for older residents, but there is limited evidence about the process. This mixed methods study draws on survey and demographic data from 350 municipalities in Massachusetts to characterize communities by these categories: 1) not interested in AFCIs (n=109); 2) interested in learning more about AFCIs (n=84); 3) planning for age-friendly action (n=71); and 4) maintaining an AFCI (n=86). Interview data from key-informants contextualize the process of developing an AFCI. Thematic analyses suggest that progression through AFCIs is self-defined by the accumulation of momentum. Communities committed to AFCIs have higher proportions of vulnerable residents (e.g., living with disability, living alone, non-English speaking). Municipal resources (e.g., budget, aging services) correlate with more advanced stages of AFCIs. Implications of the variability across AFCIs, including the effort required for moving from concept to execution of AFCIs, will be discussed.

LESSONS LEARNED FROM AN ENHANCED SERVICE COORDINATION MODEL IN SENIOR HOUSING
Alexandra Hennessa, and Robyn Stone, LeadingAge, Washington, District of Columbia, United States

Residents of affordable housing communities are growing older, and new residents are moving in at older ages. As these residents age, their need for services and supports increase. Approximately 5,200 housing communities subsidized by the U.S. Department of Housing and Urban Development (HUD) have a service coordinator on-site to help connect residents with needed services and resources. In 2021, the LeadingAge LTSS Center @UMass Boston (LTSS Center) conducted a process evaluation of the LSA Senior Connect Model, which was designed to build the capacity of service coordinators to better meet the needs of aging residents. The study activities included a review of program-related documents, analysis of resident assessments, interviews with staff, resident focus groups, and cost analysis. We will summarize the model's framework and tools, and discuss lessons learned from the process evaluation. Lessons for policy and practice will also be discussed.

TRANSPORTATION AND MOOD: THE ROLE OF TRIP CHARACTERISTICS
Holly Dabelko-Schoeny1, Noelle Field2, Anthony Traver3, Ian Murphy1, and Katie White1, 1. Ohio State University, Columbus, Ohio, United States, 2. University of Texas -- Arlington, Arlington, Texas, United States, 3. The Ohio State University, Columbus, Ohio, United States

Safe and affordable transportation has a positive impact on the health and well-being of older adults. What is less understood are which factors influence these outcomes. To examine the impact of trip characteristics on the mood of older adults, residents in three neighborhoods in Franklin County, Ohio (n = 32) were provided tablets and used an app (MyAmble) to document their travel. During a 14-day period, 1,190 trips were recorded; 71% of which were completed by car. Participants reported 72% of the trips improved their mood. Perceived importance of the trip, challenges associated with the trip, and trip destinations to social activities and to employment/education explained 33% of the variance in mood. Challenges associated with the trip was the strongest predictor of impact on mood. Identifying trip characteristics that impact mood provides new insights for the design and implementation of travel interventions for older persons.

SESSION 2020 (SYMPOSIUM)

BEFORE IT WAS COOL: THE AGING NETWORK’S ROLE IN ADDRESSING SOCIAL NEEDS AND REDUCING DISPARITIES
Chair: Traci Wilson Discussant: Suzanne Kunkel

Decades before social determinants of health (SDOH) became such a focus of attention across health and social care, Area Agencies on Aging (AAAs), Title VI Native American Aging Programs, and their Aging Network partners had developed local systems of coordinated services and supports to assess and address health-related social needs. Every service and program provided by an AAA or Title VI program addresses a need related to SDOH risks. The Older Americans Act mandates that funded services such as congregate and home-delivered meals, support for caregivers, transportation, and housing supports are targeted to older adults with the greatest economic or social need. Using the foundational study on “ACL’s Impact on the Social Determinants of Health” as a framework, this symposium will demonstrate how OAA-funded programs map to SDOH pathways. Presenters will describe specific programs and new practices within the Aging Network that identify and address social needs of older adults from historically marginalized and underserved communities. These initiatives, many of which were born through COVID response, include analyses and partnerships to advance health equity and care integration. Presenters will describe how Aging Network practices and partnerships have altered community environments to make community living accessible to older adults who have been traditionally underserved, and current workforce challenges that threaten continued progress. The session will conclude with an interactive discussion about gaps, strategies, and next steps to reinforce, articulate and demonstrate the value of Aging Network services in addressing SDOH risks and needs.

