and Native Hawaiians are eligible for grant funding to promote elders' access to nutritious food and address other community-specific needs, such as transportation. Title VI directors are often short-staffed and work flexibly and creatively to accomplish administrative tasks as well as direct care for elders. The National Resource Center on Native American Aging (NRCNAA) developed the "Identify our Needs: A Survey of Elders", conducted with adults ages 55+ every three years since 1999, to help directors fulfill grant-required requirements to report on community needs assessment data about elders' needed services and health status. Directors administer the survey; responses are then scanned and analyzed by NRCNAA, with a site-specific summary returned to directors, at no cost to the site. To learn more about how survey data are utilized, NRCNAA staff interviewed four Title VI directors from across the US in 2018. In addition to meeting the needs assessment requirement, directors use the data to seek resources and support, build collaborative relationships, and evaluate and build their programs. Conducting the survey has allowed for discussions with elders about dimensions of elder health, advanced medical directives, and medical power of attorney. Additionally, specific interventions have been designed to address needs identified by the survey, including diabetic foot care, yoga, and falls prevention. Through the survey, the NRCNAA is able to support many dedicated Title VI directors working to improve the health and well-being of Native elders.

RACE DIFFERENCES AND DEPRESSIVE SYMPTOMS AMONG COMMUNITY-DWELLING OLDER AMERICANS

Ethan Siu Leung Cheung, and Ada Mui, *Columbia University, New York, New York, United States*

Using data from the Wave 3 National Social Life, Health and Aging Project, this study examines cognition, stress and social support factors associated with depressive symptomatology among older White (n=2356) and Black/African Americans (n=473) living in the community. Bivariate analyses suggest that Whites were slightly older than Blacks [(M(SD) = 73 .24(8.18) and 72.52(8.69); 71)]; and had higher unmarried status (66.58% vs. 43.76%). In terms of cognitive functioning, Whites scored significantly higher than Blacks [Mean (SD) of MoCA Short Form were 10.44(3.06) and 7.75.0(3.33)]. There was race difference in depressive symptoms experienced (CESD Short Form: M(SD) = 20.99(4.01) for Whites; M(SD) = 21.35(4.33) for Blacks). In order to identify predictors of depression, multiple hierarchical regressions were performed. Results showed that race had significant independent effect and multiplicative effect with IADL impairment in explaining depression scores. To identify predicators for each racial group, parallel regression analyses were conducted and two models were significant. Findings show that unmarried status and IADL impairment were common predictors of depressive symptoms for the two groups, and the impact of both variables were stronger for Blacks (for unmarried status; b =-1.42 vs. -.52; for IADL impairment b = .23 vs. .13). For Whites, other unique predictors of depression were male gender, lower income, more ADL impairment,

higher stress, less socialization and poor friendship quality. For Blacks, the only unique predictor of depressive symptoms was being younger age. The different correlates of depression for White and Black elders provide new insight into the design of race-sensitive interventions.

RACIAL AND ETHNIC DIFFERENCES IN PREVENTIVE SERVICES USE AFTER THE AFFORDABLE CARE ACT'S ENHANCEMENT OF MEDICARE BENEFITS

Mohammad Usama Toseef,[1] and Wassim Tarraf,[2] 1. *Wayne State University, Farmington Hills, Michigan, United States, 2. Wayne State University, Detroit, Michigan, United States*

As a consequence of the Affordable Care Act's enhancements of Medicare benefits, certain recommended clinical preventive services became available to Medicare beneficiaries without cost-sharing. We study the impact of these mandates on racial/ethnic disparities in the use of preventive services among traditional Medicare beneficiaries. We analyze nationally representative data on non-institutionalized Medicare seniors from the 2006-2016 Medical Expenditure Panel Survey (N=27,124). Our preventive services of interest include yearly receipt of cholesterol check, blood pressure test, flu shot, endoscopy, blood stool test, clinical breast examination, mammography and prostate exam. We estimate propensity score weighted difference-in-difference (DID) models to test for differences in preventive services utilization by race/ethnicity. Among traditional Medicare beneficiaries, we do not observe significant change in the use of most preventive services for Blacks and Hispanics compared to their White counterparts. However, Hispanics have significantly increased their use of blood stool tests relative to whites. Overall, we do not find major evidence to support a differential effect of reforms on race/ethnic minorities' uptake of preventive services following the mandates. Our results suggest that despite an overall benefit trough services expansion and cost-sharing elimination race/ethnic group differences persist. As such, disparities might continue and would require additional interventions. Reduction in disparities is a stated goal of US policy for many decades and achieving equity might require additional work and more varied and targeted interventions.

SYSTEMATIC REVIEW OF INTERVENTIONS FOR LATINX AND AMERICAN INDIAN FAMILY DYADS COPING WITH CHRONIC ILLNESS

Michael McCarthy,[1] Angelica Sanchez,[1] Yolanda Evie Garcia,[1] Dorothy Dunn,[1] Heather Williamson,[1] Julie Baldwin,[1] Morgan Lee-Regalado Hustead,[1] and Tamilyn Bakas,[2] 1. *Northern Arizona University, Flagstaff, Arizona, United States, 2. University of Cincinnati, Cincinnati, United States*

