We convened an expert committee to establish a framework for selection of blood-based biomarkers, emphasizing: feasibility/reliability; aging relevance; ability to predict clinical trial outcomes; and responsiveness to intervention. We applied this framework and identified a short-list of blood-based biomarkers with potential use in multicenter trials on aging. We review progress on efforts to test these candidate biomarkers of aging and development of biomarkers strategy for geroscience-guided clinical trials.

DEVELOPMENT OF EPIGENETIC MEASURES FOR GEROSCIENCE CLINICAL TRIALS
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One of the major goals of the NIA is to oversee development of biomarkers of aging. In recent years, DNA methylation has emerged as a promising avenue from which to quantify biological age. We and others have shown that these measures track age across various tissues and cells, and further deviations between chronological and “epigenetic age” have been shown to confer risk for various aging outcomes. However, the usefulness of these measures will depend on both their modifiability and ability to capture known targetable hallmarks of aging. Using DNA methylation data from cell line experiments, we have recently generated epigenetic predictors of cellular senescence for both human and mouse that when assessed in vivo from bulk samples, show age-related increases and are associated with aging outcomes. In moving forward, measures such as these may serve as promising surrogate endpoints for assessing efficacy of senolytic drugs and/or other anti-aging therapeutics.

SESSION 3445 (SYMPOSIUM)

MOBILIZING COMMUNITY PARTNERSHIPS TO ENHANCE HEALTH AND REDUCE INEQUITIES IN MULTICULTURAL COMMUNITIES
Chair: Daniel S. Gardner, Silberman School of Social Work, Hunter College, CUNY, New York, New York, United States
Discussant: Nancy Giunta, Silberman School of Social Work, Hunter College, CUNY, New York, New York, United States

Community-based gerontological research plays an indispensable role in identifying and addressing the strengths, intersectionalities, and socio-structural inequities that shape the lives of older adults in multicultural communities around the world. This symposium highlights the innovative, global scholarship of Silberman Aging: A Hartford Center of Excellence in Diverse Aging, as the Center begins its sixth year. Through community-based research and academic-community collaborations, Center researchers examine challenges affecting the health and wellbeing of diverse and often marginalized aging communities in North America, West Africa, and East Asia. The first paper describes and evaluates a CBPR project that trains community-based natural helping networks to identify and refer older adults with dementia in East Harlem, NY. The second study explores the perceptions and strategies of community-based primary care physicians in Ulaanbaatar, Mongolia in dealing with elder abuse and neglect. The third takes a population health approach to the relationship between social capital and health among older adults in Ghana. Fourth, preliminary results from an evaluation of a nationwide training initiative that promotes cultural-competencies among aging services providers working with LGBT elders. Finally, we present findings from a CBPR study examining barriers to palliative care among racially and ethnically-diverse community-dwelling older adults with serious illness. Although substantively and methodologically varied, these studies all demonstrate the importance of social networks in health in later life, and underscore the value of community-based research that supports collaboration, empowers communities, and ultimately transforms practice and policy to better meet the diverse needs of older adults around the globe.

EXPLORING PALLIATIVE CARE DISPARITIES IN RACIALLY AND ETHNICALLY DIVERSE COMMUNITY-DWELLING OLDER ADULTS
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Despite the growth and recognized benefits of palliative care for people with serious illness and their families, there are significant racial and ethnic disparities in access to and utilization of services, particularly among older adults living in impoverished, medically-underserved communities. This paper presents preliminary findings from a mixed-method, CBPR study exploring the experiences, supportive care needs, and service use of diverse older adults living with serious illness in an urban, medically-underserved community in the U.S. Systematic analyses of focused, semi-structured interviews with 45 older adults identified cultural, environmental, financial, and structural barriers to palliative care, and identified the critical importance of familial, social, spiritual, and formal networks of support in coping with serious illness and associated symptoms. The investigators describe implications for practice and policy that addresses palliative care disparities, and strategies for engaging with communities to extend culturally-sensitive palliative care to diverse, community-dwelling older adults and their social networks.

MOBILIZING NETWORKS TO ADDRESS DEMENTIA IN A LATINO COMMUNITY
Caroline Gelman,¹ and Nancy Giunta², 1. Silberman School of Social Work, New York, United States, 2. Silberman School of Social Work, Hunter College, CUNY, New York, New York, United States

Many Latino older adults delay seeking help for symptoms of Alzheimer’s Disease or Related Dementia (ADRD) due to substantial barriers to services. Community-based Natural helpers (NHs) can increase health-related knowledge and can serve as full partners in health education and promotion. This paper presents the process and product of the first phase of a community-based participatory research study to develop a culturally-tailored intervention increasing knowledge about ADRD and services in East Harlem, NY. We describe the results of the initial survey and development of El Barrio SHARE, an intervention that recruits and trains community residents to provide information and referrals about dementia, tapping into natural community networks of people (hairdressers, bodega clerks, mail carriers) who interact with...
DETECTION OF ELDER ABUSE BY FAMILY PHYSICIANS IN MONGOLIA: AN EXPLORATORY STUDY
Ariunsanaa Bagaajav¹, 1. The Graduate Center, CUNY, New York, New York, United States

