

lower UFOV risk scores ($p = .000$). Older adults' ($M = 2.15$, $SD = .945$) and younger adults' ($M = 1$, $SD = 0$).

RATINGS OF PERCEIVED EXERTION: PREDICTING MOBILITY DISABILITY AND RESPONSE TO PHYSICAL ACTIVITY IN OLDER ADULTS

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Ratings of perceived exertion (RPE) during exercise are linked to several physiological indices and are often elevated in older adults. This study evaluated the association between RPE of walking and incident major mobility disability (MMD) as well as response to a physical activity (PA) program. Older adults ($n=1633$) at-risk for mobility impairment were randomized to a structured PA or health education (HE) program. During a 400m walk, participants rated exertion as “none”, “light”, “somewhat hard” or “hard”. An MMD event was defined as the inability to complete the 400m walk. Transitions between RPE states and an MMD event—when RPE was not collected— were assessed over the follow-up (every 6 months for an average of 2.6 years). Participants rating their exertion as “hard” at baseline 400m walk had nearly 3-fold higher risk of MMD compared with those rating as “light” (HR: 2.61, 95%CI: 2.19-3.11). During follow-up, the PA group was 25% more likely to transition from “light” to “hard” RPE (1.25, 1.05-1.49), but was 27% (0.73, 0.55 – 0.97) less likely to transition from a “hard” RPE to MMD than the HE group. Additionally, the PA group was more likely to transition from an MMD event to a “hard” RPE (2.09, 1.38-3.17) than the HE group (i.e. recovery). Older adults rating “hard” effort during a standardized walk test were at increased risk of MMD. A structured PA program increased transition from light to hard effort, which may reflect greater capacity to perform the test and increased recovery from an MMD event.

STARTING THE CONVERSATION: RESULTS FROM AN INTERPROFESSIONAL WORKSHOP ABOUT ADVANCE CARE PLANNING

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Advance care planning is more than documenting end of life medical decisions; it should be the beginning of an important and ongoing conversation about personal values, goals, and preferences. Health profession students must be prepared to have these conversations and overcome any existing barriers to effective patient-provider communication. To this end, a multidisciplinary planning team from Marquette University and the Medical College of Wisconsin developed a 2-hour workshop directed at students in the health professions. It was designed to be highly interactive, including guided self-reflection, drawing, writing, videos, small group work, case presentations, and large group discussion. The workshop was

scheduled to coincide with National Healthcare Decisions Day (April 16th). A total of 149 students participated, representing the disciplines of medicine, nursing, physician assistants, counseling psychology, speech pathology, and biomedical sciences. Feedback from both students and faculty was overwhelmingly positive, indicating interest and need for this type of program. A post-event questionnaire, which included a retrospective pre/post-test, assessed learners' gains in knowledge and self-efficacy. Significant (< 0.001) gains were found on all measured items. Data from an electronic follow-up survey suggested the majority of participants took additional actions steps related to advance care planning in the month following the workshop. In conclusion, this is a low-cost, replicable workshop that aligns with current recommendations for advanced care planning (IOM, 2015), is well received by students and faculty in the health professions, and may serve as a springboard for increasing the number of advance care planning conversations.

“THEY SHOULD PUT ALZHEIMER’S GROUPS IN THE CHURCHES”: A SYNTHESIS OF AFRICAN AMERICAN CAREGIVERS’ LIVED EXPERIENCES

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Alzheimer’s disease and related dementias (ADRD) are challenging chronic health conditions that disproportionately impact African Americans. Caring for a family member with ADRD can be a taxing experience that impacts the mental, social, and physical realms of the caregiver’s life. Chronic fatigue and high levels of anxiety, depression, and agitation have all been associated with caregiving. The extant literature on caregivers is limited by being conducted primarily in settings with White participants, excluding the cultural attitudes and values that may impact caregiver experience. As part of a larger, mixed-methods team studying the impact of an innovative psychoeducational intervention, the researchers conducted a qualitative interpretive meta-synthesis (QIMS) to better understand the experiences and perceptions of African Americans who care for family members with ADRD. A QIMS was chosen as the methodology for this study because of its ability to create a more holistic understanding of the phenomenon, while maintaining the integrity of the original studies. An exhaustive literature search yielded 1,285 potentially relevant studies. Studies were compared across a priori inclusion criteria. Findings of this study indicate that overall knowledge of ADRD is relatively low among caregivers and participants are unsure of how to access educational materials. Synthesis of these studies also indicate a need for incorporating spiritual well-being into caregiving services. Results of this study may help social workers and other health care professionals to better understand cultural perceptions of the disease and how to better provide psychoeducational interventions related to the specific needs of African American caregivers.

