be able to identify and evaluate the outcomes of the different educational methods and translate these methods to new settings.

TRAINING RESEARCHERS TO CREATE RESEARCH ADVISORY BOARDS WITH OLDER ADULTS
Rachel Lessem1, and Rebecca Berman2, 1. CJE SeniorLife, Chicago, Illinois, United States, 2. Leonard Schanfield Research Institute, Chicago, Illinois, United States

The Sage Resource Project’s goal was to prepare researchers to use the Sage Resources to create Sage Model boards in order to continue to expand and amplify the voice of older adults in aging PCOR/CER research. Training researchers is essential to amplify the voice of older adults in research. This project culminated in the creation of a training manual as well as critical lessons learned for the advancement of engaged research with older adults receiving Long Term Services and Supports (LTSS). After developing a series of webinars for national dissemination, 5 research centers were identified as potential sites for intensive and tailored training on The Sage Model and, ultimately, two research centers completed the training with quite different approaches and results. This session will review the training that was developed as well as the lessons learned from training researchers on creating research advisory boards with older adults.

BUILDING CAPACITY FOR PATIENT-CENTERED OUTCOMES RESEARCH IN AGING RESEARCH: TRAINING ACROSS THE CONTINUUM
Erin McGaffigan1, and Marc Cohen2, 1. UMass Boston Gerontology Institute, North Reading, Massachusetts, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States

Patient-centered outcomes research (PCOR) models are increasingly used to ensure stakeholders inform evidence-based systems of care. Unfortunately, older adults are often left out of PCOR, leading to continued health and service disparities. The Aging PCOR Learning Collaborative was funded by the Patient-Centered Outcomes Research Institute in 2020 to conduct a series of training activities to change how older adults are viewed and engaged in research. Training was extended to Gerontology students, researchers new to engagement, established researchers, and to older adults to advance the strategies needed to infuse PCOR within aging research design and implementation. Project staff analyzed data relevant to these activities, which demonstrated the project’s reach to over 300 older adults, researchers, funders, and academic leaders. This session will review the steps required to implement training, our project reach, outputs, and mid-term outcomes, providing one of the first glimpses into how to measure this shift in our research paradigm.

TRAINING LONG-TERM SURVIVORS OF HIV TO ENGAGE IN RESEARCH TO IDENTIFY PRIORITIES FOR AGING WITH HIV
Andy Rapoport1, Rachel Lessem2, and Margaret Danilovich1, 1. Leonard Schanfield Research Institute, CJE SeniorLife, Chicago, Illinois, United States, 2. CJE SeniorLife, Chicago, Illinois, United States, 3. Leonard Schanfield Research Institute, Chicago, Illinois, United States

With effective antiretroviral therapies, HIV has become a chronic disease. Currently, >50% of people living with HIV are 50+ years old, and they face dual challenges of aging and HIV management. Overall, <15% of published studies in HIV engage stakeholders in research. These rates are even lower for older adults with HIV. Thus, there is a critical need to engage long-term survivors in developing meaningful research questions for aging with HIV. To address this gap, we created the SHARE (Survivors of HIV Advocating for Research Engagement) board. Presenters will discuss the process for building the board’s research capacity and results of a community needs assessment that board members designed and conducted to ascertain priorities for HIV-aging research. Presenters will discuss evidence-based educational strategies utilized to build member research knowledge, and pre-post training changes in knowledge, confidence, and understanding. Presenters will focus on novel training approaches implemented in the remote environment.

RECRUITING, FACILITATING, AND SUPPORTING PERSONS LIVING WITH DEMENTIA AS TRAINERS IN RESEARCH
Jen Hirsch1, Fei Sun1, Dan Cohen2, Ha-Neul Kim1, Steven Barbieri3, and Brian LeBlanc1, 1. Michigan State University, East Lansing, Michigan, United States, 2. Right to Music, Mineola, New York, United States, 3. National Council of Dementia Minds, Alma, Michigan, United States

Research demonstrates that dementia education programs are effective in improving knowledge of dementia, but it takes more effort to change attitudes or skill sets. Empathy toward people living with dementia (PLWD) is low among college students due to lack of experience interacting with PLWD. Exposure to PLWD is recommended in training aimed to improve dementia literacy. We engaged PLWD from an active advocacy group, The National Council of Dementia Minds, to be co-trainers in an intervention with college students in health and social care professions to provide quality care for PLWD. Presenters will discuss the process for recruiting, engaging, and training PLWD successfully, including explanation of informed consent, preparation for training sessions, and structural support around communication and information processing needs. Emphasis will be on lessons learned directly from our co-trainers for successful support mechanisms, particularly in an online environment as all interaction occurred primarily over zoom and email.

