mainland in late-life. Preliminary findings suggest that older Puerto Ricans negotiate competing definitions of "good" old ages based on residential context. They report migrating to the mainland to pursue "good" old ages defined in material terms, namely access to social and medical services. Post-migration, however, older Puerto Ricans report experiences of confinement and loneliness, due to language barriers and familial separation. In narrating hopes for the future, they describe an alternative "good" old age in Puerto Rico, emphasizing belonging and familial connection. As older Puerto Ricans negotiate multiple definitions of "good" old ages through circular mobility, the social and economic inequalities which first necessitated migration reproduce disadvantage in the new location. This study highlights the need to conceptualize multi-scalar mobilities that intersect with inequality to shape aging among migrant populations.

MEASUREMENT EQUIVALENCE OF THE KESSLER 6 PSYCHOLOGICAL DISTRESS SCALE FOR OLDER ASIAN IMMIGRANT SUBGROUPS

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The Kessler 6 (K6) Psychological Distress Scale is a well-known screening instrument to screen for psychological distress of general population. While some studies (e.g., Mitchell & Beals, 2011) concluded that the K6 was appropriate for capturing psychological distress of diverse racial/ethnic groups, other studies (e.g., Andersen et al., 2011) reported that it was less successful in screening for psychological distress of diverse racial/ethnic groups. Few studies conducted measurement equivalence test across older Asian immigrant subgroups. Using Multiple Group Analysis, this study examined whether parameters of the single factor model (items: nervous, hopeless, restless or fidgety, so depressed, everything was an effort, and worthless) is equivalent across the two Asian immigrants (≥65 years; Chinese [n=175] and Korean [n=300] immigrants). Data were generated from the California Health Interview Survey. The configural model showed good fit (X2=41.70 [df=16, p<.001], X 2/df=2.61, CFI=.98, GFI=.97, RMSEA=.06 [90% CI=.04-.08], and SRMR=.04). When all factor loadings were constrained, it indicated measurement non-invariance status between Chinese and Koran (ΔX 2=17.86, Δdf=5, p=.003, CFI=.972, ΔCFI=.009). Given findings of non-invariance on the full constrained model, the invariance test of each factor loading was performed additionally. It was focused on evaluating which items were similar or different across the two groups. The three items, 'hopeless,' 'restless,' and 'depress,' were significantly nonequivalent between the two groups. Clinicians/researchers should aware of the potential risk for misclassification when they try to screen for psychological distress in older Chinese or Korean immigrants. Professionals should pay attention to cross-cultural comparability when interpreting results from the K6.

DISABILITY IN PRISON ACTIVITIES OF DAILY LIVING AND DEPRESSION IN OLDER PRISONERS: A PROSPECTIVE STUDY

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The U.S. prison population is aging; more persons are being incarcerated in the second half of life and are aging "in place." In the first prospective study to evaluate older prisoners' mental health (Aging INSIDE), we determined if disability in activities of daily living specific to prison, prison activities of daily living (PADLs), predicts depression in this vulnerable population. To date, 134 older prisoners (age ≥50) sentenced at 9 Connecticut correctional facilities completed in-person interviews (baseline and one-year follow-up). A score of ≥10 on the 9-item Physician Health Questionnaire (PHQ-9) indicated depression. Participants were considered to have PADL disability if they reported any of the following as "very difficult" or "cannot do": climbing on/off the top bunk (34%), cleaning their cell (5%), hearing orders (6%), walking while wearing handcuffs (33%) or shackles (34%), standing in line for medications (4%), and walking to chow (5%). Participants were mean age 57.0±6.6 years (range 50-79 years), racially diverse (43% White, 38% Black, 19% Hispanic/Other), 69 (50%) had PADL disability, and 35 (25%) were depressed at follow-up. Using logistic regression and controlling for gender, number of chronic conditions, lifetime suicide attempt, and baseline depression, baseline PADL disability was associated with depression one year later (OR = 3.41; 95%CI = 1.16, 9.97). As depression is a strong risk factor for subsequent suicide, and given the high rate of suicide among older prisoners in the U.S., these preliminary results indicate that PADL assessment may offer a simple means of identifying older prisoners at risk of depression.

SOCIOCULTURAL DETERMINANTS IN PAIN PERCEPTION AND MANAGEMENT AMONG OLDER CHINESE AMERICANS

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Background: Chinese Americans make up the largest Asian American subgroup in the US. Data from a large health system indicate that older Chinese Americans experience lower satisfaction in pain management after surgery compared to all other racial/ethnic groups. Objective: To understand pain experience among older Chinese American patients to improve pain satisfaction strategies Methods: A mixed methods study was conducted, including: 1. A scoping review of the peer-reviewed published literature; 2) face-to-face survey; and 3) qualitative interviews. 14 Chinese American postsurgical patients >65 years of age were recruited for the survey and interview with a trained bilingual Community Health Worker. Questions from the Survey on Disparities in Quality of Healthcare and Kleinman's Explanatory Model of Illness guided the data collection tools. Results: The 31 studies identified in the review were largely observational; none assessed pain control or management interventions for older Chinese Americans. Most participants reported experiencing a language barrier that hindered healthcare staff communication during hospital stay. Even with an interpreter, limited English

