudinal analysis of perceptions of functioning and effectiveness demonstrated significant increases in perceived leadership, satisfaction with the coalition, outcome efficacy, and members' commitment to the coalition after Connections IN Health (CINH) was implemented. Social network analysis (SNA) demonstrated growth of coalition membership and strength of connections over time, including health information sharing, formal relationships, trust, and communication. SNA results also demonstrated increases in centralization and clustering among local vs. statewide organizations in coalition networks over time. Results were shared back with coalition members to make data-driven decisions about future coalition processes and functioning. DISCUSSION/SIGNIFICANCE: Health coalitions are a nationally recognized vehicle to promote and translate evidence-based practices to communities; however, evidence to support their effectiveness is limited at best. Our results provide evidence of CINH's efficacy and identifies factors required to build effective and sustainable health coalitions.