

disparities in quality of life and quality of care. However, there is little information about the associations between a resident's race/ethnicity and the types of official complaints lodged. **Methods:** This project was a mixed methods study using a sequential explanatory design to examine ethnic and racial differences in types of complaints and rates of complaint resolution in a local Ombudsman Program. First, resident race/ethnicity and complaint data were collected from the Ombudsman Program and analyzed. Then, we conducted focus groups with Ombudsman Program staff and volunteers to provide a more complete interpretation of findings from the first phase. **Results:** Residents from ethnic/racial minority groups were less likely to generate Resident Care complaints and more likely to generate Resident Rights complaints, compared to non-Hispanic White residents ($p < .05$). Resident Rights, Quality of Life, and Administrative complaints were less likely to be disposed satisfactorily, compared to Resident Care complaints ($p < .05$). Themes emerged from our qualitative findings include language barriers and more efforts required for residents' rights due to concerns raised more frequently among minority residents. **Implications:** Cultural competence training for Ombudsmen as well as care professionals should focus on skills and knowledge that value diversity, understand and respond to their unique concerns. Ombudsmen play an important role as they create an avenue for the residents to discuss their concerns. Implementation research may improve our understanding of the development and delivery of the Ombudsman Program.

MITIGATING THE IMPACT OF LONG-TERM CONSTRUCTION ON THE HEALTH OF OLDER ADULT RESIDENTS IN NEW YORK CITY'S CHINATOWN

Simona Kwon, Yi-Ling Tan, Jennifer Wong, and Janet Pan, *NYU School of Medicine, New York, New York, United States*

Introduction: Recent proposed major construction projects in New York City's Chinatown often last multiple years. Little is known about the health impact of construction on vulnerable populations such as older adults. In Chinatown, approximately 20% of residents are older adults, live below the poverty level (34%), have a disability (47%), and nearly half report limited English proficiency. **Objectives:** We are conducting a mixed methods study to describe possible health and psychosocial outcomes of construction on older adults in Chinatown. **Methods:** We used a community-engaged modified Delphi process to identify priority areas related to construction and older adults which included: 1) a scoping review of the health impact of long-term construction; 2) key informant interviews of academic experts; and 3) convened community stakeholder leaders to review key focus areas and evidence-informed, culturally-relevant mitigation strategies. Five priority topics were identified: 1) Construction site emissions; 2) Noise; 3) Outdoor nocturnal lighting; 4) Neighborhood changes; and 5) Relocation. **Results:** Long-term construction contributes to adverse effects of air pollution, noise, and changes in the environment, with exposure to particulate matter and unwanted noise associated with higher morbidity and mortality. Unsafe sidewalk due to construction increase the risk of falling, the leading cause of death among NYC seniors. Construction-related stressors

may isolate older adults from vital services and social networks. **Conclusion:** Long-term construction poses serious health implications for older adults. Stakeholders should adopt a community-engaged approach and identify meaningful community priorities to inform practical solutions to mitigate the impact of construction on vulnerable Chinatown older adults.

OLDER ADULTS' REFLECTIONS ON AGEISM AND RACISM

Janna Heyman,¹ Colette Phipps,² Peggy Kelly,¹ and Linda White-Ryan,¹ *1. Fordham University, West Harrison, New York, United States, 2. Westchester County, West Harrison, New York, United States*

The older population is becoming more racially and ethnically diverse. By the year 2050, 39% of those 65+ will be from minority groups, up from 21% in 2012 (Ortman et al., 2014). These figures have significant implications for aging policy, including concerns over ageism and racism. Discrimination can take many forms, and can be present in legislation, advertising, attitudes, the workplace, and the health care system (Snaedal, 2015). The present study examines perceptions of racial and age discrimination of older adults living in the community and its impact on their quality of life. Using a cross-sectional design, 134 participants over the age of 60 were surveyed at three senior centers with ethnically diverse populations. The Attitudes to Aging Questionnaire (AAQ-24) was used to assess participants' perceptions and experiences with aging and perceptions of racism were assessed using an adaptation of the Modern Racism Scale. Findings from the AAQ-24 revealed an average score of 27.1 (SD=6.66) for psychosocial loss, 28.3 (SD=5.34) for physical change, and 30.5 (SD=4.65) for psychological growth, indicating moderately high levels of ageism. For the racism scale, the average total score for all respondents was 34.4 (SD=7.05), also moderate. This study helps shed some light on what older adults feel about the aging, as well as their concerns with racial discrimination. The insights gained from older adults' experiences and perceptions can help shape policies for future generations.

SESSION 2819 (PAPER)

SOCIAL SUPPORTS IN DIVERSE AGING EXPERIENCES

AN EVALUATION OF THE DEMENTIA FRIENDS USA PROGRAM IN NEVADA: CHANGES IN KNOWLEDGE AND BEHAVIORAL INTENT

Jennifer Carson,¹ Peter Reed,² and Zebbedia Gibb,² *1. University of Nevada, Reno, Reno, Nevada, United States, 2. University of Nevada, Reno School of Medicine, Reno, Nevada, United States*

Dementia Friendly Nevada (DFNV) aims to develop and promote communities in becoming more respectful, educated, supportive and inclusive of people living with dementia and their care partners. To date, six communities are engaged, representing urban, rural and tribal communities. Each community convened an action group comprised of volunteers from a range of sectors, including people living with dementia as key participants. Each group used a participatory action research