

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.