was adopted to address the socially situated situation in which we encountered when building a dementia-friendly community and the strategies we adopted to respond to the problem. Results/Discussion. Three themes: (1) Partnering with local government, e.g. to reduce the cognitive and physical barriers for indoors activities and to increase the competence of local officials in DFC. (2) Partnering with local community and business: e.g. to increase the DFC awareness of community volunteers and to initiate a DFC business project, (3) building an academic team: e.g. to engage faculties who were motivated to pioneer an innovative practice, to fulfill their social responsibility, bridge the gap between theory, research, and practice. Conclusion. Significant changes were made in the community and the day center towards DFC. Community stigma towards dementia and community inertia was major obstacles. The allocation of city resources, personal drive towards DFC, and regular communication were key, despite the process was fraught with compromise, power dynamics, and conflicts of interests.

AGING IN COMMUNITY MODELS IN THE US: FRAMEWORKS FOR COMMUNITY SUPPORTIVE NETWORK DIALOGBS BETWEEN WEST AND EAST
Su-I Hou, University of Central Florida, Orlando, Florida, United States

Aging in Community (AIC) is the preferred way to age. This session shares promising AIC models in the U.S. and analyzed model characteristics. Four models were identified with the potential to achieve person-environment (P-E) fit, including village, naturally occurring retirement community (NORC), cohousing, and university-based retirement community (UBRC). Empirical studies show these AIC models enhance social support and improving older adult’s well-being, remain independence at homes, and community social and civic participation. Each model has a unique way to help community-dwelling older adults with their aging needs. This session aims to stimulate dialogs on opportunities and challenges of forming AIC supportive networks considering Eastern versus Western cultural and societal differences. Promising U.S. AIC models shared will serve as conceptual frameworks to facilitate discussions on various model's strengths and weakness and how they might be adapted in Taiwan's society considering eastern cultural values, societal norms, and healthcare system. Examples of Taiwan versions of these similar promising U.S. AIC models will be shared. Continued research is needed to address the challenges of engaging older adults with lower socio-economic status, meeting older adults' diverse and dynamic needs, and conducting comparative studies to share lessons learned across the globe.

THE ESTABLISHMENT OF A COMMUNITY NETWORK TO SUPPORT FAMILY CAREGIVERS
Tsuann Kuo, Chung Shan Medical University, South District, Taichung, Taiwan (Republic of China)

In 2021, 114 Caregiver Resource Sites were established in Taiwan to provide case management and services for family caregivers who may experience caregiving burnout due to long-term care. Each Caregiver Resource Site is responsible for serving 60-100 caregivers. An effort was made to recruit volunteers and gather resources so caregivers can be surrounded in the care-friendly community network, including care counseling, support groups, caregiving skill classes, relaxation activities, caregiver café, and in-home coaching for hard-to-care moments. By forming this community network to support caregivers, it has reduced caregiver burnout and avoided possibly negative tragedies due to caregiving.

SESSION 4460 (SYMPOSIUM)

BEREAVEMENT ACROSS THE ADULT LIFE COURSE: VARIATIONS IN EFFECTS ON HEALTH AND WELL-BEING
Chair: J Jill Suitor Co-Chair: Megan Gilligan
This symposium considers the consequences of deaths of family members across the life course on psychological well-being, physical health, and mortality in the middle and later years. The first two papers focus on intergenerational losses, using data from the HRS. Donnelly, Lin and Umberson examine the ways in which the impact of parental death on adult children's health in later life are shaped by children’s ages at loss, social isolation, and race/ethnicity. Next, Huo and Kim investigate the extent to which the effect of child loss on parents’ well-being in mid- and later-life is moderated by volunteering. The third and fourth papers focus on the role of spousal loss in health and well-being. Rodin and colleagues use HRS data to explore whether the association between widowhood and mortality differs depending on the cognitive health of the surviving spouse. Next, Vedder and colleagues provide a systematic review of variations in patterns and predictors of loneliness by marital status in middle and later life. Finally, Miles and Olsen examine the association between recent loss and binge drinking among spouses and adult children who had served as caregivers to the deceased, using data from the Georgia Behavioral Risk Factor Surveillance Survey. This diverse set of studies reveals how the impact of the death of family members on survivors’ health and well-being is shaped by a complex set of structural and socioemotional factors, shedding new and important light on health disparities by sex/gender and race/ethnicity in the middle and later years.

RACIAL/ETHNIC DISADVANTAGE IN PARENTAL DEATH ACROSS THE LIFE COURSE, SOCIAL ISOLATION, AND HEALTH IN LATER LIFE
Rachel Donnelly1, Zhiyong Lin2, and Debra Umberson3. 1. Vanderbilt University, Nashville, Tennessee, United States, 2. University of Texas at San Antonio, San Antonio, Texas, United States, 3. The University of Texas at Austin, Austin, Texas, United States

Prior research has not considered how exposure to parental death across the life course may contribute to lasting social isolation and, in turn, poor health among aging adults. The present study uses longitudinal data from the Health and Retirement Study (HRS; 1998-2016) to consider linkages of parental death, social isolation, and health (self-rated health, functional limitations) for Black, Hispanic, and White older adults. Findings suggest that exposure to parental death before later life is associated with higher levels of isolation, greater odds of fair/poor self-rated health, and more functional limitations in later life. Moreover, social isolation partially explains associations between parental bereavement and later-life health. Racial disparities in bereavement are central to disadvantage: Black and Hispanic adults are more likely to experience parent death early in the life course.
and this differential exposure to bereavement has implications for racial and ethnic disparities in social isolation and health throughout life.

LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF PARENTAL BEREAVEMENT PRIOR TO MID-LIFE: VOLUNTEERING HELPS
Meng Huo1, and Kyungmin Kim1, 1. University of California, Davis, DAVIS, California, United States, 2. Seoul National University, Seoul, Seoul-t’ukpyolsi, Republic of Korea

Losing a child prior to midlife may be a uniquely traumatic event that continues to compromise parents’ well-being in later life. This study compared psychological well-being between bereaved and non-bereaved parents, and examined whether volunteering protects bereaved parents. We analyzed a pooled sample of parents aged 50+ (N = 12,023) from the Health and Retirement Study, including parents who lost a child prior to 50 and those who never lost a child. Bereaved parents reported more depressive symptoms and lower life satisfaction than non-bereaved parents, which was more evident among parents with fewer children alive. Among bereaved parents, volunteering, particularly volunteering 100+ hours/year, was associated with better well-being at baseline; yet, volunteering 1–99 hours/year led to a larger increase in life satisfaction over time. This study adds to our understanding of lasting effects of parental bereavement and suggests volunteering as a potential intervention aimed at helping bereaved older parents.

THE WIDOWHOOD EFFECT IN COMPLEX SERIOUS ILLNESS: THE IMPACT OF SPOUSAL DEATH ON MORTALITY IN DEMENTIA
Rebecca Rodin1, Alex Smith2, Edie Espejo2, W. John Boscardin2, Sigi Gan2, Lauren Hunt2, Katherine Ornstein1, and Sean Morrison1, 1. Icahn School of Medicine at Mount Sinai, New York City, New York, United States, 2. University of California, San Francisco, San Francisco, California, United States, 3. Johns Hopkins University, Baltimore, Maryland, United States

Numerous studies suggest that there is an association between widowhood and mortality. This “widowhood effect” may be heightened in patients with dementia, who have high support needs and for whom spouses typically provide extensive caregiving support. Yet there are limited data on widowhood and mortality that account for dementia status. To determine the relative mortality risk of widowhood among those with and without dementia, we conducted a retrospective cohort study among community-dwelling, married/partnered persons, 265 years, enrolled in the Health and Retirement Study, 2000-2018. Among the 12,308 persons (n=390 with dementia), widowhood was not associated with increased mortality, after adjusting for age and dementia status, in men or women (adjusted HR 1.04; 95% C.I.(0.95-1.13); HR 0.96; 95% C.I.(0.87-1.95), respectively). These findings suggest that dementia, age, or other unmeasured confounding variables may account for the previous finding of increased mortality following spousal death. Further research is needed to confirm these findings in diverse populations.

THE LONG-TERM LONELINESS OF WIDOWHOOD: A SYSTEMATIC REVIEW OF MARITAL STATUS DIFFERENCES
Anneke Vedder1, Jeffrey Stokes3, Kathrin Boerner2, Henk Schut1, Paul Boelen1, Bibi Schut1, and Margaret Stroebe4, 1. Faculty of Social & Behavioural Sciences, Utrecht, Utrecht, Netherlands, 2. University of Massachusetts Boston, Boston, Massachusetts, United States, 3. Utrecht University, Departement of Psychology, clinical psychology, Utrecht, Utrecht, Netherlands, 4. University of Groningen, Experimental Psychopathology, Department Clinical Psych. & Exp. Psychopathology, Groningen, Groningen, Netherlands

Loneliness can be prominent in bereavement, possibly leading to compromised mental and physical health. We systematically reviewed the extent of loneliness across marital status groups, examining the prevalence, intensity, risk factors, and correlates of loneliness in widowhood, compared to other marital statuses. Studies that met predefined criteria as well as investigated marital status (comparisons) were included in the review. For reporting, we followed the PRISMA statement. Thirty-eight studies were included. Widowhood was associated with a greater likelihood and intensity of loneliness when compared to other marital statuses, and especially the divorced. Widowers were on average lonelier than widows. Findings suggest that, widowed persons are uniquely vulnerable to loneliness, and that, in the long-term, loneliness may be more pronounced among the widowed than the divorced. However, methodological shortcomings (e.g., heterogeneous samples, different measures of loneliness) of available studies must be considered, and future research should aim to overcome these limitations.

NEW BEREAVEMENT IS A RISK FACTOR FOR BINGE DRINKING, SMOKING, AND POOR MENTAL HEALTH (2019 GEORGIA BRFSS)
Toni Miles, Rosalynn Carter Institute, Athens, Georgia, United States

This presentation advances studies of population health by estimating the association between new bereavement and binge drinking rates among adults aged 50 years and older. In other reports, bereavement is associated with significantly higher rates of binge drinking among older adults. In 2019, the state of Georgia used an optional module in the Behavioral Risk Factor Surveillance Survey (BRFSS) to measure the prevalence of new bereavement. This is the first effort to capture population-level data on bereavement in Georgia. 45% of adults (4 million persons) aged 18 and older were newly bereaved in the 24 months prior to survey. Highest bereavement rates: adults aged 55 to 64 years (51%), unemployed (49%), and Black respondents (60%). Binge drinking rate for bereaved was 31 % (versus 23.6% not bereaved). Combined bereavement and binge drinking increased risk for poor mental health (OR = 2.83) and smoking (OR = 4.54).

SESSION 4461 (BIOLOGICAL SCIENCES INVITED SYMPOSIUM)

NEUROBIOLOGY OF AGING
Chair: Jasmin Herz