

social or religious groups was found to be a predictor of health seeking behavior among the older adults. Sex, age, level of education, and ability to handle activities of daily living (ADL), and ease of access to the nearest health facility, were found to be significantly associated with choice of healthcare facilities. The article concludes that there is need for conscious planning to provide formal supports to ease access of older persons to available health facilities. Such facilitation should include financial support and removal of existing physical and cultural barriers to health care utilization by older persons.

THE IMPACT OF NEGATIVE SOCIAL EXCHANGES ON ADULT PHYSICAL AND MENTAL HEALTH

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As some health components may change across adulthood (CDC, 2019), social support for aging adults may be one way to optimize physical and mental health (U.S. Department of Health and Human Services, 2018). When social encounters are negative, however, physical and mental health may be negatively affected (Chen & Feeley, 2013; Hawkey & Cacioppo, 2010). Negative social exchanges (NSE) have been linked to an increase in negative affect and a decrease in positive affect (Newsom et al., 2003), along with an increase in physical symptoms (Edwards et al., 2001). In order to examine the relations between age, NSE, and two components of health (chronic health conditions and mental health) two moderated regression analyses were conducted using data from 848 adults (Mage = 32.5 years). Studying chronic health conditions, the overall model was significant, $[F(3, 838) = 40.31, p < .001; R^2 = .36]$. Significant main effects emerged for NSE and age, along with a significant interaction between age and NSE ($b = 0.010, p < 0.05$). As NSE increased, the number of chronic health conditions increased, especially for older adults. For mental health, the overall model was significant $[F(3, 845) = 52.96, p < .001; R^2 = 0.16]$. A significant main effect emerged for NSE, but neither the main effect for age nor the interaction were significant. Thus, although NSE can have deleterious effects on both mental and physical health, special attention needs to focus on the physical health of older adults who experience a higher number of NSE.

AN ACTING AND IMPROV CLASS: WELL-BEING AND COMMUNITY BELONGING FOR OLDER AFRICAN AMERICANS IN LOW-INCOME HOUSING

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Arts-based interventions can enhance the quality of life of older adults, but community-dwelling older adults may have reduced access to such interventions. The purpose of this study was to examine whether a creative arts program can improve the overall health and well-being of older adults in low-income housing. A university social work department and community agency collaborated in establishing a professionally run theater group of older adults in two low-income housing buildings in an urban area. All residents

were encouraged to participate. The study consisted of three twelve-week acting and improvisation courses, focusing on either staged reading of monologues and dialogues, co-writing a script, or staged reading of a complete play. Each class culminated in a public performance for the building. Fourteen participants enrolled, all African American (11 women, 3 men; mean age 66 years; mean ADL = 1.4 (range of 1-2.5)). Attendance on average was 8 classes. Data were collected through pre- and post-test questionnaires, participant observation of class sessions, semi-structured interviews with building managers, and post-session participant reflections. Thematic analysis was performed, and revealed key themes of increased community belonging, increased confidence, and increased daily coping abilities. Additional themes included the gaining of new artistic skills and interest in continuing classes. Barriers to participation included difficulty in recruitment and absence due to ongoing health conditions and caregiving responsibilities. This project has implications for the potential of arts-based programming to increase well-being for underrepresented community-dwelling older adults.

ACCEPTABLE CHARACTERISTICS OF INTERVENTIONS FOR MIDDLE-AGED HISPANIC MEN: RESULTS FROM KEY INFORMANT INTERVIEWS

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Hispanics are the fastest growing segment of the aging population. Little is known about acceptable intervention approaches for Hispanic men. Purpose: To explore perceptions of acceptable intervention characteristics for middle-aged Hispanic men. Methods: Eighteen key informants (KIs) with expertise in delivering programs to the Hispanic community participated in semi-structured interviews. All interviews were audio-recorded and transcribed verbatim. Themes were identified using a grounded theory approach. Results: "Cultural sensitivity/competency" or "biculturalism" were fundamental characteristics of an acceptable intervention ($n=17$ KIs). KIs indicated program facilitators need to understand and relate to the culture, and to establish the trust of the community by demonstrating mutual understanding, respect and dignity. Facilitators must be bilingual and use the same level of language as the participants. KIs highlighted the importance of the literacy level of the materials and indicated intervention content should tap into the participants' unique cultural experiences. Including the family in the intervention, especially the spouse or partner, was considered essential for engaging the men ($n=18$ KIs). The KIs consistently indicated an intervention should be in-person, in either a group ($n=7$ KIs), one-on-one ($n=5$ KIs) or hybrid (group and individual; $n=6$) format. Only text messaging ($n=10$ KIs), phone calls ($n=5$ KIs), and Fitbits ($n=7$ KIs) were perceived as acceptable forms of technology for an intervention. Finally, the intervention needs to be appealing ($N=5$ KIs), interactive ($n=8$ KIs), and safe, fun and supportive. Conclusion: The KIs identified several important culturally relevant considerations when developing interventions for Hispanic men. Funded by the National Institute on Aging (R21 AG050084-01A1).