The United States is experiencing growth in populations from culturally diverse backgrounds. Studies suggest that Latinx and American Indians experience chronic conditions such as cancer, heart disease, and diabetes in greater numbers than whites. Literature also suggests that Latinx and American Indian families play a significant role as informal caregivers for loved ones with chronic illness. However, little information is available about interventions to assist these patient-family caregiver dyads cope. The purpose of this

systematic review is to synthesize published studies about psychosocial interventions developed or adapted for Latinx and American Indian care dyads in order to determine: (1) the benefits of these interventions; (2) their distinguishing features or adaptations, and; (3) recommendations for future intervention development. The protocol for this review was registered in advance with the International Prospective Register of Systematic Reviews (PROSPERO). We searched the databases CINAHL, PsycINFO, MEDLINE, and PubMeb using MeSH-derived keywords developed in consultation with a research librarian. Studies were included/excluded based upon pre-specified criteria. Three-hundred thirty-five records were identified, screened by the research team, and tracked according to PRISMA guidelines. After removing duplicates (n=9), studies that did not pertain to the conditions of interest (n=13), and studies that did not meet inclusion criteria (n=305), eight studies remained. Relevant information was abstracted from the final studies and synthesized by the research team. The majority of interventions for these populations are in cancer. Findings about benefits are largely inconclusive. Adaptations include a focus on cultural contexts, as well as culturally-based strengths, caregiving norms, and values.

THE ROLE OF AGE, POLITICAL AFFILIATION, AND FRAMING IN ATTITUDES TOWARD HISPANIC AND LATINX IMMIGRANTS

Mengzhao Yan, Zachary Gassoumis, Kathleen Wilber, and Sheila Salinas Navarro, *University of Southern California, Los Angeles, California, United States*

The United States is experiencing rapid aging and increasing racial and ethnic diversity. Nevertheless, political rhetoric about immigrants has stoked negative assumptions and beliefs adding to fear and cultural misperceptions. Among those most affected are people of Hispanic/LatinX ethnicity, who comprise approximately 18% of the population. To address negative stereotypes, we sought to test how framing affected attitudes about Hispanic/LatinX immigrants and how people in different generations across the political spectrum respond to framing. As part of the "Latinos and Economic Security (LES)," a national research project funded by the Ford Foundation, we launched the "Well Being 501 Latino Economic Security" survey through the American Life Panel of RAND Corporation in 2018. Before answering the survey questions, participants (n=739) were randomly assigned to three different conditions: a 100-word priming statement focused on Hispanic/LatinX work ethic/religiosity/patriotism (33.29%), a 100-word priming statement focused on justice/equity/fairness (32.75%), and a control group with no priming statement (33.96%). We used multiple linear regression to examine relationships among demographic variables, age, political affiliation, and priming statements and attitudes toward Hispanic/LatinX immigrants. Key findings include: 1) age, political affiliation, education level, race and ethnicity, and gender explained 47.5% of the variance in attitudes; 2) baby boomers and generation X were significantly less tolerant of Hispanic/LatinX; 3) priming statements played a salient mediating role in neutralizing negative attitudes. By employing a developmental perspective, we proposed six recommendations from the aspects of reframing policy narrative and developing educational programs targeted at improving attitudes toward Hispanic/LatinX immigrants.

TOGETHER, WE CAN MAKE THIS PLACE OUR HOME: CIVIC ENGAGEMENT AMONG ASIAN IMMIGRANTS

Cindy Bui,[1] Kyungmin Kim,[1] Qian Song,[1] and Yuri Jang,[2] 1. *University of Massachusetts Boston, Boston, Massachusetts, United States, 2. University of Southern California, Los Angeles, California, United States*

Civic engagement is an important dimension of age-friendly communities but has been understudied among Asian immigrant groups. While research has attributed greater civic engagement among immigrants to acculturation factors, the influence of acculturation may be conditioned upon Asian immigrants' social network and place attachment to their city. We used data from the Asian American Quality of Life survey to analyze civic engagement activity (e.g., City council meeting, voting in a City election) among a diverse sample of middle-aged and older Asian immigrants in Austin, Texas (N = 994). 34.5% of the sample had participated in at least one civic engagement activity in the past 12 months. We examined how such civic engagement is associated with acculturation factors, and further examined whether one's friend network and perception of their city moderated the association. We found that number of years lived in the U.S., familiarity with mainstream American culture, and number of friends in one's social network were positively related to civic engagement activity. Furthermore, we found that the association between years lived in the U.S. and civic engagement was more pronounced for immigrants with larger friend networks; the association between familiarity with American culture and civic engagement was more pronounced for immigrants with more positive perceptions of the city. These findings highlight that acculturation may not operate alone in civic engagement among Asian immigrants. Rather, it may also be important to create opportunities for Asian immigrants to feel connected to their community and build meaningful friend networks to encourage civic engagement.

SESSION 2865 (POSTER)

TECHNOLOGY AND OLDER ADULT INTERFACE

#DEMENTIA: AN EVALUATION OF THE WORLDWIDE DEMENTIA TWITTER NETWORK

Varun Ayyaswami,[1] Divya Padmanabhan,[2] and Arpan Prabhu,[3] 1. *University of Maryland Baltimore, BALTIMORE, Maryland, United States, 2. University of New England College of Osteopathic Medicine, Biddeford, Maine, United States, 3. University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States*

Social media engages an international network of healthcare stakeholders. Our study characterized the #dementia community on Twitter, which we hypothesized has increased substantially in the last six years. Symplur Signals, a healthcare social media analytics platform, was used to analyze public #dementia tweets between 1/1/2014 and 12/31/2019. Spam or users unclassified by the platform were excluded. Tweet activity, content, user characteristics,