

providers and the society in developing countries, such as China. According to the Stress Process Model, the stress of physical disadvantages influences mental health outcomes directly and indirectly. However, being socially engaged has the potential to reduce disease burden and improve psychological wellbeing of older adults. The purpose of this study is to examine the role played by social engagement in the pathway through which physical health predicts mental health. Using the WHO Study on Global AGEing and Adult Health China wave 2010, 6,276 individuals ages 60 years and older were included for analyses. Structural equation modeling was used to construct a directional path leading from the functioning and chronic disease, impacting the social engagement, in turn impacting the psychological wellbeing. All variables in this model are latent constructs. Functioning and chronic diseases in later life were associated with social engagement and psychological wellbeing, and the link between social engagement and psychological wellbeing was also significant. The effect of function was greater than that of chronic diseases. Though the significant indirect effect of physical health on psychological wellbeing was not supported in this study, this study suggests the multiple roles of social engagement as coping resources in the stress process of physical impairment and illness of older adults. This present study also adds to the existing literature by exploring how SEM methods can be applied to studies of social engagement.

#### URBAN-RURAL MENTAL HEALTH DISPARITIES IN CHINA: THE NEIGHBORHOOD EFFECTS

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This paper intended to explore the neighborhood effects on mental health disparities of urban and rural residents in Mainland China. Data were drawn from the CHARLS baseline (2011). The sample included 450 neighborhoods, with 3907 urban residents and 13,391 rural residents older than 45 years old. Multilevel model was used to determine the neighborhoods' effects and individual effects on depressive symptom scores (CES-D). Independent variables included social activities, health status, and demographic characteristics. The result reveals three context effects of urban-rural neighborhoods: first, people living in urban communities reported better physical health, higher educational levels, and lower depressive symptoms than their rural counterparts. Second, people living in urban communities are more engaged in social activities than people living in rural villages. Third, the urban neighborhoods present more variations in depressive symptoms and social activities than the rural neighborhoods.

#### SESSION 2864 (POSTER)

##### DIVERSE POPULATIONS

#### CHALLENGES AND PERSPECTIVES ON BREAST CANCER SURVIVORSHIP: THE JOURNEY CONTINUES

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Women have a 1-in-8 lifetime risk of breast cancer. Earlier diagnosis and treatment advances have improved 15- and

20-year survival rates. Increased survival can mean coping with the effects of cancer and its treatment over an extended period of time, while experiencing age-related changes in functioning and the emergence of other health issues. To explore breast cancer survivors' perspectives on their issues and concerns across the life-course, focus groups were conducted with a culturally diverse sample (N=18) of survivors (72% white, 28% Black, 11% Hispanic). Participants were 44-82 years old. Most, 83% were 50 and older, 56% were 60 and older. The majority (83%) were diagnosed in their 40's and 50's. Two were diagnosed in their early 30's and one at age 68. Participants reaffirmed the necessity, as a breast cancer survivor, of being a life-long health advocate on their own behalf, and the importance of being self-informed. As one woman commented: "Knowledge is power". Survivors shared that their emergent health issues were complicated by their cancer history, and, that, as a cancer survivor, "I never stop worrying". A widespread concern was not knowing if the health issues and co-morbidities they experienced (such as joint pain, neuropathy, tendinitis, heart disease), were age-related, a consequence of their cancer, or a late treatment effect. An overriding sentiment expressed was that clinicians have not recognized the importance of quality of life in cancer survival. As a survivor succinctly stated: "We are living longer, but we need to live long with quality of life."

#### COPING WITH HURRICANE MATTHEW: LESSONS LEARNED ON THE IMPORTANCE OF RELATIONSHIPS

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The effects of natural disasters are daunting among older populations, especially those with intersecting vulnerable social locations, such as low-income aging racial/ethnic minorities. Yet, there is a paucity of literature on these experiences. The purpose of this study was to explore the experiences of this population before and during the 2016's Hurricane Matthew. Using a modified grounded theory approach, study participants were recruited through a snowball method and through flyers that were posted throughout affected communities. Semi-structured interviews were used in this study. The analysis focused on the identification of themes. The study aimed to gain knowledge of the experiences of 15 aging minorities with Hurricane Matthew (n=15). The sample was primarily 73.3% females, with a mean age of 69, and of racial/ethnic minorities (53.3% Black and 46.7% Hispanic). All participants self-identified as low-income. The main theme that emerged from this study on how low-income aging minorities cope with natural disasters was the reliance on social capital and the importance of human relationships. The results suggest that in the context of having low-income, aging minority rely on a range of support. Some support came through information and tangible help they received from family, friends, church community, and neighbors. Bridging social capital came from federal and non-profit agencies as well as help received from their employers. Pre-disaster planning should focus on supporting older populations in building social capital. This may be especially beneficial for low-income, aging minority, who may lack adequate financial resources on which to rely.