disparities in quality of life and quality of care. However, there is little information about the associations between a resident’s race/ethnicity and the types of official complaints lodged. Methods: This project was a mixed methods study using a sequential explanatory design to examine ethnic and racial differences in types of complaints and rates of complaint resolution in a local Ombudsman Program. First, resident race/ethnicity and complaint data were collected from the Ombudsman Program and analyzed. Then, we conducted focus groups with Ombudsman Program staff and volunteers to provide a more complete interpretation of findings from the first phase. Results: Residents from ethnic/racial minority groups were less likely to generate Resident Care complaints and more likely to generate Resident Rights complaints, compared to non-Hispanic White residents (p<.05). Resident Rights, Quality of Life, and Administrative complaints were less likely to be disposed satisfactorily, compared to Resident Care complaints (p<.05). Themes emerged from our qualitative findings include language barriers and more efforts required for residents’ rights due to concerns raised more frequently among minority residents. Implications: Cultural competence training for Ombudsmen as well as care professionals should focus on skills and knowledge that value diversity, understand and respond to their unique concerns. Ombudsmen play an important role as they create an avenue for the residents to discuss their concerns. Implementation research may improve our understanding of the development and delivery of the Ombudsman Program.

MITIGATING THE IMPACT OF LONG-TERM CONSTRUCTION ON THE HEALTH OF OLDER ADULT RESIDENTS IN NEW YORK CITY’S CHINATOWN
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Introduction: Recent proposed major construction projects in New York City’s Chinatown often last multiple years. Little is known about the health impact of construction on vulnerable populations such as older adults. In Chinatown, approximately 20% of residents are older adults, live below the poverty level (34%), have a disability (47%), and nearly half report limited English proficiency. Objectives: We are conducting a mixed methods study to describe possible health and psychosocial outcomes of construction on older adults in Chinatown. Methods: We used an intervention model to identify priority areas related to construction and older adults which included: 1) a scoping review of the health impact of long-term construction; 2) key informant interviews of academic experts; and 3) convened community stakeholder leaders to review key focus areas and evidence-informed, culturally-relevant mitigation strategies. Five priority topics were identified: 1) Construction site emissions; 2) Noise; 3) Outdoor nocturnal lighting; 4) Neighborhood changes; and 5) Relocation. Results: Long-term construction contributes to adverse effects of air pollution, noise, and changes in the environment, with exposure to particulate matter and unwanted noise associated with higher morbidity and mortality. Unsafe sidewalk due to construction increase the risk of falling, the leading cause of death among NYC seniors. Construction-related stressors may isolate older adults from vital services and social networks. Conclusion: Long-term construction poses serious health implications for older adults. Stakeholders should adopt a community-engaged approach and identify meaningful community priorities to inform practical solutions to mitigate the impact of construction on vulnerable Chinatown older adults.

OLDER ADULTS’ REFLECTIONS ON AGEISM AND RACISM
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The older population is becoming more racially and ethnically diverse. By the year 2050, 39% of those 65+ will be from minority groups, up from 21% in 2012 (Ortman et al., 2014). These figures have significant implications for aging policy, including concerns over ageism and racism. Discrimination can take many forms, and can be present in legislation, advertising, attitudes, the workplace, and the health care system (Snædal, 2015). The present study examines perceptions of racial and age discrimination of older adults living in the community and its impact on their quality of life. Using a cross-sectional design, 134 participants over the age of 60 were surveyed at three senior centers with ethnically diverse populations. The Attitudes to Aging Questionnaire (AAQ-24) was used to assess participants’ perceptions and experiences with aging and perceptions of racism were assessed using an adaptation of the Modern Racism Scale. Findings from the AAQ-24 revealed an average score of 27.1 (SD=6.66) for psychosocial loss, 28.3 (SD=5.34) for physical change, and 30.5 (SD=4.65) for psychological growth, indicating moderately high levels of ageism. For the racism scale, the average total score for all respondents was 34.4 (SD=7.05), also moderate. This study helps shed some light on what older adults feel about the aging, as well as their concerns with racial discrimination. The insights gained from older adults’ experiences and perceptions can help shape policies for future generations.

