of older adults with MCC to characterize caregiver medication assistance. Two coders used content and constant comparative analysis to analyze transcripts. The mean age of caregivers was 61 years; the majority were female (68%) and identified as non-white (Black, 52%; Hispanic, 8%). Caregivers were predominantly spouses (n=10), or children (n=11). Older adults were on average 73 years old, managing 5 chronic conditions and prescribed 7 medications. Caregivers acknowledged the importance of medications to the older adult’s health, but their involvement in daily medication management was limited. Some caregivers preferred that the older adult continue these tasks to maintain autonomy, especially when caring for older adults who valued maintaining independence. Caregivers assumed medication responsibilities after older adults experienced sudden changes in health or upon observing non-adherence (e.g. full pill bottles). Older adults with higher medication burden (12+ medicines) adopted inefficient, cumbersome medication management practices; caregivers suggested simplified strategies, but the older adults refused to adopt recommended strategies. To combat resistance from the older adult, caregivers disguised assistance and deployed workaround strategies to monitor medication-taking behaviors. These findings suggest older adults and caregivers share a value of promoting independence of medication management, up until safety is seriously questioned. Additionally, there is a breakdown in communication at the time when older adults may benefit from increased caregiver involvement.

**PAIN ACCEPTANCE PREDICTS EXPANSIVE OUTLOOKS ON THE FUTURE IN OLDER CHRONIC PAIN PATIENTS**

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As chronic conditions continue to rise in the US, associated pain symptoms are rising as well, affecting 63% of those 65 and older. In an attempt to help patients lessen the burdensome physical/psychological effects of chronic pain, researchers have investigated the effectiveness of therapeutic interventions with pain acceptance-based models yielding the most promising effect sizes. However, these interventions do not explicitly account for how patients perceive their future. Qualitative work has shown that chronic pain patients with positive and expansive views of their futures report fewer pain-related anxiety and depression symptoms, and are more likely to engage in long-term (and often more effective) treatment regimens. This study aims to investigate whether pain acceptance scores predict future time perspective to enhance treatment effects of chronic pain interventions. Multivariate linear regression analyses were conducted with a sample of 148 non-cancer patients age 45 and older with chronic pain, i.e. pain lasting three or more months. Pain duration, neuroticism, sex, race, income, and age were included in the model to explore potential mediating or moderating effects. A significant positive association was found between pain acceptance and future time perspective ($r=.42$, $p<.001$, $r^2=.17$).

Additionally, with the inclusion of all covariates, our model significantly explained 24.1% of the variance in future time perspective in the sample, $F(7,132)=5.99$, $p<.001$. With an established association between these two psychological constructs, strategies to bolster future time perspective can easily be integrated into pain acceptance interventions for older chronic pain patients, hopefully pushing effect sizes past the ‘moderate’ level.

**PATIENT EXPERIENCE OF AN OSTEOPOROSIS TELEMEDICINE CLINIC**

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Rural Veterans at risk of fracture due to osteoporosis remain underdiagnosed and undertreated, in part due to location-related barriers to accessing care. Despite lowered cost and travel barriers to osteoporosis care through implementation of a telehealth model directed at rural at-risk Veterans that took advantage of many strengths of the VA's healthcare system, only 30% of eligible Veterans accepted care. To understand low acceptance, we conducted 39 semistructured telephone interviews with Veterans eligible for the clinic, including 19 who accepted screening and treatment, 12 who completed screening but declined treatment, and 8 who declined screening and treatment. Veterans who opted to be screened and/or treated for osteoporosis did so because: it was recommended by the VA; they were interested in learning more about their health; thought they may be at risk of osteoporosis; or believed screening would not cause them harm. Conversely, Veterans refused screening or treatment because of past negative experiences with medications, both bone and non-bone; a wish to not put anything else into their bodies; or the belief that their bone loss is not severe enough to warrant treatment. Outside medical professionals and peers influenced Veterans’ decisions to not take or alter their treatment. Cost and travel distance remained a barrier for Veterans who did not live near a VA facility with the necessary screening and treatment infrastructure. Many barriers to osteoporosis care remain despite efforts to remove them. Delivery systems must account for both instrumental and social access to care to reduce fracture risk.

