the highest percentage of disabilities reported in the South. Quality sleep is integral for overall wellbeing and is altered with age. Sleep complaints of older adults are associated with multiple adverse health outcomes such as dementia, stroke and obesity. The objective of this study was to examine the relationship between disability and sleep quality amongst custodial grandparents during the COVID-19, Fall 2019 in Georgia. Thirty-four custodial grandparents were recruited from the Georgia Division of Aging Kinship Care Support Groups, ages 42 to 78, with most identifying as African American. Disability status and the Pittsburgh Sleep Quality Index were measured. Results showed a significant negative relationship for custodial grandparents’ disability status and sleep quality ($\chi^2 = 9.167$, $p=0.027$; $\Gamma =-0.683$, $p=0.002$), sleep disturbance ($\chi^2 = 12.150$, $p=0.002$; $\Gamma =-0.897$, $p<.001$), and use of sleeping medication ($\chi^2 = 9.645$, $p=0.022$; $\Gamma =-0.783$, $p<.001$). Custodial grandparents with a disability had worse sleep quality, more sleep disturbances, and took more sleeping medication compared to custodial grandparents without a disability. Results have implications for kinship care providers and medical practitioners when engaging with custodial grandparents about their health, disability and impacts on their sleep quality.

DO CAREGIVER INTERVENTIONS IMPROVE OUTCOMES IN RELATIVES WITH DEMENTIA?
A META-ANALYSIS
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Despite plenty of reviews on the benefits of nonpharmacological interventions for dementia informal caregivers, large-scale review on the effects of these interventions on the care-recipients (CRs) is lacking. We searched PsycINFO, CINAHL, with Full Text, MEDLINE, and PubMed from inception to end of 2020 and found 144 articles that reported randomized controlled trials of caregiver interventions using CR outcomes. Interventions were found to reduce neuropsychiatric symptoms and mood disturbance, enhance cognition and quality of life, and delay institutionalization and mortality, with care coordination/case management, educational intervention with psychotherapeutic components, and direct training of the care-recipient (with caregiver involvement) being the more potent interventions. However, the effects were generally small to very small. Together with existing findings on caregiver outcomes, a tripartite scaffolding model of caregiver support is proposed. Future directions in terms of developing consensus guidelines, a registry of intervention manuals, and family-centered programs are discussed.

DOES RETIREMENT AGE IMPACT FUNCTIONAL LIMITATIONS IN LATER LIFE?
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The US government is gradually shifting the full retirement age in Social Security to age 67. However, previous studies suggest that this shift could negatively impact the mental and physical health of retirees. To understand the potential impact of raising the full retirement age on the functional health of retirees, this longitudinal study examined changes in physical functioning over time in retirees by age at retirement. Twelve waves of the Health and Retirement Study (1994 – 2018) were used. A total of 8,261 retirees was included. The retirement age was a categorical variable: very early age (<62), early age (62-64), traditional age (65-67), and late age (>67). Physical functioning was measured using 15 Activities of Daily Living and Instrumental Activities of Daily Living. A GEE model was used to assess the relationship between the retirement age category and the number of functional limitations. In the adjusted model, after controlling for all the other variables including baseline health and functioning, late retirement was associated with an 8.9% increased risk of functional limitations compared to traditional age retirement (IRR: 0.91, 95% CI:0.84 –0.98). Compared to late retirees, the risk of functional limitations was increased by 28.6% in very early age retirees (IRR: 1.29, 95% CI:1.21–1.36). Compared to those retiring at traditional retirement age, those retiring late, after 67, have increased the risks of functional limitations. Although levels of disability could influence age of retirement, these results suggest that for some workers efforts to increase age of full retirement, could have negative effects.

DYADIC PERCEPTIONS OF COVID-19 PANDEMIC IMPACT ON EVERYDAY LIFE
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5Dan Russell,1 Lauren Stratton,1 Erin Harrington,1 and Jyoti Savla,1, 1. Iowa State University, Ames, Iowa, United States, 2. Oklahoma State University, Oklahoma State University, Oklahoma, United States, 3. Pennsylvania State University, University Park, Pennsylvania, United States, 4. Virginia Tech, Blacksburg, Virginia, United States

It is important to understand the effects of the COVID-19 pandemic not only on individuals’ daily lives, but also their close partners. Current literature suggests that the COVID-19 pandemic has impacted older adults’ lives in several ways, including the frequency of social interactions and change in various life habits (Lesbrasseur et al., 2021). Data from 42 middle-aged and older, long-term married or cohabitating dyads were collected as part of an ongoing study of everyday cognition and functioning among couples. Participant age ranged from 40-85+, and couples were partnered for 9-60+ years. During this study, COVID-19 pandemic impact was assessed using six items (1 = No change to 4 = Severe change) examining daily routines, medical and mental health access, social contacts, and pandemic and family-related stress; reports ranged from six to 19. On average, women reported significantly higher COVID-19 pandemic impact compared to men. For both partners, the greatest disruptions reported related to routines and social contacts. Further analysis examined COVID-19 pandemic impact in dyads. For eight dyads, both partners reported relatively lower COVID-19 pandemic impact compared to men. For both partners, the greatest disruptions reported related to routines and social contacts. Further analysis examined COVID-19 pandemic impact in dyads. For eight dyads, both partners reported relatively lower COVID-19 pandemic impact (6-11), whereas for six dyads, both partners reported higher impact scores (14-19). Discussion focuses on within-dyad and between-dyad differences related to perceptions of the pandemic’s impact.