Elder abuse (EA) is a significant global social problem that jeopardizes the health and wellbeing of older adults around the world. Health providers can play a pivotal role in detection of EA and accessing resources and interventions. In Mongolia, where elder abuse is not widely recognized, family physicians (FPs) are particularly critical, providing frequent contact and home visits free of charge to community-dwelling older adults. However, little is known about FP knowledge and engagement with potential victims of EA. We interviewed 12 FPs from Ulaanbaatar participated via Skype about their knowledge of and responses to EA, using Grounded Theory data collection and analysis. All respondents reported encountering at least one case of EA in practice, and described the creative strategies they used to engage older patients, detect abuse, and prevent further harm. We present significant implications for guidelines for identification and prevention of EA in primary health care.

SOCIAL CAPITAL AND HEALTH AT OLDER AGES IN GHANA
Kojo Paul Ayernor¹, 1. The Graduate Center, CUNY, New York, New York, United States

Significant increases in life expectancy and declining fertility confirms that population ageing is fast becoming a reality in several West African nations, and the demographic transition is expected to continue well into this century. This study examines the association between social capital, self-rated health, and depression among older adults aged 50 years and over in Ghana. It draws on a small scale, yet nationally representative longitudinal data from the Global Ageing Study (SAGE-WHO, 2003-2007). Social capital is conceptualized through four dimensions: personal control, generalized trust, safety in the community and free expression. Although there were not significant findings on social capital and depression, results demonstrated significant associations between social capital and self-rated health. The relationship between social capital and self-rated health suggests the need to extend and expand upon research regarding the relationship between social capital, health, and well-being in later life in aging African communities.

KNOWLEDGE OF LGBT CULTURAL SENSITIVITY AMONG AGING SERVICE PROVIDER NETWORKS
Austin Oswald¹, Daniel S. Gardner², Tim R. Johnston³, Sabretta G. Alford², and Nancy Giunta², 1. The Graduate Center, CUNY, New York, New York, United States, 2. Silberman School of social Work, Hunter College, CUNY, New York, New York, United States, 3. SAGE, Los Angeles, California, United States

The population of lesbian, gay, bisexual, and transgender (LGBT) adults aged 50 or above is rapidly aging, posing distinct challenges to aging service providers who work to meet their complex health and social needs. In 2011, Services and Advocacy for GLBT Elders (SAGE), home of the National Resource Center on LGBT Aging (NRC), developed and implemented a suite of trainings designed to sensitize aging service providers to the needs and experiences of LGBT elders. This descriptive study examines baseline (pre-test) survey data from individuals trained between 2013 and 2018 (N=10,500). Training participants represent all states throughout the U.S. and vary widely in race/ethnicity, age, and job title. Preliminary results indicate that knowledge measured prior to trainings shows substantial variation across geographic regions, suggesting the need for more geographically targeted approaches to training delivery. Implications for practice, research, and policy with LGBT adults in later life will be discussed.

SESSION 3450 (SYMPOSIUM)

POLICY SERIES: NEW FAMILY CAREGIVING RESEARCH TO SUPPORT POLICY AND PRACTICE CHANGE
Chair: Jean C. Accius, AARP, Washington, District of Columbia, United States
Discussant: Heather Young, Betty Irene Moore School of Nursing - UC Davis, Sacramento, California, United States

Families are the most important source of support to older adults. Today, there is growing recognition of the escalating complexity of family caregiving. Family caregivers are increasingly carrying out health-related tasks with little training or preparation, as well as continuing to provide the majority of long-term services and supports (LTSS) at home. Providing care in the context of rapidly changing health care and LTSS systems can have a significant impact on the family members who provide care and take a significant toll, emotionally, physically, and financially. Studies commonly show that family caregivers report learning complex tasks by trial and error and worry about making a mistake. This symposium highlights new caregiving research from the AARP Public Policy Institute. The first paper will present new research on the increasing complexity of the challenges facing family caregivers, such as managing multiple medications, wound care, and interaction with the health care system. The second paper will present new data on the economic value of the unpaid contributions of family caregivers in the United States. The third paper will examine the growing importance of family caregiving on the public policy agenda, and describe recent policy developments that recognize and explicitly support caregiving families. Recommendations for policy and practice change to address caregiving needs will be examined in all papers. Our discussant will identify key implications from this research for policymakers and practitioners, and potential drivers for developing a better system of family support at the federal and state levels.

HOME ALONE REVISITED: FAMILY CAREGIVERS PROVIDING COMPLEX CARE
Susan Reinhard², 1. AARP, Washington, District of Columbia, United States

In 2012, the Home Alone report brought to light the 46 percent of family caregivers that perform complex medical/