care practices among head and neck cancer programs. The triangulation of qualitative methods allowed for an unparalleled understanding of guideline implementation and program variation. Exploring a range of methods, the presentations make a powerful argument for qualitative methods in cancer-related health services research.

USING APPLIED CONVERSATION ANALYSIS IN MEDICAL EDUCATION

- Sean Halpin,¹ Kathryn Roulston,² and Michael Konomos,³
- 1. University of Georgia, Decatur, Georgia, United States,
- 2. University of Georgia, Athens, Georgia, United States,
- 3. Emory University, Atlanta, Georgia, United States

Successful implementation of patient medical education is contingent on the communication strategies used by nurses, patients, and caregivers. Applied conversation analysis (A-CA) is a sociological and linguistic technique aimed at understanding how interaction is accomplished. In this demonstration of A-CA, the authors draw on an 18-month iterative-formative evaluation of patient education that precedes autologous stem cell transplant for persons diagnosed with multiple myeloma (N=70), a type of cancer which disproportionately impacts older adults. In this study, patients and caregivers received supplemental education videos before their formal education session with a nurse coordinator. Using A-CA, we examined how nurses, patients, and caregivers orient toward the videos; including demonstrated knowledge by patients and caregivers. Nurses justified repeating topics from the videos. Through a focus on the function that language plays in sequences of interaction, it may be possible to determine strategies for improving patient education, and, consequently positively impact patient care..

HONORING OLDER LATINO IMMIGRANTS' PERSPECTIVES ON CANCER: INFORMING THE FUTURE

Iraida Carrion,¹ Malinee Neelamegam,² and Jane Roberts,³ 1. University of South Florida, Tampa, Florida, United States, 2. Yale School of Public Health, New Haven, Connecticut, United States, 3. University of South Florida, Sarasota, Florida, United States

Cancer is the leading cause of death among Latinos in the U.S. Approximately 32.2% of Latinas and 44.1% of Latinos aged 60 years or older have a lifetime probability of developing invasive cancer (ACS, 2018), with lower survival rates for most cancers even when allowing for age and stage distribution. There is some evidence that older Latino/Latina immigrants lack knowledge about cancer treatment options and are often adversely impacted by healthcare inequities regarding cancer treatment and care options. This study compared the cancer beliefs and attitudes of 58 Latinos and 110 Latinas with a mean age of 67.9 years who reside in the Greater Tampa Bay area. Recruitment occurred in community-based settings, and interviews were conducted in Spanish and transcribed into English. The qualitative methods of constant comparison and thematic analysis will be presented along with the results related to diagnosis, medical decisions, finances, death, and family.

TRIANGULATING QUALITATIVE METHODS TO EVALUATE SURVIVORSHIP CARE

Aaron Seaman,¹ Seyedehtanaz Saeidzadeh,² Emily chasco,³ Sangil Lee,³ Nicholas Kendell,³ Heather Reisinger,³ and Nitin Pagedar,³ 1. Carver College of Medicine, University of Iowa, Iowa City, Iowa, United States, 2. College of Nursing, University of Iowa, Iowa City, Iowa, United States,

3. College of Medicine, University of Iowa, Iowa City, Iowa, United States

With 16.9 million survivors in the US, survivorship is an increasingly important aspect of oncologic care. As the number increases, we need to provide evidence-based, standardized survivorship care, yet the evidence base is lacking and guidelines are variably implemented. This multi-sited study documented the survivorship care practices of five head and neck cancer (HNC) programs in order to identify survivorship care practices, provider preferences, practice variability, and the facilitators and barriers to effective survivorship care implementation. To ensure rich, contextual data, the study utilized multiple qualitative methods: 1) program characteristics questionnaire; 2) semi-structured interviews with providers involved in treatment and survivorship care, 3) on-site observation and clinic workflow mapping, and 4) collection of survivorship materials. Triangulating data collection provided evidence of potentially promising HNC survivorship care practices, aligned with the vision of comprehensive survivorship care, that can be used to evaluate practices and develop interventions on a larger scale.

SESSION 6115 (SYMPOSIUM)

EXPERIENCES OF RACIAL DISCRIMINATION AMONG COMMUNITY-DWELLING OLDER ADULTS OF COLOR AND NURSING HOME STAFF OF COLOR

Chair: Manka Nkimbeng

Co-Chair: Sarah LaFave

Discussant: Sarah Szanton

This symposium will present results of three qualitative studies that explored experiences of racial discrimination among older adults and their professional caregivers. Our first study reports on interviews conducted with older community-dwelling African American adults about their perceptions of and experiences with structural racial discrimination. Participants reported exposure that has accumulated over the life course and across contexts, including through limited access to educational and employment opportunities and disproportionate exposure to neighborhood violence and unhealthy products. Our second study reports findings from interviews conducted with older community-dwelling African immigrants about their experiences with acculturation and racial discrimination. Older African immigrants reported several types of discrimination, had developed unique strategies to cope with perceived discrimination and described how it impacted domains of health and wellbeing. Our third study reports on experiences with discrimination among U.S-born and immigrant staff of color caring for residents in high minority proportion nursing homes. Findings indicate that although staff of color are valued for the diversity