

with family and friends. Of the respondents, 80.4% felt that cancer patients should receive care from a psychologist and that cancer improves if a patient is lively and positive (82.6%). Compared to college-educated individuals, those with a high school education were less likely to choose to know about a cancer diagnosis ($\beta = -1.92, p < 0.01$) or share it ($\beta = 1.78, p < 0.001$). Attitudes about cancer vary depending on the educational level of older Latinos and may impact treatment decisions. These findings can enhance cancer information and education for older Latinos.

THE EFFECTS OF CHRONIC PAIN AND LONELINESS ON FUNCTIONING AMONG LATINO AND WHITE OLDER ADULTS

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The detrimental effects of loneliness and chronic pain on functioning in later life are well documented, yet there is little evidence of whether these patterns hold across racially diverse older adults. Guided by the Biopsychosocial Model of Assessment, Prevention, and Treatment of Chronic Pain, we used data from Waves 2 and 3 of the National Social Life, Health, and Aging Project (NSHAP) to examine the additive and interactive effects of loneliness and chronic pain on Elementar and Instrumental Activities of Daily Living (ADLs & IADLs) among a sample of 1046 Latino and White adults aged 50 and over. Using linear regression analyses, our final models (Adjusted R-squares: .316 & .304) included demographic characteristics, physical and mental health, medication, health behaviors and social factors. In this sample, approximately 33% experienced chronic pain, 50% reported at least transitory loneliness and 22% experienced both. Neither loneliness nor chronic pain was independently associated with functioning impairment. However, these two factors in combination were associated with lower scores on ADLs and I-ADLs. In addition, Latinos who reported chronic pain were more likely to report lower scores on ADLs only. Results highlight variations in the detrimental effects of loneliness and chronic pain for white and Latino elders. Findings suggest the need for interventions that address chronic pain and loneliness simultaneously. Future studies should examine how culturally-grounded experiences of loneliness and chronic pain may contribute to worsening of functioning among diverse groups of Latino elders.

THE POWER OF CANCER KNOWLEDGE EXCHANGE AMONG OLDER LATINOS

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Prior studies have indicated that older Latinos/as diagnosed with cancer experience social inequalities and other barriers due to their limited English language proficiency and access to health care (Fernández & Morales, 2007). In

addition, for Latinos, a cancer diagnosis magnifies health disparities substantially (Gehlert & Colditz, 2011). Despite the impact of the cancer experience, Latinos manifest meaning-based beliefs and coping strategies in dealing with cancer diagnoses (Carrion, Nedjat-Haiem, Macip-Billbe, Black, 2017). However, little is known about older Latinos' (60 years and older) transmission of knowledge, beliefs, and attitudes to family members and friends. Understanding older Latinos' advice regarding cancer is essential, given their role in the transmission of knowledge. This study disseminates the latest qualitative findings on older Latinos/as and explores the perspectives shared with family members and friends by non-cancer participants. It explores the types of knowledge, beliefs, attitudes, and advice older Latinos provide to family members and friends about cancer. The data represent individuals without cancer (n=168) residing in the Greater Tampa Bay area. Latinos manifest meaning-based beliefs and coping strategies that assist in dealing with their cancer diagnoses and access to care. Recruitment occurred in community-based settings, with interviews conducted in Spanish and transcribed into English. Qualitative data were analyzed using a constant comparison method and coded in ATLAS.ti to identify emerging themes, including knowledge that a cancer diagnosis is beyond individual control and is in God's hands, careful choice of a doctor to ensure proper prevention and treatment, and a positive attitude despite the cancer diagnosis.

THE ROLE OF CULTURE AND LANGUAGE IN DEPRESSION CARE EXPERIENCES AMONG OLDER LATINAS/OS AND HEALTH CARE PROVIDERS

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Older Latinas/os face significant difficulties in accessing quality depression treatment due to cultural and language barriers. In our study, Programa Esperanza (a randomized behavioral trial), we conducted after-treatment, in-depth interviews with two groups: 21 low-income Latinas/os (55+) receiving psychosocial depression care (Problem Solving Treatment, and Psychoeducation) in a health care setting, and 22 staff (interventionists, supervisors) participating in study implementation. Speaking the same language was highlighted by both groups as an overarching factor in effective depression care, although matching providers and patients by country of origin was considered less a priority than a shared language. The mechanisms by which language serves as a facilitator of effective care were highlighted: fomenting rapport; facilitating the expression of feelings; shortening initial relationship-building; understanding nuanced words and linguistic expressions; etc. Similarly, we found that shared culture included themes around intervention uptake, decreased stigma, increased advocacy, enhanced identification of coping strategies, etc. Unlike patients, providers were more likely to speak in diverse narratives of "them," and "us." Given that depression is still a stigmatizing disorder in our society, asking for help and receiving quality care remain significant challenges for older persons in general, and older