the same period by merging two longitudinal studies. The study also captured comprehensive information on health disparities over time. General linear models were employed. The findings showed that neither previous cancer experience nor aging affects health trajectories in later life. Conversely, comorbidities, being African American, female, having less than a college degree, and living alone significantly decreased the health trajectory in later life for all older adults. Moreover, when compared to other groups, older African American cancer survivors reported lower scores in self-reported health after controlling for other conditions.

ASSESSING CANCER SCREENING DISPARITIES USING SECONDARY SURVEYS: CHALLENGES AND OPPORTUNITIES
Preeti Zanwar, Jefferson College of Population Health, Philadelphia, Pennsylvania, United States

According to the WHO, cervical cancer is the fourth common cancer in women, with 90% each of the 604,000 new cases and 342,000 deaths in 2020 occurring in low- and middle-income countries. Cervical cancer can be cured if diagnosed early and treated promptly. Cervical cancer screenings by Pap-tests are evidence-based secondary prevention which are important in diagnosis and for receiving timely treatment for pre-cancerous lesions. I will present intersectional disparities in compliance with the U.S. Preventive Services Task Force guidelines for Pap testing in age-eligible women with disabilities by race/ethnicity using nationally representative Medical Expenditure Panel Survey. I find overall the proportion of women current with Pap testing is significantly lower among women with versus without disability. Additionally, I will provide example of other survey data such as the Behavioral Risk Factor Surveillance System that can be used for cancer screening and prevention and opportunities and challenges for using survey data.

RANDOMIZED CONTROLLED TRIALS FOR CANCER-RELATED COGNITIVE IMPAIRMENT IN OLDER CANCER SURVIVORS: LESSONS LEARNED
Diane Von Ah, OSU, Columbus, Ohio, United States

Breast cancer survivors (BCS) face a myriad of late and long-term symptoms including cancer-related cognitive impairment (CRCI). In fact, up to 75% of the 3.8 million BCS report concerns with memory, processing information speed, and decision-making. It is hypothesized that a subset of vulnerable BCS incur ‘accelerated aging’ resulting in CRCI with older BCS at greatest risk. CRCI has many downstream negative effects on everyday functioning and health-related quality of life. Despite considerable need, there are currently no effective treatments which have been sufficiently validated for CRCI. Cognitive training, which is based on the principles of neuroplasticity (brain’s ability to reorganize and form new neural connections to accomplish tasks), may be a therapeutic option. Clinical trials from our lab and others offer insights into the needs of BCS with CRCI and considerations (facilitators, barriers, acceptability and satisfaction) for older BCS will be highlighted to address this potentially debilitating symptom.

THE ROLE OF A MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE DIAGNOSIS IN HEALTHCARE UTILIZATION
Maira Castaneda-Avila1, Kate Lapane2, and Mara Epstein3, 1. University of Massachusetts Chan Medical School, Shrewsbury, Massachusetts, United States, 2. University of Massachusetts Chan Medical School, Worcester, Massachusetts, United States, 3. Meyers Health Care Institute, Department of Medicine, UMass Chan Medical School, Worcester, Massachusetts, United States

Monoclonal Gammopathy of Undetermined Significance (MGUS) is an understudied precursor of multiple myeloma (MM), the second most prevalent hematologic malignancy in the US. MGUS is incidentally diagnosed, and its significance is unclear as only 1% per year transition to MM. MGUS is highly prevalent among adults aged ≥ 50 years. In this presentation, we will review mixed-method approaches. Using healthcare claims and electronic health records from patients in central Massachusetts, we applied group-based trajectory modeling and conditional Poisson regression. These analyses were complemented by a qualitative analysis of in-depth interviews with providers and MGUS patients. Together, these methodologies provided a comprehensive evaluation of the impact of MGUS on healthcare utilization in older adults. The qualitative analysis provided a better understanding of the patient and provider factors influencing healthcare utilization after an MGUS diagnosis. The presentation will highlight how the use of these methodologies provide different perspectives among understudied premalignant conditions.

USING NATURALLY OCCURRING QUALITATIVE DATA IN GERONTOLOGICAL CANCER RESEARCH
Sean Halpin1, and Michael Konomos2, 1. Evidera, Decatur, Georgia, United States, 2. Emory University, Atlanta, Georgia, United States

Cancer therapies for older adults have accelerated at breakneck speed in the last few decades, necessitating evaluation of their delivery and uptake to ensure patients receive their maximum benefit. Among the vast array of evaluation tools available, those utilizing naturally occurring data—data produced without intervention from a researcher—are a powerful but underused tool. In this presentation, we will review two methods for examining naturally occurring data, participant observation and conversation analysis (CA), in an educational intervention study of multiple myeloma patients receiving autologous stem cell transplant. First, we will review how participant observation of nurse-led education visits (n=70) was incorporated to iteratively improve video-based education. Next, we will review use of CA in reviewing audio recordings containing reference to the education videos of 12 nurse-led education visits (1011 minutes of audio). Ultimately, understanding the purposes of and ways of using naturally occurring data have potential for improving the evaluation of patient education.

