

$p < 0.001$) and were more active (60+ posts in recent month). Community resources and provision of social support were similarly shared through groups in both languages; advocacy was more prominent among Spanish groups (69% vs. 39%, $p < 0.001$). English pages significantly provided more social support (96% vs. 65%, $p < 0.001$), more caregiver skills (67% vs. 49%, $p < 0.001$), inspirational roles (88% vs. 59%, $p < 0.001$). Spanish pages and groups were better in providing news/research to FCG (59% vs. 16%, $p < 0.001$). Implications for research, policy or practice: Facebook provides numerous useful bilingual resources to ALS-FCG. FCG may receive social support, inspiration, training, news/research and advocacy. Further interventions need to actively improve the role of social-media in supporting bilingual ALS FCG and use it as a platform of dissemination.

PALLIATIVE CARE... WHAT'S THAT? : MEDICAID PATIENT-IDENTIFIED BARRIERS TO PALLIATIVE CARE

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Multiple studies demonstrate most consumers do not know about palliative care. And, since January 2018, California's Medi-Cal Managed Care patients have been eligible for palliative care services under Senate Bill 1004 (SB 1004). Yet, the uptake of palliative care services has been underwhelming. The purpose of this study is to explore patient-centered barriers to palliative care. We recruited 27 adult Medicaid patients suffering from advanced cancer, chronic obstructive pulmonary disease, congestive heart failure, or liver disease, from community-based sites in Los Angeles, and conducted semi-structured qualitative interviews. Each participant was asked questions to elicit their knowledge about, and perspectives on, palliative care as well as their preferred communication approaches for receiving a referral to palliative care. The interviews were audio-recorded and transcribed verbatim. We used a grounded theory approach to guide our analysis of primary themes. Our findings indicated that the barriers to palliative care referrals among this population included lack of knowledge about palliative care and available services; the reliance on, and trust in, primary care physicians for information; language and cultural barriers; and patient believing they are neither old enough nor sick enough to need palliative care. This population also preferred direct contact, with in-person consultations more favorable than telephone calls. These findings emphasize the critical role primary care physicians play in advocating for safety net patients and the necessity for culturally sensitive education about palliative care. Promoting knowledge and understanding of palliative care among both primary care physicians and consumers is vital to ensuring access to care.

INFLAMMATORY DIET PATTERN AND COGNITIVE FUNCTION IN 5 EUROPEAN COUNTRIES OVER 3-YEARS FOLLOW-UP

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Diet patterns associated with low chronic inflammation may modulate cognitive decline. We investigated an empirical dietary pattern (EDP) associated with inflammation in five European countries and its association with cognitive changes over 3-years. This prospective study included 2157 community dwelling-seniors 70 years and older, followed for 3 years as part of DO-HEALTH, a randomized clinical trial. At baseline, participants completed a food frequency questionnaire and C-Reactive Protein (CRP) and interleukin-6 (IL-6) was measured. We used the Montreal Cognitive Assessment (MoCA) every year of the study. Based on reduced rank regression, we estimated a dietary pattern associated with CRP and IL-6. To evaluate the association between the EDP and cognitive changes over time, we used repeated measure linear regression models adjusting for age, total calories, BMI, study center, time, alcohol intake, education, physical activity, presence of depression symptoms, hypertension, diabetes or heart disease. The EDP was characterized by higher intakes of red and organ meat, refined grains, legumes, poultry and white fish, and lower intakes of coffee, tea, ginger, nuts and cheese. In multivariate adjusted models, participants with lowest adherence to the EDP (range -7.3 to -0.3) increased their MoCA scores 0.7 points over three years whereas those with highest adherence (range 0.4-10.1) increased their MoCA scores only by 0.2 points ($p = 0.01$). In conclusion, a low inflammatory diet was associated with better cognitive function over time among adults ≥ 70 years from five European countries. This finding supports the role of diet in the promotion of cognitive health among older adults.

CO-DESIGNING CANCER SCREENING INTERVENTIONS WITH PEOPLE OVER 55 YEARS OLD AT RISK FOR LUNG CANCER

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In 2014, the US Preventive Task Force recommended annual lung cancer screening with low dose CT (LDCT) for adults aged 55 to 80 years old with significant smoking history. Although screening reduces lung cancer mortality, the leading cause of cancer mortality in the US, adherence to screening follow-up remains low. In a human-centered design qualitative study, health services researchers and eight adults over 55 years old from Kaiser Permanente Washington who had recently had an LDCT participated in two co-design sessions. We elicited barriers, facilitators and design principles to develop multilevel interventions that aim to improve adherence to ongoing LDCT. In the initial discussion, participants identified four key areas