

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 ≥ 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 ≥ 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