pre-existing cross-sectoral partnerships, and an infusion of emergency federal funding, enabled this rapid response. Recently concluded studies using key-informant interviews and national surveys of AAAs and Title VI programs highlight these service adaptations, from expansion of home-delivered meal programs to new partnerships in telehealth. These organizations also reported expansion of services offered and people served, and the emergence or strengthening of partnerships with other CBOs, businesses, and governmental organizations such as public health entities. For example, 78% of the respondents to the recent survey of AAAs reported that they have a role in vaccination outreach, scheduling support, or delivery. The papers in this symposium will use these new studies to describe the nature, origins, and potential sustainability of new and expanded services and partnerships. The Collective Impact Model for community change (introduced in the Stanford Social Innovation Review) will provide a framework for the discussion. Built on the importance of cross-sector coordination, the five pillars of success for collective rather than isolated impact are: a common agenda, mutually reinforcing activities, continuous communication, shared measurement, and a backbone organization. Each of these five pillars is relevant to the heightened community response during the pandemic, and to the likelihood of sustainability.

DELIVERY OF HOME AND COMMUNITY BASED SERVICES DURING A PANDEMIC: UNEXPECTED CONSEQUENCES

The COVID-19 pandemic required AAAs to pause essential services, serving as a catalyst for innovation. We examined such innovations as part of an explanatory mixed-methods, positive deviance study of AAA partnerships with health and social service organizations. We identified 8 AAAs with many partners serving areas with lower levels of health care use, and 3 AAAs with few partners serving areas with higher levels of health care use. We interviewed AAA and partners, (total = 123). Using the constant comparative method, we identified recurrent themes: 1) AAAs adapted to increased demand for services by developing new ways to deliver services, 2) the pandemic raised awareness of unmet needs such as social connection, 3) changes in delivery of services included embracing technology, and 4) AAAs and their partners identified resources to rapidly pivot services. AAAs and partners demonstrated resiliency to not only to sustain programs, but to innovate throughout the pandemic.

THE EVOLVING ROLE OF AREA AGENCIES ON AGING THROUGH THE COVID-19 PANDEMIC AND BEYOND
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Area Agencies on Aging (AAAs) have played an important and well-documented role in meeting the nutritional and wellness needs of older adults during COVID-19. To better understand the continued impact of COVID-19 pandemic on AAA services, partnerships, and clients, the National Association of Area Agencies on Aging surveyed the nation’s 618 AAAs in February 2021, with a 27% response rate. As a result of COVID-19, most AAAs reported both increased numbers of new clients and needs of existing clients; three-quarters of AAAs developed new external partnerships; and over half are implementing strategies to address equity and inclusion regarding their services and clients. Nearly 80% of AAAs are involved with COVID-19 vaccine outreach and delivery, from scheduling appointments to administering the vaccine to homebound clients. We will describe these and other transformations of services, partnerships, and client needs; discuss challenges and opportunities; and provide examples and video vignettes from AAA directors.

CASE STUDY ON THE COMMUNITY RESILIENCE WITHIN TITLE VI PROGRAMS DURING COVID-19: A QUALITATIVE ANALYSIS
Abigail Bailey, Scripps Gerontology Center, Oxford, Ohio, United States

Health inequalities increased for Native Americans during the COVID-19 pandemic due to poor infrastructure, lack of electricity, health disparities, limited transportation, and rural location (Yellow Horse, 2021). Title VI programs--aging network organizations that serve tribal elders—had to be resourceful to meet increased needs and restrictions on service delivery options. Qualitative data from the national 2020 Title VI Native American Aging Programs Survey illustrated the challenges faced and the resiliency of these organizations and their communities. Two rounds of thematic coding of 479 open-ended responses to the survey revealed that communication across organizations, a sense of shared mission, and sharing of resources allowed these agencies to provide more services in innovative ways. Challenges included limited funding, regulatory barriers, and staff burnout. A video presentation by a Title VI program director will provide context for the results of the survey.

Session 4145 (Symposium)

TELEHEALTH AS A RESOURCE FOR CONTINUITY OF CARE IN THE FACE OF DISASTER
Chair: Walter Boot Co-Chair: Judith Robertson Phillips

This symposium co-sponsored by the Disasters and Older Adults and the Technology and Aging special interest groups of GSA aims to highlight the promise of, and barriers to, the use of telehealth to support continuity of care in the face of disasters and crises, such as the ongoing COVID-19 pandemic. M. Mattos will showcase a home-based medical care (HBPC) program to address chronically ill and homebound persons living with dementia and caregivers’ needs during the pandemic. T. Wyte-Lake will present the results of a national survey on how changes were made to the Department of Veterans Affairs (VA) HBPC programs in response to the pandemic. G. Demir describes a large caregiver study in