SESSION 2650 (SYMPOSIUM)

NARROWING THE DISPARITIES GAP IN LTSS: POLICY AND PRACTICE
Chair: Rita Choula

Access to and the quality of long-term supports and services (LTSS) are not equitable for all older Americans.
Disparities have been documented qualitatively and quantitatively for marginalized racial and ethnic communities and LGBTQI+ communities but the specific causes of gaps in equity differ by community, locality, and state. To be effective, policy solutions must be grounded in the lived experiences of Black, Latino, Asian American and Pacific Islander, and LGBTQI+ older adults in those communities. This symposium showcases how community-based research can be employed to understand the root causes of inequities in LTSS access and care affecting older adults of color and LTGBTQI+ identifying older adults and presents community-grounded policy solutions to remediate those inequities. Papers 1 and 2 use participatory research methods to understand barriers to equitable LTSS care access and quality and develop locally grounded solutions to those barriers. Caldera (Paper 1) shares results from a study of Cook County, IL nursing home residents and their caregivers focused on racial and ethnic disparities in access to and experiences with nursing home care. Hado (Paper 2) presents findings from research in Georgia and New York examining disparities in access to and experiences with HCBS for older racial and ethnic and LGBTQI+ communities. Fashaw-Walters (Paper 3) discusses the how systemic racism is at the root of inequities in LTSS access for communities of color and shares actionable recommendations aimed at ending racial and ethnic inequities in LTSS policies.

UNDERSTANDING RACIAL AND ETHNIC DISPARITIES IN NURSING HOME CARE IN COOK COUNTY, IL
Selena Caldera, AARP, Washington, District of Columbia, United States

Nursing facility data from the Illinois Department of Public Health reveals significant racial disparities in access to high quality nursing homes (NH) for older Black and Latino Illinoisans. While half of all Illinois NH residents live in a 1- or 2-star rated nursing home, 68% of Black NH residents live in such facilities. This study seeks to understand racial and ethnic disparities in access to, quality of, and experiences with care in Cook County, Illinois NHs and develop community-identified solutions to close quality, access, and equity gaps. We employ key informant interviews in a two-stage process that begins by developing a current state analysis of the experience with care through interviews with community stakeholders, including advocacy groups, policy and community leaders and public agencies. Those findings then guide interviews with older Black, Latino, and Chinese NH residents and their caregivers where we identify community-grounded solutions to closing equity gaps.

NARROWING RACIAL AND ETHNIC DISPARITIES IN HOME AND COMMUNITY-BASED SERVICES
Edem Hado, AARP, Washington, District of Columbia, United States

Older adults overwhelmingly prefer to age at home and in their community, yet research shows uneven access to quality home and community-based services (HCBS), especially among diverse racial and ethnic groups. Our research in Georgia and New York employs participatory research methods, including key informant interviews and focus groups conducted in 2021 and 2022, to identify root causes of disparities in access to, quality of, and experience with HCBS for older racial and ethnic and LGBTQI+ communities. Some root causes identified include: complexity in and lack of funding, tension between equal versus equitable service provision, and meaningful community outreach, particularly in Latino communities. We then identify scalable opportunities policy and programmatic interventions to improve care and service equity for older adults in those communities.

ADDRESSING SYSTEMIC RACISM ACROSS LONG-TERM SERVICES AND SUPPORTS
Shekinah Fashaw-Walters1, Tetyana Shippee2, and Jasmine Travers3, 1. University of Minnesota School of Public Health, Minneapolis, Minnesota, United States, 2. University of Minnesota, Minneapolis, Minnesota, United States, 3. NYU, New York City, New York, United States

Long-term services and supports (LTSS) are some of the most racially segregated healthcare services in the U.S. today. Marginalized users (e.g., Black and Latino older adults) have disproportionate access to high-quality care and subsequently report poorer health outcomes when compared to White users. It is important to acknowledge racism as a fundamental cause of these inequities to LTSS access. As the U.S. works to expand LTSS, it is critical to diversify and strengthen the LTSS workforce, increase Medicaid reimbursements along with efforts to improve accountability and transparency, reconsider payment models and the use of public reporting, improve quality metrics, implement effective support systems for patients of color, expand access to care, and increase promotion of integrated care. Health equity researchers, Drs. Tetyana Shippee, Shekina Fashaw-Walters, and Jasmine Travers will share 7 actionable evidence-based recommendations for LTSS policy change aimed to dismantle racism and advance health equity.

SESSION 2660 (SYMPOSIUM)

PHYSICAL AND MENTAL HEALTH OUTCOMES AMONG OLDER MILITARY VETERANS
Chair: Scott Landes Co-Chair: Janet Wilmot

Older veterans are a unique health population, with physical and mental health outcomes impacted by the positive health aspects of military social capital as well as the negative aspects of military-related hazards. This symposium focuses on physical and mental health outcomes among older military veterans both before COVID-19, and during the COVID-19 pandemic. Three studies address veteran health outcomes pre-pandemic. Two of the pre-pandemic studies focus on veteran-only samples in order to determine whether aspects of marital quality predicted levels of loneliness, and risk factors for trauma re-engagement among those with medical illness. The third pre-pandemic study examines whether the increased mortality risk observed among older veterans compared to nonveterans varies by combat status. Two studies address veteran health outcomes during the COVID-19 pandemic. The first uses a sample of older veterans with PTSD who were surveyed pre-pandemic and during the pandemic in order to ascertain the mental and physical health impact of the pandemic. The second COVID-19 study uses data from a study of Veterans Affairs’ Home

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