survivors (BCSs) is growing. BCSs frequently report persistent cognitive deficits (i.e., “cancer-related cognitive impairment”) that impacts QOL and treatment compliance. Older (≥65 years old) BCSs are more likely to experience cognitive decline and impairment, partly due to the biological process of senescence. In the context of a larger RCT of BCSs (ages 45-75; stages 0-III), we evaluated cognitive function/performance effects on among the older participants (ages 65-75) of 8-weeks Qigong/Tai Chi Easy (QG/TCE) compared to education control (EdC). Cognitive function was measured using the Functional Assessment of Cancer Therapy-Cognitive Function (FACT-COG), including: perceived cognitive impairment (PCI), and perceptions of effects of cognitive function on quality of life (PCQOL). Cognitive performance was measured using the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III): Digit Span (DS) and Letter-Number Sequencing (LNS). A multilevel model with random intercept was used to examine GroupXTime interactions: The majority of participants (N= 32) (M age= 69.7) were white (84%). Changes in WAIS-III DS, LNS and FACT-COG PCI were not statistically significant, but effect sizes were small to medium. The interaction between group and time was significant for FACT-COG PCQOL (p= 0.033) with a medium effect size, 0.14. Findings from this exploratory analysis of the larger study suggests that older BCSs’ participation in QG/TCE may improve perceptions of effects of cognitive function on quality of life. Such improvements may increase cognitive-related self-efficacy, overall QOL and treatment compliance among older BCSs.

**PREDICTORS OF RACIAL DIFFERENCES IN DEPRESSION AND AFFECT AMONG OLDER ADULT, LONG-TERM CANCER SURVIVORS**

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Research has long documented the psycho-social sequelae experienced by those who have been treated for and survived cancer. Depression, affect and other indicators of mood state have been an important focus of that research. However, there is little research on racial differences in depression and affect outcomes or the specific cancer and age-related factors that predict them. The research to be presented is based on a 10 year, six wave NCI funded study of 471 older adult (age 60+), long-term cancer survivors randomly selected from the tumor registry of a comprehensive cancer treatment center. Key outcome measures were depression (CES-D) scale) and both positive and negative affect (PANAS). Covariance analyses and nested OLS Regression were used to identify Black-white differences these outcomes and the relative importance of both cancer and non-cancer predictors. Blacks reported lower levels of depression and negative affect when compared to whites. In a separate regression analysis of the black sub-sample, continuing cancer-related symptoms were by far the strongest predictors (beta =.16) of negative affect. In the white sub-sample, while cancer-related symptoms continued to be a significant predictor (beta=.16), non-cancer symptoms were substantially more important (beta=. 22). These results will hopefully help practitioners to have a better understanding of the nuanced racialized experiences and mental health among cancer survivors, and how these may impact after-care for older adult cancer survivors.

**SHAKEN IDENTITIES, RESERVE MASCULINE CAPITAL, AND THE LIVED EXPERIENCES OF AGING MEN WITH BREAST CANCER**

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A question that begs to be examined is: How does aging men’s discovery they have breasts as a result of their breast cancer diagnosis and having a breast removed through a mastectomy, affect their masculine subjectivities and practices, as they also go about also living with a life-threatening illness? The present study aimed to better understand how men come to live with the knowledge that they have both breasts and cancer. Interviews with seventeen men in the U.S. (mean age 62.8) with a breast cancer diagnosis, mastectomy, and, most often, post-surgical hormonal treatment uncovered stories of body-self disruption and identity dilemmas. All the men’s identities had been shaken. After their mastectomy, they were reminded every morning that the body reflected in the mirror differed significantly from who they once were. Their stories revealed strategic themes: how they lived with cancer by slightly modifying conventional masculinities; and how others interacted with them, with the exception of mammography technologists, in terms of their gender, not their atypical illness. Only a few men initially felt their breast cancer was a gendered stigma. Noticeable was how the historical era when diagnosed and the age of the man at diagnosis contextualized their illness stories. In this presentation, three cases are used to exemplify the men’s varied experiences with their non-normative bodies and their commonality in finding reserves of masculine capital to rebuke the existential loneliness of a man with breast cancer.

