onset, access to neighborhood resources was limited to reduce transmission risks. Changes to economic arrangements and socio-spatial norms have profoundly impacted daily life, though how these influence health and well-being is largely unknown. It is likely that these effects may vary in different communities and contexts; for example, neighborhoods that are able to self-organize to safely provide social support and resources may fare better. This symposium brings together cutting-edge studies in urban and rural U.S. places to explain how the pandemic is transforming aging-in-place experiences and perspectives. The first presentation shows how rapidly community-based services have adjusted operations to meet the needs of their communities. The second presentation explores strategies to provide social support in rural communities. The third presentation highlights the social health needs of a subset of older adults who had not formed friendships with their neighbors. Together, these studies suggest that close examinations of aging-in-place conditions and mechanisms from organizational, socio-spatial, and social network perspectives are evermore important amid a pandemic. We discuss the implications of these empirical findings in relation to emerging theories within environmental gerontology.

UNSUNG HEROES: HOW SENIOR CENTERS HAVE ADAPTED TO PROVIDE ESSENTIAL SERVICES IN THE FACE OF COVID-19
Ceara Somerville, Jan Mutchler, and Caitlin Coyle, University of Massachusetts Boston, Boston, Massachusetts, United States

This presentation will describe the ways in which senior centers in Massachusetts have adapted during the COVID-19 pandemic. Three surveys (distributed in April, August, and November, 2020) were conducted with 342 senior centers in the state to learn about current operations through the pandemic, challenges faced, and steps taken to solve those challenges. Results suggest that almost all senior centers (91%) continued to provide limited programming or essential services during the pandemic. Senior centers are prioritizing socialization and nutritional needs as critical services, but are changing the way they operate to continue to meet those needs. Despite facing uncertainty about the future, senior centers continue to adapt to changing conditions as they seek to meet their core mission. This presentation will discuss effects of COVID-19 on how senior centers will continue to operate through and post-pandemic times as well as local and state policy implications.

COMMUNITY LEADERS’ PERSPECTIVE OF STRATEGIES TO ENHANCE SOCIAL CONNECTEDNESS IN RURAL COMMUNITIES
Patricia Oh, Len Kaye, and Lori Parham, 1. UMaine Center on Aging, Bangor, Maine, United States; 2. University of Maine, Orono, Maine, United States; 3. AARP Maine, Portland, Maine, United States

Age-Friendly communities are charged with fostering a social environment where social connections are available, accessible, and meaningful. Thematic content analysis of 67 interviews (representing 73 communities) conducted between 12/09/2019 and 01/24/2020 and 59 interviews (representing 71 communities) conducted between 12/14/2020 and 1/19/2021 with age-friendly leaders in rural Maine suggested the importance of expanding multi-sectoral collaborations and developing flexible strategies that allow older people to create and maintain social connections, even during COVID. Prior to the pandemic, common strategies were: (1) local partners and volunteers; (2) in-person activities; (3) accessibility; (4) reciprocity; and, (5) neighborhood-specific solutions. During the pandemic, there was an increased reliance on regional partners and funders to develop low or no-tech and tech-enabled social opportunities. Additional adaptive strategies included: (1) intergenerational ties; (2) emphasizing fun; and, (3) flexibility. The study has implications for understanding how rural age-friendly communities develop and grow multi-sectoral collaborations to enhance social connections.

SOCIAL CONTACT PRIOR TO COVID-19 AND LONGITUDINAL MENTAL HEALTH TRAJECTORIES DURING COVID-19 AMONG ADULTS AGES ≥55
Daniel R. Y. Gan, 1 John Best, and Jessica Finlay; 1. Simon Fraser University, Vancouver, British Columbia, Canada, 2. University of Michigan, Ann Arbor, Michigan, United States

Social support protects mental health during a crisis. We examined whether prior contact with social organizations/neighbors was associated with better trajectories of loneliness, depression and self-rated memory during the COVID-19 pandemic. We conducted latent class analysis and regression analysis on longitudinal data from the COVID-19 Coping Study of US adults aged ≥55 from April-October 2020 (n=3105). Overall, prior contact with friends (B= -.075, p<.001), neighbors (B= -.048, p=.007), and social organizations (B= -.073, p<.001) predicted better mental health amid COVID-19. Three classes were identified: Class1 had the best outcomes, whereas Class3 had the worst outcomes and were most likely to live alone (B= -.149, p<.001). For Class1, prior contact with social organizations (B= -.052, p=.044) predicted decreasing loneliness. For Class2, prior contact with friends (B= -.075, p<.001) predicted decreasing loneliness and better memory (B= -.130, p=.011). Conversely, prior contact with neighbors (B= -.165, p=.010) predicted worsening loneliness among Class3. Our findings pose new questions on the role of neighborhood networks to mitigate poor mental health outcomes among older adults during a crisis.

Session 3215 (Symposium)
ESPO AND BEHAVIORAL AND SOCIAL SCIENCES SECTION SYMPOSIUM: ADDRESSING THE NEEDS OF BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) COMMUNITIES THROUGHOUT THE STAGE MODEL
Chair: Briana Sprague
Co-Chair: Kylie Meyer
Discussant: Chivon Mingo

Behavioral interventions have been successfully deployed to prevent and manage chronic conditions among older persons, improve mental health, and support caregivers’ ability to cope with care stressors. However, intervention effects may not be equally distributed among populations, nor equally acceptable or accessible among Black, Indigenous,
and People of Color (BIPOC) communities. In this symposium, we will discuss how behavioral interventions can better meet the needs of BIPOC older adults and caregivers, who may not equally benefit from advancements in behavioral interventions due to issues such as a reliance on non-diverse study samples and lack of cultural tailoring. This symposium will be structured in accordance with the National Institutes of Health Stage Model of Behavioral, and will feature researchers whose work address BIPOC needs across the trajectory of intervention development. Representing Stage 1 research, Fayron Epps, PhD, RN, will describe her use of a community advisory council to develop a faith-based toolkit to support African Americans living with dementia and their caregivers. Next, Laura Gitlin, PhD, MA, will describe her experiences testing a Stage 3 intervention to lower depression among African Americans, including challenges advancing the culturally-tailored program to Stage 4. Lastly, Shanae Rhodes, BSN, RN will describe her Stage 2 evaluation of a conversation group created and attended by women of color to socially connect in response to COVID-19. Although speakers will describe research projects that represent specific research Stages, this symposium will have a large discussion-based component and will cover all parts of the Stage Model of Behavioral Intervention.

USING ADVISORY BOARDS TO DEVELOP A FAITH-BASED TOOLBOX TO SUPPORT AFRICAN AMERICAN FAMILIES FACING DEMENTIA
Fayron Epps, Emory University, Atlanta, Georgia, United States

For this project, we are designing and testing the feasibility of employing components of a Faith-based Home Activity Toolbox (Faith-HAT). The goal of this NIH stage I 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)

POLICY SERIES/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