GENDER DIFFERENCES IN THE RELATIONSHIP BETWEEN COPING STYLE AND ATTITUDES TOWARDS PALLIATIVE CARE
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Palliative care (PC) is becoming more widely available and its benefits, including improved quality of life for patients, have been demonstrated. Studies on patient-level barriers to PC access focus on knowledge and misperceptions. This study aimed to explore, among a community sample, whether more approach-focused coping styles may be associated with more positive attitudes towards PC and whether more avoidant coping styles are associated with more negative attitudes towards PC. Two linear regression analyses (an approach model and an avoidance model) were conducted to determine predictors of attitudes towards PC, controlling for potential confounds. The sample consisted of 87 community-dwelling adults ages 65+ (mean age=72.72 (S.88); 56.32% = women; 86.21% = White). In both models, more knowledge of PC was associated with more positive attitudes towards PC (β = .71, p<.01). Coping by engaging more social support was significantly associated with more positive attitudes towards PC (β = .54, p<.05). Results demonstrated a significant interaction (β = -1.24, p<.01) such that women who endorsed high levels of disengaged coping reported more favorable attitudes towards PC than men who endorsed high levels of disengaged coping. Results indicate the need for a tailored approach to PC education for patients and families. Men who often cope with a stressor via distraction, self-blame, denial, or giving up may be less receptive to acceptance of PC. Future research on educational interventions tailored for individuals with distinct coping styles may be beneficial, particularly for men who frequently rely on disengaged coping styles.

IMPROVING QUALITY OF CARE VIA EFFECTIVE PAIN MANAGEMENT
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Pain is neither a vital sign nor a normal part of aging. Yet, older adults frequently experience pain chronically or from an acute event. Pain was identified as a gap per the Centers for Medicare & Medicaid Services Quality Measures report (2019). The purpose of this quality improvement project was to improve the assessment of pain at a skilled nursing facility (SNF) by using a standardized tool. The Comprehensive Pain Assessment Tool for the Cognitively Intact evaluates the complex sensation and emotional reaction of the pain experience. Nurse managers (N=7) received 1:1 education on pain, pain assessment, use of the pain assessment tool, and took a post-test. Chart audits were conducted to identify tool use and evaluate the patient response. Additional data were collected from nurse managers via a questionnaire. All nurse managers received education and completed the post-test. Pain assessments and care plans were completed for 100% of the SNF residents in the cohort (N=22). Follow-up assessments were completed on only 75% of the cohort. Of the cohort, 95% demonstrated improved physical ability and functioning in activities of daily living as their pain experience improved. Only 4.5% of the cohort participated in the anticipated level of minutes of therapy as a result of facility infection control limitations due to the COVID-19 pandemic. This project demonstrated improved pain management through use of a tool to comprehensively assess pain. An organizational policy to comprehensively assess pain at this SNF could promote a higher level of independence and functioning for older adults.

INSTITUTIONAL EFFECTS ON EARLY PALLIATIVE CARE AMONG MEXICAN-HERITAGE ELDERS
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This paper addresses Mexican-heritage older people’s experiences with early palliative care (EPC). EPC is the early provision of medical, social and spiritual reports to relieve suffering. Empirically, Mexican-heritage older people are known to have less access to EPC and, when they access it, to receive care of lower quality. However, little work has explored how Mexican-heritage older people think about and access such care. The paper addresses this gap. Methods are longitudinal: 36 Mexican-heritage people ranging in age from 55 to 90 years completed longitudinal semi-structured qualitative interviews, for a total of 69 interviews. Results explore how respondents’ participation in social institutions may mediate the effects of larger social structural constraints on their health and access to care.

KEEP YOUR HOPES UP: AN EXAMINATION OF RACIAL DIFFERENCES IN THE ASSOCIATION BETWEEN HOPE AND PAIN
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Hope has been associated with increased pain tolerance (Snyder et al., 2005) and has been incorporated in interventions targeting chronic pain (Howell et al., 2015; Katsimigos et al., 2020). Research suggests that African Americans with osteoarthritis (OA) pain experience greater pain severity and disability compared to non-Hispanic White individuals (Vaughn et al., 2019). Although the literature is limited, there is some evidence to suggest racial/ethnic differences in hope (Chang & Banks, 2007). The current study examined race as a moderator of the association between hope and pain in a sample of older adults. Experience sampling (ESM) data was used from a multi-site study examining non-Hispanic White and African American individuals with knee osteoarthritis (OA). Participants completed the Adult Hope Scale (Snyder et al., 1991) during baseline interviews and self-reported momentary pain during 28 ESM calls. Multilevel models revealed a significant interaction between hope and race (p = .04). Specifically, greater hope was associated with