proficient patients reported lower understanding of health information compared to those who did not need interpretation. Ideas of "pushing through" pain, perceiving physicians as "busy people," and mismatch in pain assessment tools contributed to pain attendance delay. Facilitators to care included family support, culturally and linguistically-tailored tools, and availability of cultural remedies. Conclusions: This mixed-methods study identified key themes including socio-cultural barriers and facilitators to effective pain care and management. Findings will inform tools and resources to better capture and address pain management in Chinese Americans.

MIDDLE-AGED AND OLDER LATINOS' SATISFACTION OF BAILAMOS LATIN DANCE PROGRAM

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Older Latinos engage in low levels of leisure-time physical activity (LTPA). Dance is a culturally appropriate activity which can be used to increase LTPA levels. We examined middle-aged and older Latinos' satisfaction with the revised BAILAMOS Latin dance program. Healthy and low actives middle-aged and older Latinos (Mage = 64.89±7.08) were randomized to a 4-month dance program (n=167) or health education (n=166). The dance program consisted of four Latin dance styles (Merengue, Bachata, Cha Cha Cha, and Salsa). Classes were held twice a week for one hour. A total of 113 participants completed the program. Participants completed a program evaluation about the 4-months program regarding time, duration, settings, instructor, and overall satisfaction. Items were evaluated on a 1 (strongly disagree/very bad) to 4 (strongly agree/excellent) Likert agreement scale. A total of 73 participants evaluated the 4-month dance program. Participants evaluated the program adequacy agreeing or strongly agreeing as far: time, duration and setting (96-98%); instructor's enthusiasm, quality of instructions, and eager to help (96-100%); dance program's progression and enjoyment (93-96%); difficulty level (59%). Participants reported they intended to keep dancing by themselves (93%) and would recommend the program to friends and family (98%). Many participants (88%) reported feeling physically excellent or good as a result of the program, 95% found the program excellent or good, and 100% thought the program was worth their time. Overall, the BAILAMOS program evaluation demonstrated high participants' acceptability and satisfaction. Those results can promote sustained LTPA and provide initial evidence to translation into community settings.

THE EFFECTS OF IMMIGRANT STATUS ON WELL-BEING AMONG OLDER ADULTS BY RACE-ETHNICITY: A MULTI-GROUP ANALYSIS

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Although prior researchers have decried the lack of research on racial/ethnic minority older adults, they have been less vocal about the gaps in research concerning the ways in which immigrant status and race/ethnicity affect their well-being. Thus, we examined the role of immigrant status on the stress coping process by race/ethnicity using the Transactional Model of Stress and Coping. The multi-group analysis function in structural equation modeling was used to determine whether the stress coping process was equivalent across three racial/ethnic groups (Non-Hispanic White (NHW), Non-Hispanic Black(NHB), and Hispanic) by immigrant status using the Round 1 of the National Health and Aging Trends Study (NHATS, (U.S.-born= 4,799, foreign-born=612)). We found that immigrant status and race/ethnicity may have complex effects on the stress coping process. For example, the total effects of being an immigrant were significantly associated with more stressors, less resources, and worse physical health. Except NHW, the total effects of being immigrant were associated with higher levels of depression and anxiety. With respect to the direct and indirect effect of immigrant status in the three groups, the Hispanic group has a larger effect of immigrant status on stressors, resources, depression/anxiety and physical health than their NHW and NHB counterparts. The results indicated that immigrant racial/ethnic minority older adults were more likely to have higher levels of depression and anxiety than the U.S.-born except for NHW. Immigrant status will require special attention in both assessment and management of depression/anxiety among racial/ethnicity minority older adults.

EXPERIENCES OF DISCRIMINATION ARE ASSOCIATED WITH DECREASED FUNCTIONAL ABILITY IN AFRICAN IMMIGRANT OLDER ADULTS

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Discrimination impacts functional health outcomes of African Americans and other racial/ethnic minorities in the United States; yet this is understudied in African immigrants whose population has risen by 137% since 2000. We examined the relationship between discrimination and physical function with a convenience sample of first-generation African immigrants age 50+ recruited through community-based organizations (N=124). Discrimination was measured with the Everyday Discrimination scale with higher scores indicating more experiences of discrimination (range=0-23). High versus low levels of discrimination were categorized at the mean. Physical function was measured using the PROMIS Physical Function measure with high scores indicating greater functional ability (range=11-50). Raw function scores were converted to standardized T-scores with a population mean of 50 and standard deviation (SD) of 10. Linear regression was used for analyses. Mean age of the sample was 61.4(SD=7.9) years. About two-thirds (63%) were female, more than half (52.4%) immigrated in search of better opportunities and half of the sample had high levels of