"NO TIME TO OVERTHINK IT, JUST DO IT": AREA AGENCIES ON AGING AND INCLUSIVE COMMUNITY ENGAGEMENT
Traci Wilson, and Elizabeth Blair, USAging, Washington, District of Columbia, United States

AAAs have always been deeply engaged in addressing the health-related social needs of older adults from historically marginalized and underserved communities. As a confluence of COVID and social injustices moved issues of racial equity and inclusion to the forefront of national conversations, AAAs refocused their efforts to identify and address health inequities related to the social determinants of health (SDOH). One result of the COVID-19 pandemic and the urgency to reach and vaccinate older adults was that AAAs quickly formed new partnerships with culturally specific organizations. These relationships have developed and resulted in expanding culturally responsive service delivery. Presenters will describe this and other findings from a mixed methods study about AAA initiatives that seek to improve access and equity, such as inclusive community needs assessments,
equity analyses that leverage census data to identify areas of greatest SDOH disparities, and dashboards to compare service recipients with community demographics.

OLDER AMERICANS ACT PROVISIONS AND SOCIAL DETERMINANTS OF HEALTH: INTERSECTIONS AND IMPACTS
Shannon Griffin\textsuperscript{1}, Robbie Skinner\textsuperscript{1}, Suzanne Kunkel\textsuperscript{2}, Elizabeth Blair\textsuperscript{3}, Lois Simon\textsuperscript{4}, Robert Graham\textsuperscript{3}, Traci Wilson\textsuperscript{4}, and Kristen Hudgins\textsuperscript{2}. 1. Insight Policy Research, Arlington, Virginia, United States, 2. Miami University, Oxford, Ohio, United States, 3. US\textit{Aging}, Washington, District of Columbia, United States, 4. Administration for Community Living, Washington, District of Columbia, United States

Older Americans Act (OAA) programs and services are strongly linked to social determinants of health (SDOH) and integral to addressing social needs among older adults and individuals with disabilities and their families. Supported by the Administration for Community Living, researchers examined the intersection of OAA-funded programs and services under Titles III, VI, and VII and their impacts on SDOH. This study used an integration of extant literature; secondary data; and interviews with ACL office leadership, AAAs, Title VI program staff, and other local service providers to examine existing social needs among older adults, equity prioritization within OAA-funded program development, and impacts of OAA-funded programs and services. Study findings highlighted relationships between ACL and Aging Network entities, best practices for and process challenges of transforming grant funding into recipient services, and OAA-funded program areas for possible future development.

AAA WORKFORCE CHALLENGES AND THEIR IMPACT ON OLDER ADULTS: RESULTS FROM A NATIONAL POLL AND AGENCY INTERVIEWS
Elizabeth Blair, and Traci Wilson, US\textit{Aging}, Washington, District of Columbia, United States

Area Agencies on Aging (AAAs) play a critical role in addressing social needs that enable older adults to live independently. In 2022, over 90% of AAAs reported that the number of consumers seeking services and the complexity of consumer needs have increased. At the same time, the nation faces a shortage of direct care workers. Existing AAAs workforce challenges, such as worker shortages and staff burnout, have been exacerbated by the COVID-19 pandemic. We will share the results of a US\textit{Aging} poll of AAAs on the challenges facing their agency and provider workforce, reductions in volunteer staffing, and the impacts of workforce shortages on clients and services provided. Top impacts include clients not receiving the frequency of services needed, if at all. Services most impacted include personal care, respite, and transportation. Presenters will conclude by sharing innovative solutions that AAAs have developed to address these challenges.

