CHANGE IN COGNITIVE PERFORMANCE BY RACE OR ETHNICITY AND MULTIMORBIDITY AMONG OLDER AMERICANS
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Understanding factors that influence cognitive performance remain critical priorities, particularly among racial/ethnic groups that have higher prevalence of dementia. This study assesses race/ethnic (non-Hispanic white, non-Hispanic black, Hispanic) differences in cognitive performance in adjusted models accounting for co-existing self-reported chronic conditions (arthritis, diabetes, cancer, depressive symptoms, cardiovascular disease, hypertension, lung disease, osteoporosis, stroke), age, sex, education, and income. Data from the 2011-2017 National Health and Aging Trends Study (NHATS), a nationally-representative sample of Medicare beneficiaries (N=7,041, mean age=77.5), were used to estimate a series of cross-sectional multivariable linear regressions to evaluate race/ethnic differences in cognitive performance scores on the NHATS cognitive composite test of memory, orientation, and executive function domains (range 0-33) over seven years. In adjusted models, black participants had lower cognitive scores relative to white participants in 2011 (b=-2.25, 95% CI[-2.52, -1.98]) and by the end of the observation period in 2017 (b=-3.34, 95% CI[-3.72, -2.76]). Similarly, Hispanic participants experienced lower cognitive scores relative to white participants in 2011 (b=-3.12, 95% CI[-3.66, -1.89)]. Racial/ethnic groups had significantly lower cognitive scores relative to white Medicare beneficiaries over seven years of assessment. These analyses build toward longitudinal analyses of repeated observations of cognitive performance. Given the broad clinical and policy implications involved in caring for persons with dementia, it will be important to intervene earlier on modifiable risk factors to postpone cognitive declines among older minority ethnic adults.

ETHNICITY MODERATING THE RELATIONSHIP OF COGNITION FUNCTION OF PATIENTS WITH DEMENTIA ON CAREGIVER DEPRESSION
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The purpose of this study was to see if ethnicity (African-American and Caucasian) moderates the predictive effects of cognition functioning in patients with dementia on caregivers’ severity of depressive symptoms. Secondary data analyses were conducted from Resources for Enhancing Alzheimer’s Caregiver Health (REACH II; 2001-2004). The participants consisted of 214 African American and 321 Caucasian participants (N = 535). The assessment battery included the Center for Epidemiologic Depression Scale (CES-D) to measure depression severity, Mini-Mental State Exam (MMSE) to measure level of cognitive function, and demographic questionnaire to gain information about caregivers and care-recipients. ANOVAs and ANCOVAs were used to examine ethnic group differences in care-recipient cognitive functioning in predicting caregiver depression. Caucasian caregivers reported significantly higher levels of depression and care-recipients’ cognitive function compared to African American caregivers, p<.05. A custom ANCOVA indicated a significant interaction between ethnicity and care-recipient cognitive functioning on caregiver depression with greater effects of care-recipient cognitive function on caregiver depression for the African American caregivers than for the Caucasian caregivers, p=.02. Descriptively, the depression severity for the Caucasian caregivers remained relatively high across levels of care-recipients’ cognition. The findings indicated that ethnicity moderated the effects of care-recipient cognitive functioning on caregiver self-report of depressive symptoms. These findings suggest greater resiliency in African-American caregivers supporting their dementia or dementia-related condition care-recipients (Dias et al., 2015). These findings support the need to develop cultural specific interventions to better support the wellbeing of caregivers of care-recipients with dementia or dementia-related conditions.

HISPANICS AND HOSPICE CARE: A SYSTEMATIC REVIEW
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Hospice care has demonstrated improved pain and symptom relief for patients at end-of-life, however, Hispanics have significantly lower rates of hospice use compared to Whites. Moreover, few studies have examined factors associated with these lower enrollment rates and barriers to hospice care experienced by Hispanics. This systematic literature review aims to provide a comprehensive overview of studies examining Hispanic hospice use. We conducted a comprehensive search using three electronic databases (Ovid Medline, EMBASE, and CINAHL) from January 1946 to March 2019 using MESH terms for Hispanics, hospice, and end-of-life care. Our review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Protocols (PRISMA-P). Studies of Hispanic adults living in the United States that examined hospice use, outcomes of care, or knowledge and attitudes towards hospice were included. Commentaries, case studies, editorials, literature reviews were excluded. Of the 4,230 abstracts reviewed, 43 peer-reviewed articles met the inclusion criteria. Among these studies, barriers to hospice among Hispanics included lack of hospice knowledge and awareness, language barriers, and cultural barriers. Among most studies, Hispanics were less likely to receive hospice care than Whites, although some studies found that among those that enrolled in hospice, Hispanics had longer lengths of stay than whites. Overall few studies examined Hispanics use of hospice, and among those we found most were of moderate and low quality. More research is needed to understand the full range of Hispanics
experiences of hospice care. Such research could guide efforts to develop culturally tailored care for this community.

