

discrimination. The mean function score was 44.2(SD=8.3) indicating that this sample had functional ability 6 points less than the population average. After adjusting for demographic and migration factors, the mean physical function score was 2.5 points lower ($b=-2.53$, 95% CI= -5.04, -0.01) for participants with more experiences compared to those with fewer experiences of discrimination. In conclusion, discrimination was associated with poor physical function in African immigrant older adults after adjusting for covariates. Longitudinal studies of discrimination and physical functioning should be pursued in more diverse, larger samples of African immigrants.

T6MALO SUAVE (TAKE IT EASY): HOW LATINO OLDER ADULTS PERCEIVE OF POSITIVE AGING

Lisette M. Piedra,¹ Melissa Howe,² John Ridings,³ Yadira Montoya,² and Kendon Conrad⁴, 1. *University of Illinois at Urbana Champaign, Urbana, Illinois, United States*, 2. *NORC at the University of Chicago, Chicago, Illinois, United States*, 3. *The Salvation Army Evanston Corps Community Center, Evanston, Illinois, United States*, 4. *the School of Public Health at the University of Illinois at Chicago, Chicago, Illinois, United States*

With the help of the Positive Aging of Latinos Study (PALS) steering committee (N = 20), we used concept-mapping methods to learn what Latino older adults (N = 101) consider important for aging well, positively, and successfully. We used data from nine focus groups (six Spanish, three English) to generate an unabridged list of 171 statements that described what positive and successful aging meant to participants. The PALS steering committee reviewed the statements, assisted with the translation and back translation of items in Spanish, eliminated vague and duplicate statements, and approved a final list of 85 statements. Next, Latino older adults thematically sorted (n = 35) and rated (n = 93) the 85 statements (using a 1-5 scale; higher values indicate greater importance). These data were used to produce a concept map for how participants conceptualized positive and successful aging. The final map consisted of 11 clusters nested within 4 overarching regions. Region 1 [Self-Sufficiency] contains clusters of items which address “Stability” and “Independence.” Region 2 [Healthy Behaviors] includes clusters with items related to “Staying Healthy” and “Avoiding Trouble.” Region 3 [Perspectives on Life] encompasses four clusters of items that address mindsets: “T6malo Suave (Take it Easy),” “Outlook on Life/Self-Care,” “Emotional Well-being,” and “Maturing.” Region 4 [Convivir (To coexist)] features indicators of interrelatedness such as “Social & Community Engagement,” “Coping & Adjustment,” and “Family Relationships.” These findings provide insights into how Latino older adults conceive of positive aging, which could be useful when designing culturally sensitive programming for Latino seniors.

UNIMAGINED FUTURES: THE PARADOX OF FAMILISM AND ELDERCARE AMONG AGING LATINOS IN THE CHICAGOLAND AREA

Melissa Howe,¹ Alexis Howard,¹ Wendy Hsieh,² and Lisette M. Piedra², 1. *NORC at the University of Chicago, Chicago, Illinois, United States*, 2. *University of Illinois at Urbana-Champaign, Urbana, Illinois, United States*

Scholars of gerontology highlight the ways aging varies cross-culturally. Whereas North Americans tend to describe “successful aging” as the maintenance of social and physical independence, Latin Americans tend to view aging as a natural process of social transition. In this study, we conducted a content analysis of nine focus groups (N = 101) and 20 interviews with Latino older adults in the Chicagoland area to examine how they characterize successful aging and view the health declines that accompany aging. We found that Latino older adults often used rhetoric associated with “successful aging,” which tended to emphasize the maintenance of independence and physical functioning. Even immigrant respondents employed this language, suggesting that descriptions of “good old age,” may be more culturally transferable than previously thought. At the same time, the cultural values of respeto and familismo also emerged. Regardless of the participant’s nativity status, centrality of family and the importance of respect represented constant sources of support. Still, adherence to these values came with considerable drawbacks for those intensely focused on self-sacrifice for the sake of their families. Taken together, “successful old age” was defined by the participants as one in which a person maintains physical independence in the context of an interdependent, kin-focused, social life. This paradoxical combination of valuing independence and familial interdependence produced a number of benefits and challenges for Latino adults as they transitioned into to older adulthood.

HEALTHY LIFE EXPECTANCY OF OLDER HISPANICS: THE INFLUENCE OF NEIGHBORHOOD CHARACTERISTICS

Kerstin G. Emerson,¹ Anqi Pan,¹ Hanwen Huang,¹ and Kyriakos Markides², 1. *University of Georgia, Athens, Georgia, United States*, 2. *University of Texas Medical Branch, Galveston, Texas, United States*

Research consistently shows a survival advantage among Hispanics, despite a worse health profile. The goal of this study was to calculate disability free life expectancy for older Hispanics in the United States, and to explore any difference by neighborhoods. We used data from the Wave 5 (2004-5) of the Hispanic Established Population for the Epidemiological Study of the Elderly (Hispanic EPESE), linked to vital status data through 2016. We used Sullivan’s method to create disability free life expectancy (DFLE) estimates, and to calculate the ratio of life expectancy without disability to life expectancy with disability. These estimates were compared across neighborhood characteristics using Census FIPS data. All neighborhood characteristics were cut into tertiles and significance testing compared high versus low. The average age of the sample was 82 (range 75-109), a majority female (62%), non-married (57.5%), and born in the US (56%). Results showed that neighborhood Hispanic density, poverty, and percent linguistically isolated were not statistically significant for disability free life expectancy estimates. However, disability free life expectancy was higher in neighborhoods with higher density of immigrants, compared to neighborhoods with lower density of immigrants. This was statistically significant for all age groups 75 until age 88. These results suggest that for very old Mexican Americans living in the southwest, neighborhood effects are not significant predictors of disability free life expectancy. The exception is for

the neighborhood immigrant density. This suggests that the healthy immigrant effect may maintain even in older ages. Policy and practice implications will be discussed.