COMMUNITY-BASED ORGANIZATIONS CONTRACTING WITH HEALTH CARE PARTNERS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
Robert Graham, and Isha Karmacharya, Miami University, Oxford, Ohio, United States

Community Based Organizations (CBOs), such as Area Agencies on Aging, play a vital role in their communities by offering a range of services that address the health-related social needs of older adults and people with disabilities. As health care entities (HCEs) become more aware of the effects of unmet social needs on health outcomes, there has been a significant increase in the number of HCEs contracting with CBOs to provide a wider range of services and care coordination for older adults and people with disabilities. Using findings from four waves of the national Aging and Disability Business Institute’s CBO-Health Care Contracting Survey (2017–2021), presenters will describe trends in CBO/HCE contracting, including increased diversification of partnerships with health care payers and providers, services provided, and populations served. Results suggest that more CBOs are forming integrated networks to improve contracting with HCEs, and that assessment for SDOH is the most common service.

SESSION 2030 (SYMPOSIUM)

BUILDING BRIDGES: AN AGE-FRIENDLY CONFERENCE FOR THE GEROPSYCHOLOGY WORKFORCE
Chair: Brian Carpenter Co-Chair: Jennifer Moye Discussant: Joseph Dzierzewski

As in other disciplines, there is a high demand for psychologists who have specialized training in aging, but the demand far outstrips the supply, with only 1% of clinical/counseling psychologists identifying aging as their area of focus. The field of geropsychology has held a series of training conferences, the last in 2006, to define a training model and aging-related competencies. Fifteen years later, the field gathered again for a conference focusing specifically on the pipeline, with the goals of 1) understanding the recent shortage of applicants for positions in academic settings, 2) addressing underrepresentation of individuals from diverse racial and ethnic backgrounds across clinical and academic geropsychology, and 3) implementing concrete solutions. In this symposium we describe our two-day, four-hour virtual national conference held in 2021, attended by more than 150 psychologists nationwide, including the structure and outcomes of the conference and the progress of several ongoing working groups. The first paper summarizes quantitative and qualitative findings of a pre-conference survey on perceptions of the geropsychology workforce. The second paper describes a career pathways webinar aimed at graduate students, interns, and fellows to attract students to diverse careers in aging. The third paper describes discussions about the impact of the pandemic on geropsychology training. The fourth paper presents a survey and efforts of a working group focused on post-licensure training. This presentation offers a possible model for others considering ways to galvanize interest and training in aging.

PERCEPTIONS OF THE GEROPSYCHOLOGY WORKFORCE
Jennifer Moye\textsuperscript{1}, Flora Ma\textsuperscript{2}, Nicholas Schmidt\textsuperscript{3}, Hannah Heintz\textsuperscript{4}, Rebecca Allen\textsuperscript{5}, and Brian Carpenter\textsuperscript{6}, 1. VA Boston Healthcare System, Boston, Massachusetts, United States, 2. Stanford Health Care Psychology, Palo Alto, California, United States

The field of geropsychology has held a series of training conferences, the last in 2006, to define a training model and aging-related competencies. Fifteen years later, the field gathered again for a conference focusing specifically on the pipeline, with the goals of 1) understanding the recent shortage of applicants for positions in academic settings, 2) addressing underrepresentation of individuals from diverse racial and ethnic backgrounds across clinical and academic geropsychology, and 3) implementing concrete solutions. In this symposium we describe our two-day, four-hour virtual national conference held in 2021, attended by more than 150 psychologists nationwide, including the structure and outcomes of the conference and the progress of several ongoing working groups. The first paper summarizes quantitative and qualitative findings of a pre-conference survey on perceptions of the geropsychology workforce. The second paper describes a career pathways webinar aimed at graduate students, interns, and fellows to attract students to diverse careers in aging. The third paper describes discussions about the impact of the pandemic on geropsychology training. The fourth paper presents a survey and efforts of a working group focused on post-licensure training. This presentation offers a possible model for others considering ways to galvanize interest and training in aging.