

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

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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