**THE EVALUATION OF A MODIFIED DECISION AID FOR OLDER WOMEN WITH LOW HEALTH LITERACY**

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Given the lack of evidence recommending mammography for women >75 years, guidelines recommend that older women be informed of the uncertainty of benefits and of potential harms. The objective for this study was to evaluate the effect of a mammography decision aid (DA) designed for older women with low health literacy (LHL) on their decisional conflict and knowledge of mammography’s benefits and
harms in a pretest-posttest trial. Women, 75-89 years were eligible for this study if they had not had a screening mammogram in six months, a history of breast cancer/dementia and had LHL (defined as reporting difficulty completing medical forms on one’s own or obtaining < college education). Forty-four women participated. Their mean age was 78, 74% had a high school degree or less, and 53% were non-Hispanic White. Overall, women reported that the DA helped them prepare to talk with their clinician quite a bit (Mean = 3.6/5.0 on preparation for decision making scale) and 97% found the DA helpful. Using McNemar’s test, decisional conflict did not change and knowledge on a 10 item true/false test on mammography screening did not change; however, after receiving the DA women were correctly less likely to think that having a mammogram would prevent cancer. With the shift toward shared decision-making for women > 75 years, there is a need to engage women of all literacy levels to make these decisions and we have developed a DA on mammography screening for older women with LHL that these women perceive to be helpful.

THE IMPORTANCE OF CANCER-RELATED AND OTHER HEALTH FACTORS ON COGNITION AMONG OLDER-ADULT LONG-TERM SURVIVORS.
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Previous research has identified cancer and cancer-treatment related effects on survivors’ mental impairment including memory and concentration. However, research has not systematically examined the relative impact of cancer in the context of age and other age-related health challenges common in later life. This paper compares the effects of cancer-related factors with other health challenges faced by 471 older adult long-term survivors from an NCI-funded study of a randomly selected tumor registry sample from a major comprehensive cancer center. Having had chemotherapy is associated with several cognitive outcomes including memory and concentration. Survivors who reported more cancer-related symptoms during treatment reported a greater number of cognitive symptoms even decades after treatment. Importantly, other comorbid health problems as well as social factors were found to be important in explaining symptoms of cognitive impairment in this older adult sample. These findings suggest that health care and mental health providers consider the range of health challenges, including those related to cancer and its treatment, as they provide patient centered care.

TRANSPORTATION BARRIER IN RURAL OLDER ADULTS’ USE OF PAIN MANAGEMENT AND PALLIATIVE CARE: SYSTEMATIC REVIEW
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Pain and symptom management is critical in ensuring quality of life for chronically or seriously ill older adults. However, while pain management and palliative care have steadily expanded in recent years, many underserved populations, such as rural older adults, experience barriers in accessing such specialty services, particularly due to transportation issues. The purpose of this systematic review is to examine the specific types of transportation-related barriers experienced by rural older adults in accessing pain and palliative care. Studies were searched through the following 10 databases: Abstracts in Social Gerontology, Academic Search Premier, CINAHL, MEDLINE, PsycINFO, SocINDEX with Full Text, Cochrane Database of Systematic Reviews, Nursing & Allied Health Database, Sociological Abstracts, and PubMed. Studies were chosen for initial review if they were written in English, full-text, included older adults in sample, and examined pain/palliative care/ hospice, rural areas, and transportation. A total of 174 abstracts were initially screened, 15 articles received full-text reviews and eight met the inclusion criteria. Findings of the eight studies identified transportation-related issues as major access barrier to pain and palliative care among rural older adults: specifically, lack of public transportation; lack of special needs/wheelchair accessible vehicles; lack of reliable drivers; high cost of transportation services; poor road conditions; and remoteness to the closest pain and palliative care service providers. Results suggest that rural older adults have unique transportation needs due to the urban-centric location of pain and palliative care services. Implications for practice, policy and research with older adults are discussed.

SESSION 2962 (POSTER)
AGING IN PLACE (BSS)

A COMMUNITY SPACE WITH DIVERSE ACTIVITIES SUPPORT OLDER ADULTS’ SOCIAL PARTICIPATION AND SUSTAIN SOCIAL CONNECTION
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Active older adults in Japan participate in multiple social activities to be socially involved. However, physical limitation and decline in enthusiasm due to ageing decrease their participation. Diverse activities should be available at one place, close to older adult’s residence, to sustain social connections. A community space was launched at Toyoshikidai housing complex (Kashiwà, Japan) in February 2018. The place offers about 25 activities per month. This research aimed to elucidate the relationship between activity type and motivation for participation, and study the effect of the community space on older adults’ social connection. A cross-sectional questionnaire survey was conducted targeting the attendees of community space (February 2020). Of attendees, 68% lived within 10-minutes walking distance to the community space (N=101). The activities were classified into craft, exercise, and music. The motivation for attending craft events were information exchange and relaxation, as was health maintenance for exercise events. Participating in group performance was the motivation to attend active music event, and casual gathering and network expansion was for passive music event. The frequency of social participation outside the community space was low in the group aged over 75 years. This group attended the activities at the community space.