stories. Based on this information, prototype educational materials were developed and three additional groups were held in February 2020 (n=30, including family caregivers) to solicit feedback on content and design. The co-design process, evaluation methods, and implications of including older adults in educational design will be discussed.

HELPING CAREGIVERS TO BE READY, WILLING, ABLE, AND HEALTHY
Robyn Golden,¹ Vikki Rompala,² and Ellen Carbonell,²
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Given extended life expectancy, family caregivers are needed to provide care for older adults at home. Research has documented the deleterious effects of caregiving on mental and physical health for many. The Caregiver Health and Well-Being Initiative is a systems approach to support family caregivers of older adults by standardizing processes for identifying caregivers in ambulatory and inpatient settings, assessing caregivers’ needs, and providing relevant services and resources, including caregiver health services, a Teach Back clinic for skills development, and extended goals of care conversations. N=104 caregivers have completed assessments. Participants reported the following at baseline: depressive symptoms (54%); anxiety symptoms (69%); health being affected by the care situation (59%); financial situation decreasing (58%); feeling torn between demands of their family and demands of care (63%); and some feelings of burden from caregiving (97%). Intervention components will be discussed along with a larger systems change framework for implementation.

DEVELOPING A VOLUNTEER EDUCATION INITIATIVE FOR OLDER ADULTS’ HEALTH
Liz Seidel,¹ Tara Cortes,² and Cinnamon St. John,³
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Older adults need sufficient information to make healthy decisions and be active participants in their healthcare. Yet there is often a lack of information available. The Bronx Health Corps (BHC) was created to meet this need by providing older adults with usable knowledge on managing health conditions and promoting healthy behaviors in community-based settings. The BHC trained 175 volunteers, educated 2,065 older adults, with a total attendance of >5,000. Steps of creating a volunteer education initiative will be presented with qualitative and quantitative data utilization in implementation of the program. Focus groups with older adults noted challenges in addressing community health needs and the importance of reaching outside of healthcare settings to address the health of the community. Focus groups with Spanish speaking older adults and caregivers expanded knowledge on their attitudes toward the 4Ms and their ability to use that knowledge in interacting with their providers.

EMBEDDING PATIENT PRIORITIES CARE IN AN AGE-FRIENDLY HEALTH SYSTEM
Aanand Naik,¹ Lea Kiefer,² Angela Catic,³ and Lillian Dindo,¹ 1. Center for Innovations in Quality, Effectiveness, and Safety (iQuest), Houston, Texas, United States, 2. Michael E. DeBakey VA Medical Center, Houston, Texas, United States, 3. Baylor College of Medicine, Houston, Texas, United States

Background: Patient Priorities Care (PPC) is an innovative approach to improving care for older adults with multiple morbidities. We developed a PPC training program for healthcare professionals and describe preliminary results. Methods: We implemented PPC in a geriatrics clinic. 20 staff and trainees participated on 1) how to identify patient priorities, 2) documentation in the electronic health record (EHR), and 3) strategies to align care with priorities; and received case-based audit and feedback. Results: 250 patients participated in PPC encounters. The EHR template was subsequently integrated within an Age Friendly Health System (AFHS) note. Clinicians have integrated this AFHS template for all encounters. Conclusion: PPC is a feasible approach to the care of older adults with multiple morbidities following a structured clinician training program. PPC can be effectively incorporated into the “Matter Most” component of AFHS.

SESSION 6110 (SYMPOSIUM)

ENRICHING FUTURE RESEARCH: THE POWER OF QUALITATIVE METHODS IN CANCER-RELATED HEALTH SERVICES RESEARCH
Chair: Sean Halpin

The ever-changing landscape of cancer care for older adults—with novel treatments, increasing survival rates, and growing population diversity—makes effective cancer care delivery increasingly complex. Qualitative research is uniquely poised to make sense of this complexity and shape potential interventions and their implementation. While the potential power of qualitative methods in cancer-related health services research and implementation science is great, as recognized in a recent National Cancer Institute report, the range of qualitative methods can make identifying and applying the most appropriate method(s) challenging. To meet this challenge, this symposium will bring together researchers across disciplines to report on three qualitative techniques and how each was applied in cancer research with older adults. Halpin will present on the use of applied conversation analysis to study medical education delivery to patients with multiple myeloma. The method is particularly well-suited to investigate health education and communicative efficacy. Carrion will discuss in-depth qualitative interviews that were conducted to understand the cancer beliefs and attitudes of older Latinx adults. The interviews, conducted in Spanish, offer an opportunity to consider how qualitative methods are key to illuminating the experiences of underrepresented populations. Seaman will report on the multiple qualitative methods used, including questionnaires, interviews, and site observations, to document survivorship
care practices among head and neck cancer programs. The triangulation of qualitative methods allowed for an unparalleled understanding of guideline implementation and program variation. Exploring a range of methods, the presentations make a powerful argument for qualitative methods in cancer-related health services research.