SESSION 3365 (POSTER)

PAIN: SYMPTOMS AND MANAGEMENT

PAIN AND DEPRESSION AFFECT SELF-REPORTED STRESS RATINGS IN ADULTS WITH AND WITHOUT FIBROMYALGIA

Ha M. Nguyen,¹ Kristen Phillips,¹ Barbara J. Cherry,¹ and Laura Zettel-Watson¹, *1. California State University, Fullerton, Fullerton, California, United States*

Fibromyalgia (FM) is a chronic pain condition characterized by tenderness, fatigue, stiffness, joint pain, and physical and emotional distress. Depression is common, as well, and stress may be perceived as more severe. The current study examines perceived stress in adults ages 50 and older with and without FM. It was hypothesized that individuals with FM and/or depression would subjectively rate stressors as more severe compared to those without. Ninety-four participants (53% with FM, 78% female) aged 50 to 93 ($M = 67.72$, $SD = 9.26$) were administered an updated version of the Social Readjustment Rating Scale (SRRS) to assess amount of stress experienced in the past year. The difference between the SRRS pre-determined values and participants' subjective ratings was calculated. Lower difference scores indicated that self-reported severity exceeded standardized values. Hierarchical linear regression analyses revealed that older adults and men were less likely to report exaggerated stressor severity ($p < .05$). Controlling for age and gender, individuals with FM were significantly more likely to report stressor severity far above standardized severity scores ($p < .05$). Results also revealed that both depression and chronic pain impact stress ratings, but impact is significantly greater for depression ($p < .001$). When controlling for depression, FM impact is no longer significant, suggesting that depression is a stronger predictor of subjective stress. The findings emphasize the importance of stress management and lifestyle changes to reduce the likelihood of depression and stress perception in individuals experiencing chronic pain.

PAIN THAT LIMITS PHYSICAL ACTIVITY AFFECTS COGNITION IN ADULTS

Amanda F. Elliott,¹ and Ann Horgas¹, *1. University of Florida, Gainesville, Florida, United States*

Reduced cognitive skills have been observed in adults with chronic pain. The purpose of this study was to explore the relationship between pain and cognition in adults utilizing a large national sample. This was a cross-sectional study employing the 2015 wave of the Behavioral Risk Factor Surveillance System (BRFSS). A total of 134,058 adults had complete data on the variables of interest for this study. Half of the sample (50%; $n = 66,479$) reported having joint symptoms or arthritis that was physically limiting and 16% ($n = 21,976$) reported having difficulty concentrating, remembering, or making decisions. Twelve percent ($n = 16,537$) of this sample reported having both physically

limiting pain and difficulty concentrating and remembering. Chi-square analyses reveal a statistically significant association between pain and cognition in this sample [$\chi^2(1, N = 134,058) = 6925.5$, $p < .01$], with a small to medium effect size ($\phi = 0.227$). This study provides support that pain is associated with difficulty concentrating and remembering in adults. Pain is a common persistent symptom among older adults and its effect on cognitive functioning should be noted. Effective pain treatment strategies are warranted to help reduce the cognitive burden of chronic pain. In turn, in older adults who are experiencing concentration or memory problems, health care providers should assess the individual's pain as a possible contributor. Additional studies assessing both pain and cognition are warranted, especially looking at the relationship of these conditions over time.

NUTRITIONAL RISK IS ASSOCIATED WITH LOW BACK PAIN AMONG OLDER ADULTS: RESULTS FROM THE UAB STUDY OF AGING

David R. Buys,¹ Marion W. Evans,¹ Richard E. Kennedy,² Julie Locher,² Katie Buys,² and Cynthia J. Brown², *1. Mississippi State University, Starukville, Mississippi, United States, 2. University of Alabama at Birmingham, Birmingham, Alabama, United States*

Poor nutritional status is associated with adverse health outcomes across the life course, affecting older adults' ability to maintain overall well-being, limiting physical strength, and affecting mobility. International research has demonstrated associations between nutritional risk and general musculoskeletal pain; however, no research has explored relationships between nutritional risk and low back pain. Using the University of Alabama-Birmingham Study of Aging, we examined this relationship among 1000 community-dwelling older Alabamians (65+years). We used the DETERMINE Checklist, a well-validated nutritional risk assessment and assessed presence and severity of low back pain over the past 4 weeks. We completed univariate and bivariate analysis and multivariate logistic regression, adjusting for factors significant in the bivariate analyses: sex, body mass index, depression, and co-morbidities. More than half of the participants were at nutritional risk (55.2%). In multivariate analyses, one point increases in nutritional risk were associated with a 14% increase in the likelihood of low back pain 95% CI (1.087,1.213); in categorical analyses, moderate nutritional risk and high nutritional risk were associated with an increase in likelihood of low back pain [46% (95% CI 1.07,2.02) and 164% (95% CI 1.80,3.94), respectively]. While this cross-sectional analysis should be interpreted cautiously, it further emphasizes the importance of nutritional health for older adults. Clinicians treating patients with low back pain or nutritional risk may consider assessing for the other condition. When nutritional risk is detected, clinicians should refer to services such as counseling with a registered dietitian or to a social worker for assistance identifying community-based nutritional supports.

FEAR AND DYNAMIC INFLAMMATORY RESPONSE TO MOVEMENT AMONG OLDER ADULTS WITH LOW BACK PAIN: A FEASIBILITY ANALYSIS

Corey Simon,¹ Francis Keefe,¹ Gregory Hicks,² Carl Pieper,³ and Cathleen Colon-Emeric³, *1. Duke*