**TECHNOLOGY USE AMONG CANCER PATIENTS PRE- AND POST- COVID-19 PANDEMIC: THE ROLE OF DEMENTIA**

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COVID-19 has highlighted increasing reliance on information and communication technology (ICT) and challenges in access and use. ICT access also provides resources that benefit users’ mental health. Our study describes changes in the use of ICT before and during the COVID-19 pandemic among cancer patients with and without dementia. We identified 196 (1.6 million weighted population) older adults with a self-reported cancer history who participated in both 2019 and 2020 National Health and Aging Trends Study (NHATS). In 2019, cancer patients with dementia (9.9%) were less likely (adjusted OR 0.29; 95%CI, 0.11-0.78) to use information technology (IT) for health matters (contacting medical providers, handling health insurance matters, obtaining information about health conditions, and ordering prescription refills) compared to those without dementia.
contrast, dementia status was not associated with communication technology (CT) use (email or texts) or IT use for personal tasks (grocery shopping or online banking). IT use for personal tasks was inversely associated with anxiety symptoms (adjusted OR 0.22, 95% CI: 0.06-0.83) and CT use was inversely associated with depressive symptoms (adjusted OR 0.25, 95% CI: 0.07-0.97). In 2020, regardless of dementia status, all cancer patients increased their virtual (email/phone/video) contact with family, friends (3.4%-7.0%), and medical providers (17.2%-36.2%) while decreasing in-person contact (10.0%-15.7% and 21.8%-24.2%, respectively) during the pandemic. This study suggests that there are potential unmet daily needs for patients with comorbid cancer and dementia that may be met with improved ICT access. Such challenges are of increasing concern as COVID-19 has resulted in increased ICT reliance for older adults.

Session 9120 (Poster)

CHRONIC DISEASE MANAGEMENT (BSS POSTER)

A QUALITATIVE INQUIRY ON SELF-MANAGEMENT DECISION MAKING AMONG RURAL AFRICAN AMERICANS WITH TYPE 2 DIABETES
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Living in a rural area has been recognized as a unique health disparity associated with higher rates of chronic disease. It is further compounded for those who are the most structurally vulnerable complicating access to care and negatively affecting health outcomes. Barriers to type 2 diabetes (T2DM) self-management remain a growing concern, particularly among minority communities living in underserved geographical areas. Much of the self-management research focused on compliance with medication regimens and modification of lifestyle choices. A less well-understood but arguably more critical aspect is the social factors in disease management decision-making. Purposive sampling was used to identify rural African Americans (n = 34). The mean age of participants was 65.9 years (SD = 12.3), and T2DM diagnosis was 15 years (SD = 12.4). The study utilized the consensual qualitative research methodology and the "Sort and Sift, Think and Shift" approach to identify themes. The participants reported an alternative way of integrating glucose monitoring through a "feedback loop" of body sensing. The longer they live with the condition (i.e., knowing my body), the more they can interpret whether they are hypoglycemic or hyperglycemic (i.e., deciphering the cues) to create and navigate their disease management strategy (i.e., body sensing). Self-management decision-making is a complex developmental process that includes disease trajectory and cultural and environmental factors. Findings from this study may provide a conceptual framework for ongoing inquiry and may provide insights to help T2DM educators and clinicians fully understand the complexity of long-term disease management among rural African Americans.

FALL DETECTION: USING TECHNOLOGY TO PREVENT FALLS AND SAVE LIVES
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Companies, providers, and consumers alike are increasing the use of technology in almost every industry. This increase in usage occurs simultaneously in a technology marketplace characterized by rapid evolution in design and products. Recent years have witnessed the surge of various technological products and solutions in the age-tech marketplace, particularly in senior living and many related to fall detection and prevention interventions. Falls can have a widespread and significant impact on health, can be deadly, and often result in high costs for individuals and older adult living facilities. One out of four older adults fall each year. Findings from a pilot project illustrate the total incident count for a 12-month period. Findings demonstrate the importance of having a complete solution for falls and a fall detection solution in place in an assisted living environment. Ideal environments for residents, families, staff, and those working in the facility with regard to smart tech are considered. It is important to consider how can these solutions empower residents and afford people autonomy and safety through dignified technology.

RISK PERCEPTION AND COMMUNAL COPING IN FAMILIES AFFECTED BY TYPE 2 DIABETES
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Despite a recent decline, rates of type 2 diabetes remain high among older adults. Preventing and delaying the onset of the condition with lifestyle changes is key to reducing disease burden in the population. Type 2 diabetes is a complex disease, likely a result from the joint effect of genetic, socio-environmental and lifestyle risk factors that are clustered in families. As such, the prevention of type 2 diabetes is a communal coping process, where individuals communicate about risk and establish routines to facilitate one another's health habits and compliance with therapeutics. This poster investigates how such a process is affected by one's perception of risk based on his/her knowledge about family health history (FHH). We collected family network data from families of different racial backgrounds in the greater Cincinnati area (28 white and 17 black/African American households; 127 participants). The analysis focuses on how the density of diabetes diagnosis in one's FHH affects communication about shared risk for type 2 diabetes and encouragement to maintain or adopt a healthy lifestyle. Results suggest a higher concentration of diabetes diagnosis in one's FHH is associated with a higher number of risk communication ties in all families. With regards to encouragement ties, high rates of diabetes diagnosis in FHH are associated with an increased number of encouragement ties only in families of black/African heritage. The findings highlight the need and promise of using FHH to motivate co-encouragement to maintain/adopt a healthier lifestyle in families of black/African heritage.

THE EVALUATION OF SMART SPEAKER SKILLS FOR CHRONIC DISEASE MANAGEMENT OF OLDER ADULTS
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