EXPANDING BENEVOLENT AGEISM: MEASURING EXPERIENCES OF OLDER ADULTS

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Benevolent ageism has recently been recognized as a form of patronizing treatment that older adults experience because of the kind and incompetent age stereotype proposed by the Stereotype Content Model. However, there is limited research that examines older adults' experiences with patronizing treatment. The aim of this study was to conceptualize benevolent ageism based on older adults' experiences with items from an existing measure of ageism, the Ambivalent Ageism Scale, and additional items created by us that expand the measurement of benevolent ageist behaviors. In an internet-based sample of older adults who were 65 years old and older ($N = 135$), the benevolent subscale of the Ambivalent Ageism Scale with our additional 10 items demonstrated excellent reliability ($\alpha = .90$). An exploratory factor analysis cleanly yielded a 4-factor solution that mirrored previous findings, (1) hostile ageism, (2) unwanted help, (3) cognitive assistance/protection, while introducing a new factor of (4) condescending endearment. The findings from this study have widened the scope with which ageism is viewed by examining older adults' experiences with ageism and conceptualizing characteristics of benevolence that older adults may face due to the widespread belief that they are kind and incompetent. The validation of a scale measuring individuals' experiences with ageism will provide insight as to whether older adults experience ageist behaviors that people report endorsing and if older adults receive unnecessary offers of help. A recipient's perspective of ageism will aid in the understanding of the insidious and benevolent characteristics of ageism within society.

DNA METHYLATION CLOCKS IN MOUSE

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One of important limiting factors in aging research is the time required to measure the effect of an intervention on lifespan. But this situation is now changing due to a recent discovery of DNA methylation-based markers (DNAm clocks). We developed a whole lifespan multi-tissue DNAm clock for mice with $R^2 = 0.89$. We also carried out comparative analyses of the available mouse DNAm clocks (single- or multi-tissue, based on different number of sites, based on one genomic locus or multi-loci). In general, tissue specific clocks are more accurate than multi-tissue clocks. We applied these tools to a variety of experimental systems, ranging from interventions to rejuvenation approaches, and analyzed various mouse tissues and public datasets. We further applied DNAm clocks to newly sequenced sets of blood and liver samples. Multi-loci blood clock outperforms other clocks when applied to blood samples, and the liver and multi-tissue clocks show similar precision on liver.

EXPERIENCES WITH SHARED DECISION-MAKING AND ADVANCED CARE PLANNING AMONG OLDER SPANISH-SPEAKING LATINOS

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Advance care planning (ACP) helps individuals clarify their values and preferences for future care, and to

communicate their wishes to loved ones, surrogate decision-makers and healthcare providers in advance of when they become unable to make healthcare decisions. Older Spanish-speaking Latino adults have among the lowest rates of advance directives a form of ACP. Shared decision-making (SDM) interventions have significantly improved outcomes for disadvantaged patients. SDM has proven to be particularly beneficial in ethnic minority populations with low literacy and low socioeconomic status groups. The aim of this study was to pilot an online SDM module delivered in Spanish to better understand experiences with ACP among older Spanish-speaking Latino adults. We recruited a sample of older Latino adults ages 56-81 who were low-income and primarily Spanish-speaking ($N=20$). Sixty-five percent of the sample was female. Participants were asked to complete an SDM module delivered by a physician to discuss ACP. The online module was developed by Healthwise © a national leader in SDM. Qualitative interviews were conducted to examine experiences with SDM and ACP. SDM improved awareness about ACP options and facilitated conversations with family members among participants. Results from the study demonstrated a four-step process for engaging participants in ACP including: Awareness, Initial conversations, Conversations with medical provider, and Formalizing. Interviews informed opportunities for culturally tailored interventions along different points on the continuum. This study highlights important opportunities to better understand the process-based steps and targeted interventions needed to address disparities in ACP among Spanish-speaking low-income Latinos.

BENEVOLENT AGEISM: THE CORRELATES OF OVERACCOMMODATION TOWARDS OLDER ADULTS

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Using the Stereotype Content Model as a framework for understanding ageism, our two objectives are (1) examining the predictive utility of benevolent ageism on well-being outcomes and (2) identifying conditional relationships between sex, perceived age, benevolent ageism, and well-being outcomes. In a snowball sample of 150 older adults who were 65 years old and older, we examined sex, perceived age, ageism, environmental mastery, and depression. Our benevolent ageism scale is an expanded version of the Ambivalent Ageism Scale that included additional items of accommodation created by us. Environmental mastery and depression were assessed by standard, internally valid, measures. Using regression analyses, we found that benevolent ageism predicted depression above and beyond hostile ageism. Additionally, benevolent ageism uniquely predicted environmental mastery for men, whereas hostile ageism uniquely predicted environmental mastery and depression for women. Finally, perceived age was a better predictor of well-being than chronological age. It is essential to consider how benevolent ageism relates to well-being due to the tenets of the Stereotype Content Model. Additionally, delineating the ways that sex and perceived age contribute to double jeopardy vs. crisis competence in the face of benevolence will lead to a more intricate understanding of the paths in which overaccommodative behaviors relate to well-being in older adulthood.