

they contribute to the workforce, they are also exposed to discriminatory events. In addition, tensions exist between U.S. and non-U.S. born staff of color. In this symposium, we will discuss differences in experiences between U.S.-born and immigrant participants, levels of discrimination experienced (interpersonal, institutional, structural), and discrimination across contexts. We will also discuss intersectionality of race, ethnicity, immigrant status, language, gender, age, and class in relation to experiences of discrimination. We will reflect on the clinical and policy implications of our findings.

OLDER AFRICAN AMERICANS' PERSPECTIVES ON EXPOSURE TO STRUCTURAL DISCRIMINATION ACROSS CONTEXTS AND THE LIFE COURSE

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This presentation reports on findings from the first phase of a mixed methods study aimed at developing an instrument to assess older African Americans' exposure to structural racial discrimination. We conducted semi-structured interviews with older African Americans about their perspectives on and exposure to structural discrimination. Participants (n=20) were community-dwelling African Americans aged fifty and older in Baltimore, MD. Participants described exposure to structural discrimination that had accumulated across the life course and across the contexts of education, employment, healthcare services, criminal justice system, neighborhood factors, media and marketing of unhealthy products, environmental toxin exposures, and income, credit and wealth. In the next phase of the study, we will incorporate these findings into the development of instrument items. Developing and testing a tool to assess exposure to discrimination beyond the interpersonal level is an important step in identifying solutions to mitigate the contribute of discrimination to racial health disparities.

OLDER AFRICAN IMMIGRANTS' EXPERIENCES OF DISCRIMINATION IN THE UNITED STATES

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Discrimination is implicated in the disproportionate burden of disease and health disparities in racial/ethnic minorities. This qualitative descriptive study explored the experiences of discrimination and its impact on the health of older African immigrants. Semi-structured interviews were conducted with 15 participants. Three main themes and six sub-themes were identified. These included: 1) types of discrimination: a) accent-based, b) unfair treatment during routine activities, c) experience with police and other systems; 2) costs of discrimination; 3) surviving and thriving with discrimination: a) "blind eye to it", b) reacting to it, c) avoiding it. These themes describe common forms of discrimination

that these older adults have experienced, current strategies used to deal with discrimination, and the impact of discrimination on the wellbeing of this sample. To improve the emotional and mental health of older African immigrants, providers serving them should assess for perceived discrimination, and refer participants with any concerns for treatment.

RACE, CLASS, AND THE NURSING HOME WORKFORCE: EXPERIENCES OF STAFF OF COLOR IN HIGH-MINORITY-PROPORTION NURSING HOMES

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The long-term services and supports workforce is an important part of delivering quality care for nursing home (NH) residents – and increasingly includes staff who are from diverse communities. Our study captured staff (n=61) perspectives on resident quality of care and quality of life through semi-structured interviews, using thematic analysis in six Minnesota high proportion minority NHs. Findings show that although staff of color are valued for the diversity they contribute to the workforce, and the culturally sensitive care they provide, they are also exposed to discriminatory events. In addition, tensions exist between U.S. and non-U.S. born staff of color in NHs. Overall, staff of color who are lower ranked may feel less empowered. Research is needed to explore the impact of negative and discriminatory exposures on staff wellbeing and related outcomes in addition to the direct and indirect impact on the quality of care delivered to NH residents.

SESSION 6120 (SYMPOSIUM)

FAMILY CAREGIVER ASSESSMENTS: WHAT HAVE WE LEARNED FROM ASSESSMENTS ACROSS POPULATIONS AND HEALTH CONDITIONS?

Chair: Gabriela Prudencio

Discussant: Laura Gitlin

This symposium will bring together research on assessments of family caregivers for older individuals with different health conditions and discuss the components of effective assessments. Comprehensive characterizations of caregivers are essential due to an increase in the demand on caregivers, and how intense care contexts contribute to the caregiver's decline in health and diminished capacity to provide quality care. According to Caregiving in the U.S. 2020 (n=1,400), only 13% of caregivers were asked by healthcare professionals what they needed to take care of themselves. Peer-reviewed studies have reported that caregivers are often reluctant to self-identify and to ask for the help that they need for themselves and those in their care. Since supports to caregivers have historically relied on this self-identification, the first presentation (Grace Whiting) will focus on the work NAC has done to build pathways between caregivers and supportive services to increase availability, accessibility, and patient-centeredness. The second presentation (Esther Friedman) will identify and discuss the barriers to fully incorporating family caregivers into the health care team, as well as the solutions for removing barriers. The next two