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

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.

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

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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: "Tómalo Suave (Take it Easy)," "Outlook on Life/Self-Care," "Emotional Well-being," and "Maturing." Region 4 [Convivir (To coexist)] features indictors 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

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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

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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