instructed on platform techniques including screen sharing, polling function, and breakout rooms to enhance audience participation. REDCap registration captured demographic information and facilitated evaluations and post-attendance intention-to-change surveys. Lessons learned were shared with community partners and advisory board members who demonstrated changes in service delivery models and training of new staff to support care to greater numbers of clients and participants. Virtual platforms can extend outreach for valuable learning and service outcomes and maintain high levels of satisfaction among target audiences.

NEW NETWORKS, NEW CONNECTIONS: GERIATRIC STUDENT SCHOLARS EMBRACE ADAPTIVE LEARNING

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The Arkansas Geriatric Education Collaborative (AR's GWEP) embraces, nurtures, and encourages students with a passion for caring for older adults. Each year five geriatric scholars are chosen from across the spectrum of health services schools (MD, RN, PT, PA, Pharm D, dental hygiene, etc.) to enhance their geriatric knowledge and experience. Requirements focus on geriatric academic and community-based opportunities. However, these opportunities drastically changed with the pandemic. Therefore, the students became very innovative as they trudged forward to meet and exceed the scholar objectives. They participated in various virtual events to fulfil their academic and community participation requirements. They worked together to develop and implement an interdisciplinary final project that marketed to and engaged rural isolated older adults in a fun educational event aimed at preventing social isolation in older adults and caregivers. Students learned how to connect to and bridge the digital divide with isolated rural older adults.

BRIDGING DIGITAL DIVIDES: GWEP PIVOTS TO SUPPORT TELEHEALTH FOR CLINICAL CARE AND EDUCATION

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Early in the pandemic, the University of California, Irvine (UCI), GWEP pivoted to focus on building telehealth and remote patient monitoring, while supporting team-based interdisciplinary learners. Our Health Assessment Program for Seniors (HAPS) adapted to provide hybrid remote/in-person evaluations with our Geriatric Fellows and Doctor of Nurse Practitioner (DNP) students working alongside our multidisciplinary team. Learner teams innovatively bridged the digital divide through weekly DNP support phone calls, and the Fellows delivered family conferences through Zoom. In ASSIST, medical students and nursing students gained digital competencies through a phone support system for isolated older adults with friendly weekly check-ins providing referrals to community resources. Another IRB-approved pilot, Healing at Home, diverted patients from the Emergency Room and In-Patient care with a team of ED, Hospitalists, Geriatricians teaching DNP and Fellows telehealth management. GWEP successfully piloted symbiotic learning for both older adults and health profession students through new virtual formats.

Session 4180 (Paper)

Aging in the Community

FACTORS ASSOCIATED WITH DEFICIENT HOUSING AMONG COMMUNITY-LIVING OLDER ADULTS IN THE UNITED STATES

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Housing quality is a recognized social determinant of health. Qualitative evidence suggests the ability of older adults to maintain their homes is affected by the domains of financial resources, social environment, and functional abilities, but this conceptualization has not been tested quantitatively. This cross-sectional study examined associations between financial resources (indicated by socioeconomic characteristics: education, racial-status, annual income, financial hardship, Medicaid eligibility), social environment (living arrangement, social integration), and functional abilities (lower extremity performance, self-care disability, independent-living disability, homebound-status, dementia, depression) with deficient housing among 6,489 community-living adults $\geq$ 65 years participating in the nationally representative 2015 National Health and Aging Trends Study. Sampling weights accounted for study design and non-response. An estimated 9.2% (3.2 million) older Americans lived in housing with $\geq$1 deficiency (any peeling paint, evidence of pests, flooring in disrepair, broken windows, crumbling foundation, missing siding, or roof problems). In bivariate logistic regressions, factors from all three domains were associated with deficient housing. In a multivariable model that included all variables above and adjusted for age and sex, indicators of financial resources and social environment remained associated with deficient housing (including financial hardship, adjusted odds ratio (aOR)=1.48, 95% confidence interval (CI): 1.10,1.98; and living with non-spousal others versus alone, aOR=1.48; 95% CI:1.09, 2.03), whereas indicators of functional abilities did not. To ensure quality housing for all community-dwelling older adults, efforts that increase financial resources and further examine the role of social environment in deficient housing are needed.

