the process of engaging stakeholders in co-developing our 4M metrics and the data generated. Jenny Knecht, CRNP, will describe a pilot study to extend the reach and acceptability of telehealth to hard-to-reach older persons. Finally, Dr. Garrow will detail a new initiative focused on equity in care. Our discussant, Dr. Terry Fulmer will lead a discussion of this work as well as next steps and policy implications.

BUT HOW WILL WE MEASURE IT? CO-CREATING ASSESSMENTS OF OUTCOMES IN AGE-FRIENDLY CARE, PA

Diane Berish, *Pennsylvania State University, University Park, Pennsylvania, United States*

Moving from concept to quantitative measurement can be complex. There were several challenges in co-designing measures to assess the impact of Age-Friendly Care, PA, a geriatric workforce enhancement program. First as a FQHC, our clinical partner had not captured the metrics of interest. Second, the co-developed operational definitions for our metrics should be feasible, relevant, and useful for all project members. Third, funder reporting requirements must also be addressed. Working within this context, we co-created 11 outcome indicators structured around the 4Ms (IHI) now with 9 months of data. EMR changes to make data reportable included measuring opioid misuse mitigation, high-risk medication elimination, cognitive assessment and dementia care management, advanced care planning, care partner presence, annual wellness visit completion, pneumonia vaccination rates, colorectal screening rates, mobility goal tracking, and presence of a caregiver. Work continues around formulating themes to create a reportable mechanism for assessing What Matters.

AGE-FRIENDLY CARE, PA: A GERIATRIC WORKFORCE ENHANCEMENT PROGRAM

Erica Husser,[1] Donna Fick,[2] Judith Hupcey,[2] Marie Boltz,[2] and Lisa Kitko,[3] *1. Penn State Ross and Carol Nese College of Nursing, Spring Mills, Pennsylvania, United States, 2. Pennsylvania State University, University Park, Pennsylvania, United States, 3. Pennsylvania State University, Pennsylvania State University, Pennsylvania, United States*

Age-Friendly Care, PA is co-led by Primary Health Network, the largest Federally Qualified Health Center in Pennsylvania, and Penn State College of Nursing that aims to bring reliable, high-quality, age-friendly care to all older adults living in rural PA. Sponsored by HRSA through its Geriatric Workforce Enhancement Program, Age-Friendly Care, PA utilizes the ECHO, all-teach-all-learn, platform to engage isolated rural providers in incorporating the 4Ms (IHI) into their practice. Age-Friendly Care, PA reaches out directly to rural older adults and their care partners to co-design education and support. We have hosted 28+ events and reached 450+ individuals. Results include tracking and improvement in quality indicators assessed including support for individuals living with dementia and their care partners (NA-66.7%), risk for opioid misuse (NA-78%), high-risk medication management (NA-47.8%), fall-risk management (NA-9.4%), and advanced care planning (NA-8.9%). We will discuss the creation, co-development, implementation, lessons learned, and future of Age-Friendly Care, PA.

REACHING OUT TO OLDER ADULTS IN RURAL COMMUNITIES BY UTILIZING COMMUNITY HEALTH WORKERS DURING A PANDEMIC

Jenny Knecht, *Pennsylvania State University, University Park, Pennsylvania, United States*

Older adults in rural communities have access, isolation, and technology barriers to healthcare that are exacerbated by the COVID- 19 pandemic. A shortage of healthcare professionals combined with limited resources and poor broadband access have limited their ability to benefit from telehealth. The pandemic has further worsened isolation in rural communities. This Age-Friendly Care, PA pilot study uses community health workers (CHW) as a bridge to connect isolated and underserved older adults with their healthcare team. The CHWs facilitate access to telehealth provided by a Federally Qualified Health Center (FQHC), and also provide "check-ins' to housebound patients. The focus of the intervention is CHW delivered facilitation of telehealth and other supports to better manage their healthcare needs. We will describe the co-design of the project and discuss lessons learned in attempting to bridge the digital divide for rural older adults during and after the pandemic.

ONE POSSIBLE CONSEQUENCE OF COVID-19 VACCINE: INEQUITABLE DISTRIBUTION

George Garrow, *Primary Health Network, Sharon, Pennsylvania, United States*

Primary Health Network (PHN) is the largest Federally Qualified Health Center (FQHC) in Pennsylvania expanding over 17 counties. Getting Pennsylvanians vaccinated is a critical step in reducing the spread and impact of COVID-19, although research suggests that the inequitable distribution of the COVID-19 vaccine may be a critical barrier. Although concerns regarding vaccine hesitancy are prevalent, experts also suggest that disparities in vaccination rates are in part due to the lack of accessible scheduling; adversely affecting underserved, such as rural communities, and minority populations. To address these obstacles, Primary Health Network is creating a COVID-19 Vaccination/Health Equity Team. Their objectives include: creating tools to provide comprehensive information on vaccine supply, identifying potential challenges and proactively planning for ways to mitigate likely disparities, identifying people who wish to be vaccinated but lack the means to do so, and connecting them in an equitable way, to vaccinations.

Session 3210 (Symposium)

ENVIRONMENTAL GERONTOLOGY DURING COVID-19: AGING IN PLACE SINCE THE PANDEMIC ONSET

Chair: Melissa Cannon
Co-Chair: Jessica Finlay
Discussant: Graham Rowles

The COVID-19 pandemic is fundamentally changing neighborhood landscapes as we shelter in place and adjust our lifestyles. To age-in-place is to live in one's home and/or community "safely, independently, and comfortably." The ability to age-in-place is a public health priority for all, regardless of income or health status, and requires a variety of community resources to be sustainable. Since the pandemic