AGING AS READINESS AND WARINESS
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Gerontology concerns itself with events in time, either things that have happened or things that may happen. In the former, our work is to describe and explain. In the latter, the occurrence of events is unknowable, but we can nonetheless study people’s imagination of them (how it arises) and how that imagination shapes behavior and attitudes in the present (how it matters). The subjective experience of aging, thus, is one of looking ever forward—welcoming, waiting for, or hoping to avoid what the future may hold. This personal experience of aging toggles between readiness and wariness of the time ahead, one stance incurring or else eclipsing the other. Transitions are fruitful opportunities to study people’s readiness and wariness toward the time ahead, for example, widowhood, the prospect of retirement, and residential relocation. This is when people are more likely to conjure, in their minds, whom they may become. Arguably, the fundamental transition that looms and occupies aging minds (and the minds of loved ones) is not death but rather the potential passage into the “fourth age” of frailty and vulnerability. This prospect hovers above all else: its occurrence increasingly likely but its timing uncertain. About this prospect, gerontology has the capacity, nay the obligation, to promote narratives about later life that shape wariness and readiness for the practical future (e.g., financial matters, bodily care, living arrangements) as well as for the emotional reception of an old age coming ever closer.

Session 4175 (Symposium)
ADAPTIVE CARE AND REMOTE TRAINING: MODELS OF RESILIENCE FOR GWEPS DURING A PANDEMIC
Chair: Max Zubatsky

Service and training are interconnected for GWEPs, whose dual missions are to advance training as well as service delivery to improve the care of older adults. The COVID-19 pandemic has necessitated a pivoting from in-person to remote delivery of program content and services. As a result, older adults and their families require the continuity of services with their providers due to the barriers that the pandemic has created. Additionally, universities and organizations have adapted virtually to teach learners how to work with older adults around different health initiatives. The pandemic required these programs to develop immediate services that provided an alternative to remote delivery services. This collection of GWEPs programs utilized students and trainees in their older adult services and initiatives. The goal of this symposium is to demonstrate new models of educational and program delivery to enhance and extend training and service to new audiences. The symposium centers on best practices including technological tools to promote GWEP aims and will allow a discussion of challenges and outcomes faced. The session will be comprised of presentations from five university-based, Geriatric Workforce Enhancement Programs (approximately 12 minutes each), a 20 minute discussion and sharing of best practices, and a 10 minute question/answer session. Individual presentations will address areas that include: 1.) group interventions for dementia and caregivers, 2.) teaching interdisciplinary interns in conducting telehealth visits, 3.) adapting geriatrics regional conferences to reach older adults virtually, and 4.) Developing new programs and services for underserved and underrepresented older adult populations.

SAINT LOUIS UNIVERSITY GWEP PIVOTS TO VIRTUAL SERVICE DELIVERY: LESSONS LEARNED
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In response to the COVID-19 pandemic, Saint Louis University GWEP quickly pivoted service initiatives to online formats. Despite challenges of technology literacy and access, GWEP faculty, staff, and students creatively adapted in-person programming to online delivery and developed new virtually-delivered services. These service delivery adaptations provided opportunities for educating students, residents, faculty, community partners, and older adults and their caregivers to gain new knowledge and skills while continuing to participate in programming. This presentation will highlight innovations in the area of services to persons with dementia through Cognitive Stimulation Therapy, caregivers through education and support programs, older adults experiencing loneliness and social isolation through Circle of Friends, and older adults and caregivers through a virtual geriatric assessment clinic. We share highlights here of our efforts to pivot programming, access new funding streams, and, in some cases, create online delivery, including valuable lessons learned.

SUCCESSES AND LESSONS LEARNED IN MOVING ALL EDUCATION AND SERVICE ACTIVITIES TO VIRTUAL LEARNING AND SERVICES
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Despite technology challenges, the UofL GWEP was able to provide access to quality care during the pandemic by pivoting all health and behavioral health patient appointments to telehealth. We found being flexible and using technology patients were most familiar with, was the most successful way easing into telehealth. We trained providers in a variety of technology tools and modalities to support this flexibility. We implemented a remote patient monitoring program and a virtual friendly visitors’ program for our most vulnerable patients. Our workforce development focus supported us in teaching our 60+ interdisciplinary interns how to conduct telehealth visits, how to collaborate as an interdisciplinary team in managing the remote patient monitoring program, and how to do virtual case conceptualization and care planning meetings. To re-create the dynamic atmosphere of an interprofessional learning environment, we used technology to both accommodate and enhance a variety of in-person and remote learning options while still remaining connected with virtual peers. This symposium will argue that virtual learning and virtual service delivery (while not substitute for in-person learning) can have unique benefits and can provide a framework for ongoing learning and training. The presentation will also provide examples of how to translate in-person learning and service delivery into effective virtual learning and service delivery.
experience, we have paired students together in teams, and provide them with regular opportunities to meet and engage.

REIMAGINING TRAINING DURING A PANDEMIC: THE EXPERIENCE OF MIDDLE TENNESSEE GWEP
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A major component of The Middle Tennessee GWEP involves delivery of an annual regional geriatrics update conference. Formerly in-person, the planning committee transformed the 34th Annual Update Conference to a virtual platform within a six-month period. The University partner provided a Zoom platform with licensing and training of program staff. National marketing was achieved through professional societies and purchased e-mailings. Participants numbered 79, including 8 disciplines. Presenters were 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
Robin McAtee, University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States

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 worked forward to meet and exceed the scholar objectives. They participated in various virtual events to fulfill 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 Practice (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...