

daily living. Having functional impairment at the baseline assessment was associated with increases in depressive symptoms and negative affect over the study period. Daily interpersonal discrimination partially mediated this longitudinal association, explaining 7.4% (for depressive symptoms) to 8.1% (for negative affect) of the total effects. Exposure to discrimination and its mental health consequences were also more pronounced at younger ages. Disability-related perceived discrimination is an under-recognized mechanism that is likely to contribute to mental health inequities in later life. Professionals in health and disability policy, research, and practice need to concentrate efforts on developing policy and programs that reduce discrimination experienced by US adults with disabilities.

CORRELATES OF BREAST CANCER SCREENING BEHAVIORS AMONG INDIGENOUS WOMEN

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Cervical cancer remains a significant cause of morbidity and mortality among women globally; yet cancer burden is unevenly distributed among racial/ethnic groups. With 12,820 new cases in 2017 in the U.S., cervical cancer is the top cause of death among Indigenous women. Indeed, cervical cancer mortality rates among AI women in South Dakota are five times the national average and 79% higher compared to Whites in that region. This study examined predictive models of utilization of mammograms among Indigenous women adapting Andersen's behavioral model. Using a sample of 285 Indigenous women residing in South Dakota, nested logistic regression analyses were conducted to assess predisposing (age and marital status), need (personal and family cancer history), and enabling factors (education, monthly household income, mammogram screening awareness, breast cancer knowledge, self-rated health, and cultural practice to breast cancer screening). Results indicated that only 55.5% of participants reported having had a breast cancer screening within the past 2 years, whereas 21.0% never had a mammogram test. After controlling for predisposing and need factors, higher education, greater awareness of mammogram, and higher utilization of traditional Native American approaches were significant predictors of mammogram uptake. The results provide important implications for intervention strategies aimed at improving breast cancer screening and service use among Indigenous women. Educating health professionals and Indigenous community members about the importance of breast cancer screening is highly needed. It is critical to assess a woman's level of traditional beliefs and practices and its possible influence on screening participation and future screening intention.

WE CAN'T AVOID IT. IT'S THERE! AGEISM EXPERIENCED BY DIVERSE CULTURAL GROUPS IN OTTAWA, CANADA

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Introduction: Discrimination based on age is pervasive across Canada. Little is known about the experiences of ageism among diverse cultural groups. The purpose of this pilot study was to explore the perceptions of ageism among culturally diverse older adults in Ottawa, Canada. **Methods:** Three focus groups were conducted with Chinese, Arab, and Indian older adults in Ottawa in June 2016. An 8-item protocol was developed to guide the discussions. Qualitative data were analyzed using open, axial, and selective coding. **Results:** Twenty-five culturally diverse older adults (9 Chinese, 6 Arab, and 10 Indian) participated in the focus groups. All described personal positive and negative examples of discrimination based on their age without being familiar with the term "ageism". Several described their experiences with the intersection of age, race, and gender, although these interpretations varied by cultural group. Ageism in the media was also easily recognized. Participants recommended using specific content, communication channels, and organizations to counteract ageism. **Discussion:** This pilot study helped to illustrate that ageism is a societal problem that requires a societal solution. As Canada's population becomes older and more diverse, important efforts are needed to raise awareness of ageism.

OLDER ADULT HEALTH IN THE CITY OF CHICAGO

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In 2012, Chicago was designated as an Age Friendly City. However, city-wide data on the health and health disparities experienced by older adults have been scarce. In order to address this knowledge gap, the Chicago Department of Public Health (CDPH) partnered with the Center for Community Health Equity at Rush and DePaul Universities to create a report describing health status among adults age 65+. Data were from the Healthy Chicago Survey—a population-based health survey conducted by CDPH, the American Community Survey, Hospital Discharge Data, and State Vital Records. The report highlights considerable racial/ethnic diversity in Chicago, as 38% of older adults are white, 37% black, 18% Latinx, and 7% are Asian. Encouraging results exist regarding healthcare access; 96% have a personal health care provider and 89% report being able to get care needed through their health plan. Several areas of improvement are needed regarding root causes of health. More older adults live below the federal poverty level (15.9%) compared to the overall U.S. (9.3%), and 45.8% would be unable to pay for an unexpected \$400 expense. Disparities were evident as life expectancy at age 65 is 2.5 years longer for Latinx and white older adults (age 85) compared to African Americans (age 82.4). African American and Latinx older adults had higher rates of preventable hospitalizations per 10,000 (801.1 and 678.9, respectively) compared to white (492.4) and Asian (374.1) older adults. Findings from this report will spur

Chicago's continued progress as an Age-Friendly City for all its residents.

