

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 1 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