

built connection while working through weekly focus areas (e.g. vitality, mindfulness, friendship). An overview of AGHE competencies addressed within the project, online course demonstration, and assignment development will be discussed along with information about how these connections fostered an opportunity for students to see aging from a different perspective. This is the first time we are presenting results from the newly developed program. In this, we look forward to sharing student measurements and outcomes, as well as lessons learned during this meaningful, stimulating, and insightful educational session.

#### TRANSFORMING VIRTUAL TEAM-BASED LEARNING FOR RURAL HEALTHCARE STAFF: WHAT THE PANDEMIC TAUGHT US

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During COVID-19, many training programs pivoted to virtual formats. For the Rural Interdisciplinary Team Training (RITT) Program, funded by the Veterans Health Administration as part of the Geriatric Scholars Program, there were unique challenges. Given a history of successful accredited in-person, team-based workshops for staff at rural and remote clinics, program developers needed to quickly devise a plan for an effective virtual training for team members working separately from each other. Without the ability to provide in-person education and training, rapid pivoting to virtual modalities was essential for ongoing education of those providing care for older adults. Using a web-based platform, team members and expert trainer facilitation, participants engaged in lively discussions and reflection using the chat feature. RITT adapted the curriculum to better meet the needs of busy healthcare providers working during the pandemic, including increased discussion of how COVID affects older Veterans. Three virtual RITT workshops were held between March 2020 and February 2021 with 64 participants from 12 rural clinics and medical centers. Over 90% of participants agreed or strongly agreed that they were satisfied with the virtual workshop, comparable to those participating in the in-person workshop in earlier years. Similar to others, we have found that the ability to flex a curriculum has benefits to both learners and educators and increases the reach of educational opportunities in gerontology and geriatrics. Particularly in rural areas where travel may be challenging, a virtual format may be a desirable long-term solution for the RITT program.

#### Session 9175 (Poster)

#### COVID-19, Health Services, Behaviors, and Outcomes

##### CHANGES IN WELL-BEING DURING THE COVID PANDEMIC: A LONGITUDINAL STUDY OF OLDER ADULTS

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The COVID-19 pandemic is a public health crisis the world has not seen in a century, with older adults faced with unique impacts due to their increased vulnerability and need to social distance. This research examines changes in physical and mental health and quality of life among older adults in the upper Midwest during the COVID-19 pandemic. Seventy older adults aged 70-97 participated in three phone interviews (April [Time 1], June [Time 2], and October [Time 3] 2020) focusing on experiences coping with the pandemic and understanding overall changes in well-being. Participants rated their quality of life, physical health, and mental health on a scale from 1 to 5 with 1 being "Poor" and 5 being "Excellent." Self-reported quality of life, mental health, and physical health initially declined between retrospective pre-COVID and Time 1 scores, with gradual increases seen across all three variables for Time 2 and Time 3 scores. Thematic analysis of qualitative responses for each interview wave identified salient themes of: 1) reduced quality of life, 2) distraction and routine, 3) loss and uncertainty, and 4) resilience and adaptation. The significance and meaning of these themes shifted across each time point. For example, the reduced quality of life theme initially encompassed loss of activities, later shifted to concerns about struggles to maintain relationships, and finally focused on hope for the future. Findings will be discussed in light of the significance of change over time as well as policy and practice implications for older adults.

##### COVID-19 PANDEMIC ON SMOKING BEHAVIOR CHANGES AMONG AFRICAN AMERICAN SMOKERS ELIGIBLE FOR LDCT SCREENING

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Smoking has been observed to associate with an elevated severity of disease and risk of mortality among people with COVID-19. Additionally, African American smokers have higher rates of mortality from lung cancer than other racial/ethnic groups. Low dose computed tomography (LDCT) screening can detect lung cancer early to decrease lung cancer-specific mortality for current smokers but remains under-utilized among these population. However, we know little about the effect of COVID-19 pandemic on smoking behavior changes among African American smokers who qualify for LDCT screening. This study recruited 60 African American daily smokers seen in primary care clinics, who qualified to receive LDCT screening in a New Orleans, LA hospital. A total of 22 participants (36.7%) completed anonymous cross-sectional survey that collected demographic, disease history, tobacco use, and smoking cessation behaviors during the period of COVID-19 pandemic via phone interview. The majority were older (61.2 [SD=4.7]), female (77.3%), earned annual income less than \$20,000 (100.0%), had Medicaid (63.6%), overweight/obesity (72.7%), planned to quit smoking within 6 months (52.4%), and would consider taking LDCT screening after COVID-19 pandemic (95.2%). Half of smokers reported they have been diagnosed hypertension (47.6%), diabetes (52.4%), and arthritis (57.1%). Regarding health behavior changes,