Nigerian men who are at a higher risk of being diagnosed at fatal or advanced stage of cancer. With older age as a significant risk factor for cancer development such as prostate cancer in men, this study explored factors that influence cancer detection behavior among aging Nigerian men. Specifically, we examined possible predictors of current and future intentions to engage in early cancer detection behaviors among Nigerian men. Participants (N=143), with a mean age of 44.73 (SD = 6.15), responded to measures assessing health (cancer detection behaviors), social (masculinity, self-esteem, attachment), and psychological (active coping) factors. Demographic and ecological questions were also included in the survey. Results revealed that education, masculinity, and anxious attachment were significant predictors of current cancer detection behavior. Education, masculinity, and anxious attachment also predicted future cancer screening intentions. We discuss the implication of result for health policy, health education and cancer prevention interventions for Nigerian men and for the global campaign for early cancer detection.

RACE AND EDUCATIONAL DISPARITIES IN ADVANCE DIRECTIVE COMPLETION: ENCOURAGING TRENDS IN THE UNITED STATES

Catheryn Koss, and Rebecca Hensley, *California State University, Sacramento, Sacramento, California, United States*

Advance directives (AD) help to ensure patients' wishes are honored and contribute to improved end-of- life care. Race and education disparities in advance directive completion have been extensively documented. This study examined five waves of U.S. Health and Retirement Study exit survey data (N = 7,067) to examine to what extent these disparities have expanded or diminished over the past decade. Overall, advance directive completion increased from about 63% among participants who died in 2005-06 to about 73% among those whose deaths occurred between 2015 and 2016. Non-Hispanic whites were almost four times as likely to have advance directives compared to Hispanics or African Americans across this time period (OR=3.90. p<.0001). However, the growth rate in advance directive completion among non-Hispanic whites was significantly slower than for non-whites (OR=.90, p<.01). Compared to those with a high school education or less, those with some college (OR=1.67, p<.0001) and those with at least a college degree (OR=2.02, p<.0001) were significantly more likely to have advance directives across the time period. There were no significant differences in growth rates of advance directive completion for the different educational categories. These results suggest that educational disparities in advance directive completion are fairly stable, but that race disparities may be diminishing.

RACIAL OR ETHNIC AND MULTIMORBIDITY DIFFERENCES IN FUNCTIONAL LIMITATION TRAJECTORIES AMONG OLDER AMERICANS

Ana Quinones,[1] Miriam Elman,[2] Anda Botoseneanu,[3] Jason Newsom,[4] David Dorr,[1] Corey Nagel,[5] and Heather Allore,[6] *1. Oregon Health & Science University, Portland, Oregon, United States, 2. OHSU-PSU School of Public Health, Portland, Oregon, United States, 3. University of Michigan, Dearborn, Michigan, United States, 4. Portland State University, Portland, Oregon, United States, 5. University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States, 6. Yale University, New Haven, Connecticut, United States*

Racial/ethnic minority groups in the U.S. are at risk for greater co-existing chronic disease (multimorbidity) burden and experience greater functional limitations relative to non-Hispanic white peers. To target programs designed to preserve functional independence, this study aims to identify temporal trends of functional limitation among race/ethnic groups and within the context of multimorbidity. Data from the Health & Retirement Study (2000-2014, N=16,959, 65 years of age and older, community-dwelling adults) were used in generalized estimating equation (GEE) models to assess changes in functional limitations over time (combined activities of daily living [ADL] and instrumental activities of daily living [IADL], range 0-11). Models were adjusted for race/ethnicity (non-Hispanic black, Hispanic, non-Hispanic white), self-reported chronic disease categories (no/one, ≥2 somatic, somatic-depression; of arthritis, cancer, diabetes, heart disease, high depressive symptoms [CES-D8≥4], hypertension, lung disease, stroke), age at baseline, sex, body-mass index, education, partnered, net worth, and time. In adjusted GEE models, Hispanic and black respondents experience 1.4 times greater counts of functional limitations, respectively, relative to white respondents (incidence rate ratio [IRR]= 1.4, 95% CI[1.17, 1.66], IRR=1.4, CI[1.26, 1.61]); however, temporal trends were similar. With regard to multimorbidity categories, somatic or somatic-depression multimorbidity were each associated with 2.2 or 3.5 times greater functional limitations, respectively, relative to having no/one condition (IRR=2.2, CI[2.06, 2.39], IRR=3.5, CI[3.18, 3.74]). There are marked differences in functional limitation levels between minority ethnic and white groups, as well as among chronic disease combination groups, suggesting the need to intervene in middle-age to reduce disparities.

SELF-RATED HEALTH STATUS AS A PREDICTOR OF EXECUTIVE FUNCTION IN OLDER LATINOS

Jacqueline Guzman,[1] Yuliana Soto,[2] David Marquez,[3] and Susan Aguinaga,[1] *1. University of Illinois at Urbana-Champaign, Urbana, Illinois, United States, 2. University of Illinois–Urbana-Champaign, champaign, Illinois, United States, 3. University of Illinois at Chicago, Chicago, Illinois, United States*

Latinos have high risk of Alzheimer's disease and related dementias (ADRD). Self-rated health (SRH) has been used to predict cognitive decline. Early detection of executive function changes may help identify those at higher risk of cognitive decline. The purpose of this study was to examine the relationship between SRH and executive function in Latinos. Latinos (N=333, 84.4% female, Mage= 64.9 ± 7.08) from the BAILA randomized controlled trial self-rated their health as 1) poor/fair, 2) good, and 3) very good/excellent. Executive function was assessed by the Trail-making B, Verbal Fluency, Stroop C & CW, and the Digit Modality tests and stratified by SRH. One-way analysis of variance showed that the effect of SRH was significant for Trails B, F(2,298)=4.01, p=.019 and Stroop CW, F(2,298)=3.07, p=.048. Tukey's test indicated that participants who rated their health as fair/poor took longer to complete Trails B (M=196.78±83.0 seconds) compared

to those who rated their health as good (M=185.25 ± 85.1 seconds) and very good/excellent (M=149.25±95.3 seconds). Stroop CW results demonstrated that those in the fair/poor health category scored lower (M=17.22±6.6) than those in good (M=19.70±8.5 words/minutes) and very good/excellent health categories (M=18.73±8.2 words/minute). In sum, the results suggest SRH is related to executive function such that lower categories of SRH are indicative of poorer executive function. SRH might be used as a proxy for executive function and as a tool that community leaders can use to identify individuals at high risk of ADRD in need of behavioral interventions.