INFORMING THE FUTURE: CANCER PREVENTION AND DIAGNOSIS BELIEFS AMONG OLDER LATINO IMMIGRANTS

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Despite emerging research on Latinos and cancer (Carrion et al., 2018), there are no data regarding beliefs about cancer prevention and diagnosis in older Latinos residing in Central Florida. Similarly, to the US in general, Central Florida’s older Latino population is growing. Compared with other national samples, Latino immigrants in the southern U.S. report poorer health than in other regions (Siegel et al., 2015). Using convenience sampling (N = 168), univariate analysis was done to recognize the study population’s characteristics. Frequencies were assessed to understand participants’ responses to questions on cancer-related attitudes. The effects of age, country of origin, length of stay in the U.S., and marital status were assessed using logistic regression. Of the 168 individuals in the study, 34.5% were male with a mean age of 67.9, and a majority had at least a high school education and 25.8 years residing in the U.S. The participants were aware that tobacco use can cause cancer (93.5%) and that smoking affects the smoker as well as their family members (84.5%). They were also aware that mammograms facilitate early diagnosis of breast cancer (81.5%) and of the association between prolonged sun exposure and skin cancer (86.9%). However, specific knowledge about early diagnosis was low. Only 29.2% of participants knew that breast cancer can be diagnosed early, which was similar to the response toward early diagnosis of prostate cancer (24.4%). Among the participants, 26.2% were categorized as having poor knowledge of cancer prevention.

LIFELONG BILINGUALISM AND LITERACY SKILLS USE AMONG HISPANIC ADULTS

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Literacy skills use in everyday life is associated with social (e.g., civic participation) and economic (e.g., higher wages) benefits throughout the life course. Yet, the use of literacy skills may be lower among immigrants and those with limited language proficiency. No prior research examined associations between bilingualism in early life — a critical period for language acquisition — English literacy skills, and the use of literacy skills in later life of Hispanic adults. The objective of this study is to determine whether lifelong bilingualism (i.e., learning a second language in childhood and still understanding today) is associated with Hispanics’ everyday use of literacy skills later in life. Nationally representative data (n = 412) of Hispanics 35 years and older were obtained from the 2012/2014 Program for International Assessment of Adult Competencies (PIAAC). A series of logistic regression models were used to examine the associations between lifelong bilingualism and several measures of literacy skills use in everyday life. Results showed that lifelong bilingualism (vs. being monolingual) was negatively associated with the daily use of letters, notes, and e-mails (Odds Ratio = 0.426, p < 0.05), reading financial statements (Odds Ratio = 0.474, p < 0.05), and reading diagrams (Odds Ratio = 0.391, p < 0.05). Additionally, literacy was a consistent predictor of skill use. While bilingualism is generally beneficial for aging adults, our findings suggest that, among Hispanics, lifelong bilingualism is associated with the less frequent use of literacy skills later in life. We discuss the possible theoretical and practice implications of these findings.

LITERACY SKILLS, IMMIGRATION, AND MOTIVATION TO LEARN AMONG MIDDLE-AGED AND OLDER ADULTS IN THE UNITED STATES

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Education and training over the life course or lifelong learning has become critical in the fast-changing U.S. society. Foundation skills (e.g., literacy), motivation, curiosity, as well as access to learning opportunities are essential to promote lifelong learning. Despite the importance of these promoting factors, empirical research focusing on complex relationships between literacy skills, immigration and motivation to learn (MtL) among middle-aged and older adults is scarce. The objective of this study is to examine how literacy skills and immigration (vs. U.S. born) are associated with MtL among middle-aged and older adults in the U.S. Nationally representative data (n = 8,670) of adults aged 45 years and older were obtained from the 2012/2014 Program for International Assessment of Adult Competencies (PIAAC). Structural equation models were constructed to examine the formerly tested and validated latent MtL construct based on four 5-point Likert-type scale items among the sub-population of interest. Results showed that higher literacy skills (0-500 points; b = 0.002, p < 0.05) was associated with greater MtL. Additionally, immigrants were less likely (b = -0.114, p < 0.05) to have greater MtL than those who are non-immigrants (i.e. U.S. born). Higher literacy skills may indicate positive experiences in previous adult education and training and greater readiness for further learning. Findings from this study provide new empirical evidence of lifelong learning determinants. Educators and researchers should be aware of limited literacy and being an immigrant as potential barriers to knowledge-seeking in later life.

PREDICTORS OF CANCER DETECTION BEHAVIORS AMONG OLDER NIGERIAN MEN

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Recent research emerging from Nigeria suggest an increasing mortality due to cancer, especially among older