SESSION 4280 (SYMPOSIUM)

EXCURSIONS INTO HEALTHCARE SYSTEMS TO HELP INFORMAL CAREGIVERS MANAGE DEMENTIA
Chair: Richard Fortinsky Discussant: Christopher Callahan

With the establishment in 2019 of the National Institute on Aging-funded IMPACT Collaboratory, the era of designing and implementing pragmatic clinical trials in partnership with health care systems to improve care and health-related outcomes for people living with dementia (PLWD) is well underway. An important focus for Collaboratory-funded work involves targeting and engaging family and other informal caregivers of PLWD across health care system
settings. In this Symposium, we feature three Collaboratory-funded investigators who are partnering with health care systems to determine how to engage informal caregivers most pragmatically, with the goals of improving caregivers’ capacity to manage dementia and provide sustained input into the clinical care of PLWD. Symposium presenters Quincy Samus and Hillary Lum are the first two Collaboratory-funded Health Care System Scholars and Richard Fortinsky is a pilot study awardee. Dr. Samus will present on her experiences and lessons learned in her multiple efforts to adapt and embed the MIND at Home family-focused care management model into health care systems, including her current work with a large managed care organization. Dr. Lum will explain ongoing capacity-building stakeholder engagement activities at a large academic health system in preparation for pragmatic clinical trials for PLWD and their caregivers. Dr. Fortinsky will present on experiences and lessons learned from ongoing efforts to identify caregivers of PLWD to join caregiver support programs, and store caregiver data electronically, in two health system outpatient care settings. Dr. Christopher Callahan, Leader of the Training Core for the Collaboratory, will serve as Symposium Discussant.

PILOT STUDY TO PRAGMATICALLY EMBED CAREGIVER DEMENTIA EDUCATION AND SUPPORT IN HEALTH CARE SYSTEMS
Richard Fortinsky, University of Connecticut Center on Aging, Farmington, Connecticut, United States

Evidence-based interventions offering meaningful benefits to informal caregivers of people living with dementia (PLWD) would be attractive to office-based practitioners if pragmatic linkages could be made between these interventions and outpatient care settings. This presentation will explain experiences and lessons learned in an ongoing pilot study in which we are: pragmatically identifying and inviting caregivers of PLWD to join online dementia education and support programs; collecting and storing caregiver outcomes data into electronic health records where these data are accessible to clinicians. Participating outpatient health care settings are geriatrics practice at UConn Health and a memory care clinic at Emory Healthcare. Caregivers recruited at both sites participate in either Tele-Savvy or Caregiving During Crisis programs. Outcomes data will inform effects of program participation on caregivers’ competence and stress, and help clinicians gain insights into caregivers’ capacity to manage PLWD. Implementation evaluation strategies and results also will be discussed.

BUILDING CAPACITY FOR DEMENTIA CAREGIVER TOOLS AND PRAGMATIC TRIALS THROUGH STAKEHOLDER ENGAGEMENT
Hillary Lum, University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States

Caregivers face challenges communicating and coordinating health-related needs on behalf of persons living with dementia (PLWD). This presentation will highlight capacity building activities at UCHealth, a large academic health system in Colorado and Wyoming, to prepare for pragmatic clinical trials to test integrated health informatics tools to improve the care of PLWD and their family caregivers. We will describe foundational activities of: 1) convening diverse patient and family caregivers to identify communication priorities and refine health informatics tools, 2) engaging health system leaders to develop a system-based value proposition, and 3) partnering with health informatics teams to adapt tools (i.e., dementia registry, refined patient portal tools) and implement reports of pragmatic outcomes. Through support as an NIA IMPACT Health Care System Scholar, we will discuss lessons learned related to highlighting the preferences of diverse caregivers, especially related to use of health informatics tools in the context of dementia care.

FLEXIBILITY MEETS COMPLEXITY: LESSONS FROM EMBEDDING A DEMENTIA CARE COORDINATION MODEL IN PRACTICE
Quincy Samus, Johns Hopkins School of Medicine, Baltimore, Maryland, United States

People living with dementia (PLWD) are among the highest-need and highest-cost individuals because of the complexity, duration, and range of medical, behavioral, environmental, and social needs. There is a growing evidence base showing that family-centered active management approaches that include activation and empowerment of care partners are well suited to improve care quality and health-related outcomes, and have potential to curb high ADRD-related healthcare costs. This presentation will outline key experiences and lessons learned after a decade of work developing, adapting and embedding a comprehensive family-focused care management model called MIND at Home into practice. The work, supported in part by the IMPACT Collaboratory Health Care System Scholars Award to partner with Centene Corporation, a large managed care organization, illustrates two overriding principles: (1) the necessity of “meeting people and health systems where they are” (literally and figuratively), and (2) the importance of effectively matching intervention to outcome and context.

SESSION 4290 (PAPER)

FRAILTY AND PHYSICAL AGING

ABNORMALITIES IN THE CITRATE CYCLE METABOLISM ARE ASSOCIATED WITH DECLINED INTRINSIC CAPACITY IN OLDER ADULTS
Yiming Pan, Pan Liu, Yun Li, and Lina Ma, Xuanwu Hospital Capital Medical University, Beijing, Beijing, China (People’s Republic)

Background:
Aging is accompanied by a decline in physical and mental functions, manifested as the declines in intrinsic capacity. However, there is still a lack of understanding about the metabolic mechanisms underlying the declining intrinsic capacity. Objective: To explore the metabolic characteristics and pathways of the declines in intrinsic capacity with the assistance of metabolomics methods.

Methods: Our study recruited 38 participants in total. The Short Physical Performance Battery, Mini-Mental State Exam, 30-item Geriatric Depression Scale, self-reported hearing/visual impairment and Mini Nutritional Assessment were used to assess the five domains of intrinsic capacity respectively. The untargeted liquid chromatography-mass spectrometry-based metabolomics was performed on the