THE AFRICAN IMMIGRANT MEMORY LOSS PROJECT: A UNIVERSITY-COMMUNITY PARTNERSHIP

Manka Nkimbeng,[1] Hayley McCarron,[2] Gabriela Bustamante,[2] Wynfred Russell,[3] Tetyana Shippee,[2] and Joseph Gaugler,[2] *1. Johns Hopkins University school of Nursing, Minneapolis, Minnesota, United States, 2. University of Minnesota, Minneapolis, Minnesota, United States, 3. African Career, Education & Resource, Inc., Brooklyn Park, Minnesota, United States*

The few studies on dementia prevalence in immigrant communities show that immigrants from diverse racial/ethnic backgrounds have a higher prevalence of dementia compared with their U.S.-born counterparts. However, this body of work is small, resulting in a lack of reliable estimates of dementia prevalence among African immigrants. The AIMLP is a partnership between the African Career, Education, and Resources, Inc. (ACER) and the Families and Long-Term Care Projects (FLTC) of the University of Minnesota School of Public Health. Guided by an advisory board, the goal of this project is to develop culturally informed instruments, and use these to collect data to identify dementia care needs, knowledge, and resources in the African immigrant community. Study implementation started in August 2019, five advisory board meetings have been convened and 2 pilot focus groups have occurred. Twelve individuals participated in the focus groups. The majority (90%) were from Liberia and 60% were over the age of 55. Two participants currently care for a family member with dementia. Preliminary findings reveal a great need for education on dementia, and general lack of awareness on management, and limited access to services/supports. Focus groups will be finalized in March and the study survey will be developed and administered in the summer. These survey findings will be available and presented at the conference in November 2020. This is the first project to identify the extent of dementia care needs and resources among African immigrants; which will inform interventions for this population.

THE ASSOCIATION BETWEEN HEARING LOSS AND COMPLETION OF ADVANCE CARE PLANNING AMONG OLDER ADULTS

Junghee Han,[1] and Junghyun Park,[2] *1. Calvin University, Grand Rapids, Michigan, United States, 2. New York University, New York City, New York, United States*

Background: Ensuring access to quality end-of-life (EOL) care for all older adults is emerging public health concern. Hearing loss (HL) is the third most common chronic disease affecting older adults and a major impediment to access healthcare services. However, little is known about the impact of HL on advance care planning for older adults. Method: A sample of 1,862 older adults (≥65 years) was drawn from the National Health and Aging Trends Study (NHATS). HL was determined by self-report and advance care planning was measured by asking if an individual completed living wills or the Durable Power of Attorney for Health Care (DPAHC). Covariates included age, gender, race, marital status, education, religion, nativity, depression, region, facility status, regular doctor availability, Medicaid, hospitalization, cognition, perceived health status and a presence of chronic disease. Results: Descriptive statistics revealed that nearly 67% of older adults with HL completed the DPAHC, and the majority of them (71%) also had living wills. Multivariable logistic regression analyses showed that HL was significantly associated with completion of DPAHC and living wills, after controlling for a list of covariates (OR=0.50, $p<0.05$). Conclusions: The findings show HL is a significant predictor of completion of any type of advance directives. Facilitating effective communication in advance care planning for older adults with HL is needed. Healthcare provider should make health information accessible to them to get quality EOL care.

THE GENDERED EFFECTS OF EDUCATION AND ACCULTURATION ON OLDER KOREAN IMMIGRANTS' COGNITIVE FUNCTION

Eun Young Choi,[1] Yuri Jang,[2] and David Chiriboga,[3] *1. Leonard Davis School of Gerontology, Los Angeles, California, United States, 2. University of Southern California, Los Angeles, California, United States, 3. University of South Florida, Tampa, Florida, United States*

This study advances knowledge concerning older immigrants' cognitive health by examining the role of gender in the context of education, acculturation, and cognitive function. Guided by an emerging Gendered Process of Acculturation framework, we hypothesized that the cognitive health of men and women would benefit differently from a high level of education and acculturation. Cognitive health was measured with the Mini-Mental State Examination. Data were drawn from the Study of Older Korean Americans (SOKA), a multi-site survey of Korean Americans aged 60 and over (N = 2,061). Multivariate linear regression analyses were conducted to investigate the moderating role of gender in the effects of (1) education, (2) acculturation, and (3) the association of education and acculturation on cognitive function. Gender was found to be a significant moderator in the relationship of education and acculturation with cognitive health: the positive effect of both education and acculturation was greater among women than men. Furthermore, the three interaction among education, acculturation, and gender was significant: the positive impact of education on cognition was particularly pronounced among women with low acculturation and eliminated gender differences in cognitive status. Our findings suggest that gender plays a critical role in determining the cognitive health benefit arising from education and acculturation singularly and in concert, highlighting the vulnerability of women with low education and acculturation. These findings have implications for social interventions targeting immigrant populations.