1 intervention development project is to go beyond the four walls of the church to find ways to meet the spiritual needs of persons living with moderate and severe dementia “where they are” to help them remain religiously and spiritually engaged. This mixed-methods project is designed in 2 phases: (a) developing a prototype Faith-HAT and (b) testing the feasibility and exploring preliminary effectiveness. To successfully conduct this project, we have included a community advisory board of church leaders, caregivers, and persons living with dementia as members of the research design team to advise on the design and implementation of the Faith-HAT. Brainstorming workshops with the board are used to ensure the research is meeting the needs of the African American families affected by dementia.

STUCK IN STAGE 3: THE CASE OF AN EFFECTIVE DEPRESSION INTERVENTION FOR AFRICAN AMERICAN OLDER ADULTS
Laura Gitlin, Drexel University, College of Nursing and Health Professions, Drexel University, Pennsylvania, United States

Beat the Blues (BTB) is a culturally tailored depression program for older African Americans. Tested in an NIA Stage 3 efficacy trial, findings showed statistically and clinically significant benefits, including decreased depressive symptoms, improved depression knowledge and symptom recognition, and behavioral activation. The multi-component intervention was co-constructed in partnership with a large senior center. Drawn from previously tested depression programs and tailored to preferences/needs of the targeted population, its five components included care management, depression education and symptom recognition, resources/referrals, and stress reduction and behavioral activation techniques. Despite significant findings, strong effect sizes and high acceptability, moving BTB to NIA Stage 4 (effectiveness) or 5 (dissemination) has been challenging. Challenges that will be discussed include lack of senior center funding to support training and delivery and infrastructure to embed BTB in community-based programs, and reluctance of health systems to adopt BTB because of its focus on one racial group.

BONDING IN SISTERHOOD: A QUALITATIVE STUDY OF A VIRTUAL, HEALTH-RELATED PROGRAM FOR WOMEN OF COLOR AMID COVID-19
Shanae Rhodes, UT Health San Antonio, San Antonio, Texas, United States

My Sister’s Keeper is an online education and support group created by women of color in response to disproportionate stresses related to COVID-19 experienced by women of color. The current study aims to examine the Stage 2 evidence that an online support group formed by members of the community may help mediate inequity-related stressors and increase receptiveness to health-related recommendations. To begin to develop this evidence, a thematic analysis of 8 in-depth individual interviews was performed. Resulting themes included: 1) feeling empowered; 2) solidarity in sisterhood (e.g., shared ownership of a virtual community); 3) being focused (on women of color) yet being inclusive; 4) currency of knowledge (e.g., responsibility to share knowledge with others); and 5) preferring virtual accessibility to stay connected. Preliminary data suggest that social support offered through an online platform dedicated to women of color can promote health during the pandemic and possibly beyond.

Session 3220 (Symposium)

ESPO AND SOCIAL RESEARCH, POLICY, AND PRACTICE SECTION SYMPOSIUM: IT'S A PRACTICE, NOT AN END STATE: CENTERING EQUITY IN GERONTOLOGICAL RESEARCH AND POLICY
Chair: Sarah Dys Co-Chair: Claire Pendergrast

Social, economic, and health inequities shape the experience of aging, reflecting a landscape of unequal resources, opportunities, and stressors that accumulate over the life-course. These inequities are not accidental, but rather reflect systems of power that act through institutions, policies, and people to simultaneously privilege some groups and disadvantage others based on socially constructed categories. These systems include, but are not limited to, racism, ageism, and capitalism. The unequal and unjust distribution of resources and opportunities over the lifespan results in health, social, and economic disparities in older adulthood. For example, Black older adults are at higher risk of experiencing chronic disease burden and shorter life expectancy than white older adults due to greater economic disinvestment, interpersonal and systemic racial discrimination, and lower health services access over the life course. This symposium features three leading scholars whose work centers racial and health equity in later life. The symposium will engage with issues related to long-term services and supports infrastructure, community-engaged and culturally relevant programs and education, and research activities (e.g., recruitment, study design, grant writing, dissemination). Panelists will also discuss their research agendas and recent scholarship, career trajectories, insights, and practices. We hope symposium attendees will identify opportunities and strategies for focusing on elimination of health disparities across the life-course in their own work. We believe this symposium can serve as an opportunity for SRPP members and emerging scholars and practitioners to center equity, highlight intersectionality, and amplify our colleagues at the forefront of addressing inequity through their work.

ENGAGING RURAL AND RACIAL-ETHNIC POPULATIONS IN GERONTOLOGICAL RESEARCH
Ishan Williams, University of Virginia, Charlottesville, Virginia, United States

Older adults from racial/ethnic populations, as well as rural-dwelling older adults, are often at heightened risk for experiencing health disparities. Reasons for these disparities may include access issues, language barriers, distrust, lack of awareness, and of culturally appropriate materials. Racial/ethnic populations and rural-dwelling populations are also less likely to be included in research to help minimize the impact of these disparities. Shifting from reducing disparities to eliminating disparities will require attentiveness to designing programs and research that focus on increasing representation of racial/ethnic groups in research, integrating diverse populations (particularly rural and other marginalized groups) into the development of ideas and projects, and finally a commitment to culturally appropriate and inclusive
approaches to research and education. Applying these strategies can provide guidance on how to best facilitate inclusive and equitable research, collaborative partnerships, and equitable healthcare for everyone, especially those from populations often underrepresented.