USING APPLIED CONVERSATION ANALYSIS IN MEDICAL EDUCATION
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Successful implementation of patient medical education is contingent on the communication strategies used by nurses, patients, and caregivers. Applied conversation analysis (A-CA) is a sociological and linguistic technique aimed at understanding how interaction is accomplished. In this demonstration of A-CA, the authors draw on an 18-month iterative-formative evaluation of patient education that precedes autologous stem cell transplant for persons diagnosed with multiple myeloma (N=70), a type of cancer which disproportionately impacts older adults. In this study, patients and caregivers received supplemental education videos before their formal education session with a nurse coordinator. Using A-CA, we examined how nurses, patients, and caregivers orient toward the videos; including demonstrated knowledge by patients and caregivers. Nurses justified repeating topics from the videos. Through a focus on the function that language plays in sequences of interaction, it may be possible to determine strategies for improving patient education, and, consequently positively impact patient care.

HONORING OLDER LATINO IMMIGRANTS’ PERSPECTIVES ON CANCER: INFORMING THE FUTURE
Iraida Carrion, Malinee Neelamegam, and Jane Roberts
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Cancer is the leading cause of death among Latinos in the U.S. Approximately 32.2% of Latinos and 44.1% of Latinos aged 60 years or older have a lifetime probability of developing invasive cancer (ACS, 2018), with lower survival rates for most cancers even when allowing for age and stage distribution. There is some evidence that older Latino/Latina immigrants lack knowledge about cancer treatment options and are often adversely impacted by healthcare inequities regarding cancer treatment and care options. This study compared the cancer beliefs and attitudes of 58 Latinos and 110 Latinas with a mean age of 67.9 years who reside in the Greater Tampa Bay area. Recruitment occurred in community-based settings, and interviews were conducted in Spanish and transcribed into English. The qualitative methods of constant comparison and thematic analysis will be presented along with the results related to diagnosis, medical decisions, finances, death, and family.

TRIANGULATING QUALITATIVE METHODS TO EVALUATE SURVIVORSHIP CARE
Aaron Seaman, Seyedehtanaz Saeidzadeh, Emily chasco, Sangil Lee, Nicholas Kendall, Heather Reisinger, and Nitin Pagedar
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With 16.9 million survivors in the US, survivorship is an increasingly important aspect of oncologic care. As the number increases, we need to provide evidence-based, standardized survivorship care, yet the evidence base is lacking and guidelines are variably implemented. This multi-sited study documented the survivorship care practices of five head and neck cancer (HNC) programs in order to identify survivorship care practices, provider preferences, practice variability, and the facilitators and barriers to effective survivorship care implementation. To ensure rich, contextual data, the study utilized multiple qualitative methods: 1) program characteristics questionnaire; 2) semi-structured interviews with providers involved in treatment and survivorship care, 3) on-site observation and clinic workflow mapping, and 4) collection of survivorship materials. Triangulating data collection provided evidence of potentially promising HNC survivorship care practices, aligned with the vision of comprehensive survivorship care, that can be used to evaluate practices and develop interventions on a larger scale.

SESSION 6115 (SYMPOSIUM)
EXPERIENCES OF RACIAL DISCRIMINATION AMONG COMMUNITY-DWELLING OLDER ADULTS OF COLOR AND NURSING HOME STAFF OF COLOR
Chair: Manka Nkimbing
Co-Chair: Sarah LaFave
Discussant: Sarah Szanton

This symposium will present results of three qualitative studies that explored experiences of racial discrimination among older adults and their professional caregivers. Our first study reports on interviews conducted with older community-dwelling African American adults about their perceptions of and experiences with structural racial discrimination. Participants reported exposure that has accumulated over the life course and across contexts, including through limited access to educational and employment opportunities and disproportionate exposure to neighborhood violence and unhealthy products. Our second study reports findings from interviews conducted with older community-dwelling African immigrants about their experiences with acculturation and racial discrimination. Older African immigrants reported several types of discrimination, had developed unique strategies to cope with perceived discrimination and described how it impacted domains of health and wellbeing. Our third study reports on experiences with discrimination among U.S.-born and immigrant staff of color caring for residents in high minority proportion nursing homes. Findings indicate that although staff of color are valued for the diversity