SESSION 2819 (PAPER)

SOCIAL SUPPORTS IN DIVERSE AGING EXPERIENCES

AN EVALUATION OF THE DEMENTIA FRIENDS USA PROGRAM IN NEVADA: CHANGES IN KNOWLEDGE AND BEHAVIORAL INTENT
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Dementia Friendly Nevada (DFNV) aims to develop and promote communities in becoming more respectful, educated, supportive and inclusive of people living with dementia and their care partners. To date, six communities are engaged, representing urban, rural and tribal communities. Each community convened an action group comprised of volunteers from a range of sectors, including people living with dementia as key participants. Each group used a participatory action research...
EXPLORING THE EFFECTS OF ARTS INTERVENTION GROUPS ON WELL-BEING AMONG OLDER ADULTS

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Engaging in the arts reportedly improves well-being, but research is limited on the specific effects for community-dwelling older adults. The purpose of this randomized controlled trial was to examine how taking part in different arts interventions (dance & music) affects older adults’ overall well-being compared to a social conversation control group. Sixty-four participants (mean = 71 years old) participated twice weekly in a 10-week intervention that included ballroom dancing (n=23), ukulele playing (n=17), and social conversation (n=24). At the conclusion, three focus groups were held to assess participants’ experiences and subjective evaluation of the interventions’ impact. Twenty-two out of the sixty-four participants (dance= 8, ukulele = 6, social conversation = 8) took part in focus groups. Transcripts of the recorded focus groups were independently coded and compared. Common themes were agreed-upon by two researchers. Focus groups revealed positive outcomes for participants in all three groups. Several themes emerged across the intervention groups compared to the control group, including participants feeling challenged as they crossed their comfort zones, reporting increased confidence, enhanced social connections, and a sense of accomplishment when learning new skills. Community-dwelling older adults reported improved health-related outcomes after taking part in arts and social conversation sessions. Implementation of community-engaged arts intervention programs for older adults in the future may examine motivators which attract participants, foster positive social connections during sessions, and use participant-empowering pedagogical adaptations to retain participants. These factors can increase the efficacy of arts-engaged programs and help improve well-being in older adults.

FINANCIAL EXPLOITATION VULNERABILITY AND SOCIAL ISOLATION IN OLDER ADULTS: RESULTS FROM A LONGITUDINAL SURVEY

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OBJECTIVE: This study examined the prevalence and characteristics of socially isolated older adult participants in a survey funded by National Institute of Aging (NIA), and the association of social isolation with financial exploitation (FE) vulnerability. METHODS: Baseline data were collected from 328 participants (age 60+ years) and recruited from two regions. Assessments included a detailed cognitive battery and an array of self-report measures including sociodemographic and psychosocial variables. Social isolation was measured with the Friendship Scale (Hawthorne, 2006). Participants also read six randomly ordered “scam” scenarios (investment opportunity; Medicare phishing and prescription drug fraud; health product; sweepstakes; telemarketing) and provided credibility ratings for each (1 = Not at all credible; 10 = Extremely credible). Ratings are coded “0” (credibility rating 1); “1” (ratings 2-4); “2” (ratings 5-10) and summed, with total FE “vulnerability” scores ranging from 0-12. RESULTS: Preliminary results showed the prevalence of social isolation was 12.5% overall. Social isolation was higher for males (17.4% vs. 9.8%, p<.05); single / never married (28.7% vs. 12.5%, p<.01); and those in the lowest household income (under $10,000) category (28.3% vs. 12.5%, p<.05). However, we did not find evidence that social isolation varied significantly by race or educational attainment. FE vulnerability risk was higher for socially isolated older adults (2.44 vs. 1.44, p<.001) compared to non-isolated participants. CONCLUSION: Social isolation is associated with FE vulnerability. Therefore, identifying the prevalence and characteristics of socially isolated older adults is needed to improve the targeting of interventions for those at greater risk of FE vulnerability.

THE ASSOCIATION BETWEEN SPOUSAL CAREGIVER STATUS AND PSYCHOLOGICAL WELL-BEING AMONG OLDER ADULTS

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Older adults often bear the responsibility of taking care of their spouses who have physical or cognitive impairments. Although previous studies suggested various caregiving-related negative experiences might be related to older spousal caregivers’ mental health status, the components of psychological well-being (PSW) among older spousal caregivers have not been fully explored. This study examined the association between spousal caregiver status and PSW. Data were drawn from wave 2014 of the Health and Retirement Study. The sample consisted of 3,857 adults who were above 50, and 376 of the participants provided care in activities in daily life (ADL) or instrumental activities in daily life (IADL) to their spouses/partners. Three hundred and thirty-one of them had a spouse/partner who needed care, but did not provide the care to their spouse/partner. The majority of participants,