

The need for health education regarding Alzheimer's disease and related dementias (ADRD), specifically designed for Latinos, has been well-documented. Many Latino older adults and their families delay seeking formal help for ADRD symptoms due to lack of information and access to culturally sensitive services. This paper presents preliminary findings of community-based participatory research to develop El Barrio SHARE, a culturally-tailored intervention tapping natural helpers (NHs) to address a need identified by community members in East Harlem, NY. It trains people who often interact with elders in the course of their work (e.g., hairdressers, bodega clerks), and are well-positioned to observe and detect ADRD-related problems and potentially link elders to relevant services. Findings from a process evaluation developing the 10-module NH training suggest that (a) participants seek information that debunks myths and stigma surrounding ADRD, and (b) the need for culturally-tailored, participant-centered interventions in marginalized communities is critical.

STRENGTHENING PERSONAL AND COMMUNITY DISASTER SUPPORT NETWORKS OF OLDER ADULTS

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The Ecological Model posits a multilevel approach to understanding of and strengthening social networks of community based older adults. We present findings from our intervention, network analysis, and efforts at influencing policy making at the state level to better prepare them for pre and post disaster and emergency situations. At the individual-level, we implemented the Disaster PrepWise program to help community-based older adults develop personal disaster plans. We found increases in personal emergency network size by an average of three non-familial individuals. At the community-level, we evaluated two disaster management networks in Eastern Iowa counties. We found strong collaborations in disaster planning and response among 44 governmental and community-based organizations, but weaker collaborations in supporting older residents, suggesting a need in this area. At the policy-level, we are developing a state-level network of organizations to address policy barriers to effectively support older Iowans.

SESSION 3070 (PAPER)

HEALTH CONCERNS OF LATIN OLDER ADULTS

SOCIOCULTURAL VARIABILITY IN SELF-REPORTED COGNITIVE IMPAIRMENT AMONG OLDER LATINOS IN THE UNITED STATES

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Cognitive impairment is a major public health concern in the United States. Research indicates cognitive impairment

is higher for older U.S. Latinos than non-Latino whites, due in part to Latinos having longer life expectancy, lower educational attainment, and a higher prevalence of diabetes and cardiovascular disease. Prior studies on cognition have largely examined "Latinos" as a monolithic group. However, Latinos are heterogeneous in composition with unique socio-cultural characteristics based on nativity and country of origin. Accordingly, we used data from the 1997-2017 National Health Interview Survey (NHIS) to document age-specific trends in self-reported cognitive impairment among US-born Mexican, foreign-born Mexican, island-born Puerto Rican, foreign-born Cuban, and non-Latino white adults aged 60 and older. Given the repeated cross-sectional nature of these data, we estimated hierarchical age period-cohort (HAPC) cross-classified random-effects model (CCREM) to isolate age trends in self-reported cognitive impairment across Latino subgroups and non-Latino whites. Results indicate significant heterogeneity among Latino subgroups, with island-born Puerto Ricans exhibiting the highest rates of cognitive impairment and foreign-born Cubans the lowest. Conversely, US-born and foreign-born Mexicans exhibited rates in between these two. All Latino subgroups statistically differed from non-Latino whites. Socio-demographic controls account for approximately 33%-45% of the disparity, but fully account for foreign-born Cubans and non-Latino whites differences. These findings indicate the importance of considering nativity and country of origin when assessing cognitive outcomes among older Latinos. Understanding minority and immigrant differences in cognitive impairment has implications for the development and implementation of culture-appropriate programs to promote healthy brain aging.

STRENGTH IN SEEKING SUPPORT: OLDER LATINOS' ATTITUDES ABOUT CANCER

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Given the growing Latino population 60 years and older, the current lack of relevant data, there is an urgent need to understand their attitudes about cancer to ensure effective prevention, intervention, and psycho-social care. A survey exploring attitudes about cancer was developed and administered in Spanish. Using convenience sampling (N = 168), univariate analysis was done to understand the study population's characteristics. Frequencies were assessed to understand participants' responses to questions on cancer-related attitudes. The effects of age, country of origin, length of stay in the U.S., and marital status were assessed using logistic regression. The participants had a mean age of 67.9 years, 65.5% were female, 56.5% were married or living with a partner, and 35.5% had tertiary education. Most respondents were from South America (46.7%), with a mean length of stay in the U.S. of 25.8 years. A high number (91.0%) indicated a preference to know if they had cancer, and 87.5% said that they would share their diagnosis

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