proficient patients reported lower understanding of health information compared to those who did not need interpretation. Ideas of "pushing through" pain, perceiving physicians as "busy people," and mismatch in pain assessment tools contributed to pain attendance delay. Facilitators to care included family support, culturally and linguistically-tailored tools, and availability of cultural remedies. Conclusions: This mixed-methods study identified key themes including socio-cultural barriers and facilitators to effective pain care and management. Findings will inform tools and resources to better capture and address pain management in Chinese Americans.

MIDDLE-AGED AND OLDER LATINOS' SATISFACTION OF BAILAMOS LATIN DANCE PROGRAM

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Older Latinos engage in low levels of leisure-time physical activity (LTPA). Dance is a culturally appropriate activity which can be used to increase LTPA levels. We examined middle-aged and older Latinos' satisfaction with the revised BAILAMOS Latin dance program. Healthy and low actives middle-aged and older Latinos (Mage = 64.89±7.08) were randomized to a 4-month dance program (n=167) or health education (n=166). The dance program consisted of four Latin dance styles (Merengue, Bachata, Cha Cha Cha, and Salsa). Classes were held twice a week for one hour. A total of 113 participants completed the program. Participants completed a program evaluation about the 4-months program regarding time, duration, settings, instructor, and overall satisfaction. Items were evaluated on a 1 (strongly disagree/very bad) to 4 (strongly agree/excellent) Likert agreement scale. A total of 73 participants evaluated the 4-month dance program. Participants evaluated the program adequacy agreeing or strongly agreeing as far: time, duration and setting (96-98%); instructor's enthusiasm, quality of instructions, and eager to help (96-100%); dance program's progression and enjoyment (93-96%); difficulty level (59%). Participants reported they intended to keep dancing by themselves (93%) and would recommend the program to friends and family (98%). Many participants (88%) reported feeling physically excellent or good as a result of the program, 95% found the program excellent or good, and 100% thought the program was worth their time. Overall, the BAILAMOS program evaluation demonstrated high participants' acceptability and satisfaction. Those results can promote sustained LTPA and provide initial evidence to translation into community settings.

THE EFFECTS OF IMMIGRANT STATUS ON WELL-BEING AMONG OLDER ADULTS BY RACE-ETHNICITY: A MULTI-GROUP ANALYSIS

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Although prior researchers have decried the lack of research on racial/ethnic minority older adults, they have been less vocal about the gaps in research concerning the ways in which immigrant status and race/ethnicity affect their well-being. Thus, we examined the role of immigrant status on the stress coping process by race/ethnicity using the Transactional Model of Stress and Coping. The multi-group analysis function in structural equation modeling was used to determine whether the stress coping process was equivalent across three racial/ethnic groups (Non-Hispanic White (NHW), Non-Hispanic Black(NHB), and Hispanic) by immigrant status using the Round 1 of the National Health and Aging Trends Study (NHATS, (U.S.-born= 4,799, foreign-born=612)). We found that immigrant status and race/ethnicity may have complex effects on the stress coping process. For example, the total effects of being an immigrant were significantly associated with more stressors, less resources, and worse physical health. Except NHW, the total effects of being immigrant were associated with higher levels of depression and anxiety. With respect to the direct and indirect effect of immigrant status in the three groups, the Hispanic group has a larger effect of immigrant status on stressors, resources, depression/anxiety and physical health than their NHW and NHB counterparts. The results indicated that immigrant racial/ethnic minority older adults were more likely to have higher levels of depression and anxiety than the U.S.-born except for NHW. Immigrant status will require special attention in both assessment and management of depression/anxiety among racial/ethnicity minority older adults.

EXPERIENCES OF DISCRIMINATION ARE ASSOCIATED WITH DECREASED FUNCTIONAL ABILITY IN AFRICAN IMMIGRANT OLDER ADULTS

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Discrimination impacts functional health outcomes of African Americans and other racial/ethnic minorities in the United States; yet this is understudied in African immigrants whose population has risen by 137% since 2000. We examined the relationship between discrimination and physical function with a convenience sample of first-generation African immigrants age 50+ recruited through community-based organizations (N=124). Discrimination was measured with the Everyday Discrimination scale with higher scores indicating more experiences of discrimination (range=0-23). High versus low levels of discrimination were categorized at the mean. Physical function was measured using the PROMIS Physical Function measure with high scores indicating greater functional ability (range=11-50). Raw function scores were converted to standardized T-scores with a population mean of 50 and standard deviation (SD) of 10. Linear regression was used for analyses. Mean age of the sample was 61.4(SD=7.9) years. About two-thirds (63%) were female, more than half (52.4%) immigrated in search of better opportunities and half of the sample had high levels of