FROM CARE MANAGER TO RESEARCHER: ADDRESSING HEALTH DISPARITIES IN LONG-TERM SERVICES AND SUPPORTS
Chanee Fabius, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States

Racial and socioeconomic disparities are prevalent in long-term services and supports (LTSS). There is a need for innovative research with practical application informing aging and disability policies to reduce health care disparities for older adults and people with disabilities using LTSS. This presentation will provide an overview of the career trajectory of Dr. Chanee Fabius, whose research is informed by applied care management experience, where she helped older adults remain at home and delay the need for nursing home care. She will also present findings from work that (1) examines networks of care used by older adults (e.g., paid care and/or support from family and unpaid caregivers) and how they vary by race and socioeconomic status and (2) describes the effect of LTSS utilization on quality of life and health service utilization across diverse groups of older adults.

ANTI-RACISM AND HEALTH EQUITY AS MISSING VALUES TO PRODUCTIVE AGING: IMPLICATIONS FOR EMERGING PROFESSIONALS
Ernest Gonzales, New York University, New York, New York, United States

Productive aging scholarship has grown in scope and rigor over the last four decades, yet anti-racism and health equity have not been formally integrated into the conceptual framework. Furthermore, there is a dearth of research that explicates heterogeneity among a growing diverse older adult population. This presentation will integrate anti-racism and health equity as core values to productive aging scholarship in order to explore risk and protective factors to employment, volunteering, and caregiving among a growing diverse older adult population. Part of this presentation will include major findings from longitudinal population-based studies as well as key findings from a Consensus Statement by the National Academies of Sciences, Engineering, and Medicine (NASEM) on work and retirement trajectories. Dr. Gonzales will also share professional strategies (e.g., grant submissions, publishing, teaching) with ESPO members who want to center anti-racism, health equity, and social justice in their scholarship.

Session 3225 (Paper)

FAMILY AND INTERGENERATIONAL RELATIONSHIPS I

CHANGES IN GRANDPARENTING DURING THE PANDEMIC AND EFFECTS ON MENTAL HEALTH: EVIDENCE FROM ENGLAND
Giorgio Di Gessa,1 Valeria Bordone,2 and Bruno Arpino,3
1. University College London, London, England, United Kingdom, 2. University of Vienna, Vienna, Wien, Austria, 3. University of Florence, Florence, Toscana, Italy

Policies aiming at reducing rates of hospitalisation and death from Covid-19 encouraged older people to reduce their physical contacts. For grandparents in England, this meant that provision of care for grandchildren was allowed only under very limited circumstances. To date, evidence on changes in grandparenting during the pandemic is scarce and little is known about whether and to what extent reduction in grandchild care provision impacted grandparents’ mental health. Using pre-pandemic data from Wave 9 (2018/19) and the second Covid-19 sub-study (November/December 2020) of the English Longitudinal Study of Ageing, we first described changes in grandparenting since the start of the pandemic. Then, using regression models, we investigated associations between changes in grandparenting and mental health (depression, quality of life, life satisfaction, and anxiety) during the pandemic, while controlling for pre-pandemic levels of the outcome variables. Almost a third of grandparents reported that the amount of grandchild care during the pandemic reduced or stopped altogether, whereas 10% provided as much or more care compared to pre-pandemic levels, mostly to help parents while working. Compared to grandparents who provided grandchild care at some point during the pandemic, those who stopped altogether were more likely to report poorer mental health, even taking into account pre-pandemic health. A reduction in grandparenting was only marginally associated with higher depression. Although policies to limit physical contacts and shield older people reduced their risks of getting ill from Covid-19, our study shows the consequences of stopping childcare provision in terms of poorer mental health among grandparents.

CHILDMOHD ABUSE AND CAREGIVING FOR PERPETRATING PARENTS: IMPACTS ON ADULT CHILD WELL-BEING
Jaime Goldberg,1 Jooyoung Kong,1 and Sara Moorman,2
1. University of Wisconsin-Madison, Madison, Wisconsin, United States, 2. Boston College, Chestnut Hill, Massachusetts, United States

Combining the stress process model of caregiving and life course perspective, this study examined the long-term influences of childhood abuse on perpetrating parent-child relationships and adult child well-being in the context of caregiving. Using a sample of family caregivers from the Wisconsin Longitudinal Study (969 caregivers of mothers; 280 caregivers of fathers), we investigated whether contact frequency and emotional closeness with an abusive parent mediate the longitudinal effects of parental childhood abuse on adult child caregivers’ depressive symptoms and the moderating effects of self-acceptance and mastery on this mediational association. Key findings indicate that maternal childhood abuse may negatively affect emotional closeness between an adult child caregiver and perpetrating mother (b = -0.24, p < .001). This could lead the adult child caregiver to experience increased depressive symptoms (b = 0.02, p < .05). Although the mediation paths for the effect of maternal childhood abuse on depressive symptoms via emotional closeness with mothers did not differ by caregivers’ level of psychological resources, we found that psychological resources significantly moderated the association between maternal