EFFECTS OF A MULTIPLE CHRONIC CONDITION (CC) REMOTE MONITORING PROGRAM ON CLINICAL OUTCOMES AMONG OLDER ADULTS
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Older adults are faced with an increased risk of comorbid chronic disease such as diabetes. While multiple health behavior change interventions (MHCIs) are known to improve clinical outcomes more than targeted interventions, less is known whether such effects persist in older populations. The objective of the study was to examine the effects of multiple chronic condition (CC) remote monitoring program enrollment and mental health program enrollment on glucose and blood pressure reduction, adjusting for self-monitoring behaviors. In a sample of 594 older adults (age 55+, 14% 65+ years, 46.8% female) evaluated over a 12-month period, statistical models showed that older adults with uncontrolled diabetes (A1c >= 7.0%) had a 7.9 pt. reduction in blood glucose for each additional program enrolled and a 22.7 pt. reduction in blood glucose when enrolled in mental health compared to those not enrolled. Similarly, older adults with uncontrolled hypertension (BP >= 130/80) had a 4.8 pt. reduction in systolic blood pressure for each additional program enrolled and a 7.2 pt. reduction in systolic blood pressure when enrolled in mental health compared to those not enrolled. The findings indicate the potential for multiprogram digital health interventions that incorporate mental health to further improve clinical outcomes in older adults suffering from multiple chronic diseases, namely diabetes and hypertension.

EFFECTS OF OBESITY REDUCTION ON PHYSICAL FUNCTION, INFLAMMATION AND OSTEOARTHRITIS IN OLDER ADULTS
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Age-related increases in chronic inflammation lead to reduced physical function via damage to muscle and joints and contribute to osteoarthritis (OA) risk. Obesity in older adults with OA further exacerbates inflammatory damage. Whether obesity reduction can lessen inflammation and improve OA is unknown; however, novel biomarkers may provide an answer. We completed a 6-mo. weight loss intervention (~500 kcal/day), studying blood biomarkers of inflammation and cartilage damage along with physical function in obese older adults with OA (n=39) and without an OA diagnosis (OA-; n=20). Participants were aged > 60 yrs (mean = 70.2±6.0) and obese (BMI = 34.6±4.7 kg/m2). At endpoint, weight loss was -6.3±4.0% and -5.8±4.1% in OA+ and OA-, respectively, with no group difference. Change scores for function for OA+ and OA- were: Short Physical Performance Battery score (+1.7±1.3 and +2.1±1.5), 8 ft up and go (-0.7±1.0 and -0.9±1.2 sec) and 6 min walk (+31.4±105.1 and +39.5±57.4 meters). All improved from baseline (p<0.05), with no group difference. Concerning blood biomarkers, there was a decrease (p<0.05) in cartilage oligomeric matrix protein (COMP: OA biomarker), indicating a potential benefit for OA. Change in COMP also differed between groups; OA+ had a greater (p<0.05) reduction than OA-. Pool results showed improved adiponectin (p<0.05), with no group difference. There were no changes for CRP, CTX-1, IL-6 and TNF-α. Our novel findings link early intervention with better reduction of OA risk and inflammation in obese older adults and also show important benefits for improved physical function regardless of OA status.

EXAMINING DIFFERENT TYPES OF SLEEP AMONG CUSTODIAL GRANDPARENTS DURING COVID-19
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Sleep is associated with healthy living. With increased age, sleep is harder to initiate and maintain. Currently, over two million grandparents have become primary caregivers to their grandchildren and are at risk for poor sleep outcomes. Research shows that grandparent caregivers are at risk for depression due to poor sleep quality. Thus, this study aimed to identify the sleep quality of custodial grandparents to gain a better understanding of sleep patterns during COVID-19 in 2020. Thirty-four custodial grandparents were recruited from the Georgia Division of Aging Kinship Care Support Groups from September through October 2020. Participants were between 42 to 78 years old with a mean age of 57. Participants completed the Pittsburgh Sleep Quality Index. Stata statistical software was used to analyze the relationship between the sleep quality subscales. Results showed a significant positive relationship for custodial grandparents between sleep quality and daytime dysfunction (γ=25.993, p=0.002; Λ=0.495, p=0.039) as well as sleep quality and sleep disturbance (γ=11.129, p=0.084; Λ=0.751, p<0.001). There is a significant positive relationship between daytime dysfunction and sleep duration (γ=14.984, p=0.091; Λ=0.681, p<0.001), where grandparents with daytime dysfunction have longer sleep duration. Findings suggest grandparents with poor sleep quality are more likely to experience daytime dysfunction and have more sleep disturbances in the COVID-19 environment. Our study will benefit researchers and practitioners caring for custodial grandparents and contribute to future research focused on custodial grandparents and sleep quality.

EXPLORE THE ROLE OF ABETA IN AXONAL TRAFFICKING DEFICITS INDUCED BY ALPHA SYNUCLEIN IN PARKINSON DISEASE
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Alpha synuclein (ASYN) is a neuronal protein that is observed in significant amounts in the brain and is encoded for by the SNCA gene, it functions as a regulator for the trafficking of synaptic vesicles. It has been noted that the buildup of alpha synuclein has been found in the form of Lewy bodies in studies involving patients with Parkinson’s diseases (PD). Gathering an understanding for the manner in which alpha synuclein affects the synaptic structure and the movement of axonal trafficking will help further our understanding towards the formation of Lewy bodies. Experimenting with the