

longitudinally in both localized and dispersed communities. ISF can be collected with MAs and is a rich source of disease and exposure biomarkers. However, determining biological loads remains challenging due to the need to collect blood or urine from a dispersed rural population over time. Our preliminary results suggest similar HM concentrations in ISF, compared with blood in small unexposed human and animal populations. All four metals can be successfully quantified in tandem using ICP-MS. **DISCUSSION/SIGNIFICANCE:** Chronic exposure to heavy metals (HM) is associated with detrimental health effects. Exposure to multiple HMs is suspected to have additive or synergistic harmful effects. We envision a wearable microneedle patch that could be mailed to individuals or distributed through community centers, worn for a few hours, and returned to a central laboratory.

Other

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Can supervision support implementation of evidence-based practices in substance use disorder treatment programs? A qualitative analysis of organizational and environmental contexts in Arkansas

Jure Baloh¹ and Geoffrey M. Curran²

¹University of Arkansas for Medical Sciences and ²University of Arkansas for Medical Sciences & Central Arkansas Veterans Healthcare System

OBJECTIVES/GOALS: Supervision is a promising strategy for supporting high-fidelity implementation of evidence-based practices (EBPs) in substance use disorder (SUD) settings. In this study, we explore current supervision practices in community SUD programs and identify organizational and environmental factors that shape them. **METHODS/STUDY POPULATION:** We interviewed 25 leaders and counselors at 8 community SUD programs in Arkansas, and 16 leaders at external stakeholder organizations (e.g., regulators, payers, licensing boards). Interview guides were based on the i-PARIHS framework. Interviews were conducted on Zoom or phone, lasted ~1 hour, and were recorded and transcribed. Below we outline findings based on preliminary analyses; full thematic analyses will be completed before presentation. **RESULTS/ANTICIPATED RESULTS:** Participants generally recognized the importance of utilizing EBPs and supporting their use through supervision. Counselors professional backgrounds and training vary substantially, necessitating continuing education and supervision. However, different professional, licensing and regulatory standards create a complex web of requirements and practices. Supervisors typically require clinical experience, but are rarely trained in supervision. They are internal or external to the organization, and provide individual or group supervision. Supervisors most often rely on case summaries and chart reviews, sometimes on direct observations and role-playing, and rarely (one program) on session recordings. Supervision goals are broad, and while EBP use is encouraged, it is rarely the focus of supervision. **DISCUSSION/SIGNIFICANCE:** To enhance supervision in community SUD settings and improve

implementation of EBPs, new supervision strategies need to fit the various norms, expectations, and standards (e.g., professional, regulatory) that characterize community SUD programs, their workforce, and their environments.

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Gaps in Physical Therapists' and Physical Therapist Assistants Knowledge and Use of the CDC's STEADI for Falls Risk Screening of Older Adults in the United States

Jennifer L. Vincenzo¹, Lori A. Schrodtt², Colleen Hergott³, Subashan Perera⁴, Jennifer Tripken⁵, Tiffany E. Shubert⁶ and Jennifer S. Brach⁷

¹University of Arkansas for Medical Sciences, ²Western Carolina University, Department of Physical Therapy, Cullowhee, NC, USA, ³Augusta University, Department of Physical Therapy, Augusta, GA, USA, ⁴University of Pittsburgh, Department of Medicine, Pittsburgh, PA, USA, ⁵Center for Healthy Aging, National Council on Aging, Washington DC, USA and ⁶University of North Carolina, UNC Center for Health Promotion and Disease Prevention, Chapel Hill, NC, USA, ⁷University of Pittsburgh, Department of Physical Therapy, Pittsburgh, PA, USA

OBJECTIVES/GOALS: Studies using Medicare data indicate that physical therapists (PTs) and physical therapist assistants (PTAs) are not providing falls prevention to at-risk older adults in rehabilitation. We aimed to identify PTs and PTAs knowledge and use of the Centers for Disease Control and Prevention's STEADI fall prevention toolkit. **METHODS/STUDY POPULATION:** We conducted a cross-sectional survey distributed to a convenience sample of PTs and PTAs in the United States through email blasts and social media. Descriptive statistics were used to summarize the demographic characteristics of the respondents. Some categorical variables were combined to provide more meaningful classifications or due to small frequencies. We used independent samples t-tests for continuous data, and chi-square and Fisher's Exact tests for categorical data to compare characteristics between respondents that do and do not conduct falls risk screenings. Frequency counts and percentages were used to summarize survey responses related to falls risk screening and knowledge/use of STEADI. SAS[®] version 9.4 was used for all statistical analyses. **RESULTS/ANTICIPATED RESULTS:** PTs and PTAs (N = 425) who responded to the survey and worked in clinical settings with older adults were included. Eighty-nine percent of respondents reported conducting clinical falls risk screening, yet only 51% were 'familiar' to 'very familiar' with STEADI. Twenty-two percent of respondents were not familiar at all with STEADI. Of the respondents who were 'very familiar with the STEADI (n = 132, 31.1%), 84.1% (n = 111) reported using STEADI in clinical practice. Seventy-six percent of respondents who use the STEADI implemented it by choice even though the majority (52.1%, n = 63) did not have it embedded in their workflow or documentation. **DISCUSSION/SIGNIFICANCE:** PTs and PTAs in the United States have some familiarity with and use STEADI in clinical falls prevention, and those who are very familiar with it use it by choice. Further research is needed to address the knowledge gap of STEADI and support PTs and PTAs providing falls prevention to older adults attending rehabilitation.