NEIGHBORHOOD ENVIRONMENT AND CARDIOMETABOLIC DISEASE IN INDIVIDUALS AGING WITH PHYSICAL DISABILITY

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The environment may be particularly important for facilitating participation and health for individuals aging with physical disability. However, little is known about

which features of the neighborhood are particularly pertinent for this population. This study aims to address this gap by examining the type(s) of neighborhood environments associated with cardiometabolic disease. We identified ~26,000 individuals with a diagnosis of physical disability using a national private health insurance claims database in the U.S. Geocoded information for individuals was used to assign them to features of their neighborhood from the National Neighborhood Data Archive. An adapted typology was used to classify neighborhoods into the following based on density of health-promoting and harming features: 1) High health-promoting/harming (service-dense), 2) High health-promoting/low harming, 3) Low health-promoting/ high harming, 4) Low health-promoting/harming, and 5) Average. We used time-varying Cox models to estimate adjusted hazard ratios (HR) and 95% confidence intervals (CI) for time-to incident cardiometabolic conditions. High neighborhood-level affluence, and low disadvantage scores characterized service-dense neighborhoods. They had more than 2x higher density of health-promoting resources (e.g., transit) compared to other neighborhood types. Individuals residing in service-dense neighborhoods had an 8% lower risk of any cardiometabolic disease (HR 0.92, 95% CI: 0.85-0.99) compared to those in average neighborhoods. Similar effects were observed for Hypertension and Type 2 Diabetes, with effects most pronounced for the latter (HR 0.82, 95% CI: 0.71-0.94). For individuals aging with physical disabilities, service-dense neighborhoods may be protective against cardiometabolic morbidity. Findings can inform community design that support cardiometabolic health in this population.

NEIGHBORHOOD ENVIRONMENT AND SOCIAL SUPPORT RECEIVED: AN EXAMINATION OF RACE AND GENDER IN BALTIMORE CITY

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Social support in urban settings is likely shaped by the context of the neighborhood environment. Patterns of support may also differ by the type of support received as well as characteristics of the person receiving support. For example, women and Black residents may have stronger support networks compared to men and white individuals, and variation by gender and race in social support may have important implications for promoting well-being in disadvantaged neighborhoods. To investigate the presence of these potential patterns in a disadvantaged urban environment, we analyzed 2,553 Baltimore City residents (ages 30-64) from the baseline wave (2004-2009) of the Healthy Aging in Neighborhoods of Diversity across the Life Span (HANDLS) study. We tested associations between self-assessed neighborhood environment (disorder, cohesion, and control) and social support (from partners, children, and/or friends) and

further explored variation by intersections of race and gender using multi-group structural equation modeling. Our results suggest that individuals are more likely to receive support when they perceive their neighborhood to have higher social control and cohesion, particularly in terms of support from friends. Although interactions by race and sex were not statistically significant, a descriptive pattern emerged wherein Black women are particularly likely to receive support from multiple sources when they report more social control in their neighborhood. On the other hand, there is almost no association between neighborhood environment and social support for Black men. We discuss these findings in light of potential neighborhood inequities in informal support access in Baltimore City and similar urban settings.

RESIDENCE IN HUD HOUSING ASSOCIATED WITH GREATER BENEFIT FROM HCBS SERVICES FOR MEDICAID ENROLLEES IN PENNSYLVANIA

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State Medicaid programs seek to shift the delivery of long-term care services away from institutional settings and toward community-based settings by expanding access to home-and-community-based services (HCBS). HCBS are hypothesized to prevent or delay the need for protracted nursing home stays. This study explores the question of which types of community residence maximize this protective effect of HCBS. We used a probabilistic matching technique to identify whether waiver-eligible Medicaid enrollees were likely to reside in project-based HUD housing in 2013. We applied multinomial logistic regression to observe the risk of long-stay nursing home admission (>100 days) relative to persistent community residence in the subsequent four years. Our model controlled for age, race, gender, urban status, and receipt of home-and-community based services. Our predictor of interest was the interaction between receipt of home and community based services (HCBS) and residence in HUD housing. The eligible baseline population included 152,632 community-residing Pennsylvania Medicaid enrollees in 2013. The analytic sample excluded individuals who died during 2013 or who were no longer waiver-eligible after 2013. Residence in HUD project-based housing while receiving HCBS is independently associated with a 27% percent reduction in risk of long-stay nursing home admission (p = .01) when controlling for individual-level demographics. No significant association was observed between the predictor of interest and risk of death during the follow-up period, suggesting that this finding is not likely confounded by individual health status. Further research should test whether this association is causal and specify possible mechanisms.

THE INTERSECTION OF DEMENTIA-FRIENDLY INITIATIVES AND AGE-FRIENDLY ENVIRONMENTS: THE INTEGRATION MODELS

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