THE INFLUENCE OF SOCIODEMOGRAPHIC FACTORS ON GENDER DISPARITIES IN DISABILITY TRENDS

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Objective. In Taiwan as well as in many other aging societies, decreasing disability is a key public health priority. Gender is known to be a significant factor for developing disability. Our study aimed to examine gender disparities in disability trends as well as how sociodemographic factors influence these disparities. **Methods.** We used multiple-group latent growth curve modeling (MG-LGM) to examine data drawn from the Taiwanese Longitudinal Study of Aging, a longitudinal and nationally representative survey database. Four waves of survey data and 3,429 older adults (mean ages = 50-96) were included for analysis. Disability trajectories among men and women were modeled separately using MG-LGM. Equality constraints were imposed on the six factors assessed: age, education, leisure activities, perceived (self-rated) health, health behaviors, and comorbidities. **Results.** Baseline disability levels were not significantly different between the two groups, but once disability began, the progression toward greater disability was almost 50% faster among older women. Greater age and more comorbidities added significantly more to baseline disability and speed of progression among older women than among older men ($p < 0.001$). However, having better health behaviors (e.g., no alcohol, more leisure activities) reduced baseline disability significantly more among women ($p < 0.05$). Particularly interesting findings include that perceived health reduced baseline disability only among men ($p < 0.05$), while having a better social network reduced baseline disability only among women ($p < 0.05$). **Conclusion.** For older women, disability prevention is crucial, and promoting positive health behaviors and strong social networks are promising strategies.

ETHNIC DISPARITY IN NUTRITIONAL STATUS: EVIDENCE FROM ECUADOR'S NATIONAL SURVEY OF HEALTH, WELFARE AND AGING (SABE)

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Providing effective public services to improve the nutritional status among older adults is pivotal in countries experiencing population aging. Public investment and social policy in Ecuador have focused mainly on standard food-based interventions and cash transference programs. These efforts, however, may be not effective enough to reach those populations that need the most. This study aims to identify those populations that should be targeted by specific interventions. Data were drawn from Ecuador's Survey of Health, Welfare and Aging (SABE) – 2009, a probability sample of households with at least one person who were 60 years or older in Ecuador. The final sample consisted of 5,235 people who were 60 years or older. Ethnic identity was categorized into four categories: Indigenous People, Mestizo (Mixed of Spanish and Indigenous People), Afro-Ecuadorian/Mulato,

and Other. Nutritional status was measured using Mini Nutritional Assessment (MNA). Ordered logistic regression analysis was utilized to assess the association between ethnic identity and nutritional status. Results revealed that the Indigenous ethnicity was significantly associated with worse nutritional status compared to Mestizo and Other even after controlling for a range of covariates including socio-economic status, health related factors, and social support. These findings suggest the existence of underlying factors hindering the nutritional status of among indigenous older adults in Ecuador. Considering the information revealed by SABE, interventions and other strategies should be targeted and designed specifically accounting for the needs, preferences, and culture of the most vulnerable population.

RACIAL BIAS IN STAFF OPTIMISM ABOUT ADL IMPROVEMENT AMONG NURSING HOME RESIDENTS

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Research on bias in health care has shown disparity in provision of care to and health outcomes of African Americans. Patient optimism was associated with improved physical and psychosocial outcomes, and nurse optimism was correlated with patient perceptions of care. We estimated effects of race using logistic regression, controlling for ADLs, cognitive impairment, and gender on both staff optimism and resident optimism about capacity for improvement in ADLs in a probability sample ($n=2604$) of nursing home residents who were evaluated with the resident assessment instrument (RAI). We found no difference between African American and White residents' optimism about their own capacity for improvement. Staff findings were quite different. Staff were most optimistic about the potential of residents who needed ADL assistance $OR=1.82$; 95% CI [1.42-2.32] over those who were ADL dependent or those who only needed oversight. Most importantly, it was in the oversight category of ADL impairment where the greatest indication of racial prejudice occurred. Staff were much less likely to be optimistic about African American residents (16%) compared to White residents (30%). With all control variables entered, staff were still less willing to be optimistic about African American resident improvement ($AOR=0.65$; 95% CI [0.44-0.96]). The implications of these findings are troubling. It is unlikely that staff would expend energy on improving the functioning of the African American residents whom they believe cannot improve. Further research is needed on the extent to which prejudice in nursing homes is accompanied by discrimination and how the bias can be overcome.

HIGH-DEDUCTIBLE HEALTH PLANS AND COST OF HEARING AIDS AMONG ADULTS WITH HEARING LOSS: IMPLICATIONS FOR DISPARITIES

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High-deductible health plans (HDHPs) have shown potential to curb rising healthcare costs. We examined use and cost of hearing aids (HAs), comparing HDHPs with non-HDHPs. Using the 2009-2016 Truven Marketscan claims, we identified