more positive, both children and parents experienced fewer challenges and more rewards (i.e., both actor and partner effect). Parents’ experience of relationship quality was only associated with their own challenge perceptions (i.e., actor effect only). The roles of support exchanges, family norms, and personality were relatively minor, with few significant effects if at all. Given the importance of relationship quality for challenge and reward perceptions, support services or interventions targeting relationship quality could be a key pathway to minimizing challenges and maximizing rewards among very old parents and their children. Focusing on relationship perceptions of the child may be particularly critical in improving the experiences of both parent and child.

LIVING WITH END-STAGE LIVER DISEASE: PERSPECTIVES OF YOUNGER AND OLDER PATIENT–CARE PARTNER DYADS
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The uncertain trajectory of end-stage liver disease (ESLD) leaves patients and their informal care-partners to face psychological, social, physical, and financial burdens, complicating their relationship. Knowledge is lacking on how living with ESLD affects patients and informal care-partners. The study purpose was to compare how ESLD affects relationships between younger and older patient-care-partner dyads. Patients with ESLD and informal care-partners were recruited through liver clinics at two hospital settings. They completed questionnaires including two open-ended questions about how ESLD affected their relationship (R01NR016017, NINR/NICHD). Patient eligibility criteria: age ≥18 and MELD score >15. Care-partner eligibility criteria: age ≥18 and identified as patient’s primary support. Conventional content and qualitative dyadic analysis were used to analyze written responses to the two questions. Data were available for 140 patient-care-partner dyads. Patients averaged 57 years old (range, 23-83 years; 69% were male; 31% with ETOH as primary etiology). Care partners averaged 57.5 years old (range, 19-85 years; 74% were female). Older dyads were more likely to report having a closer relationship, although tempered by uncertainty and symptoms limiting activities. Younger dyads emphasized managing symptoms, financial stress, caregiving burden, and lack of intimacy among spousal/partners. Diverging and overlapping themes within dyads reflected caregiving challenges, relationship strain, and support from other relationships. Clinicians should provide information and identify helpful resources that support the patient-care-partner dyad and their ability to manage ESLD. Future longitudinal dyadic studies should examine the patient-care-partner relationship at different points in the disease progression to develop interventions that help living with ESLD.

CHANGE IN OLDER ADULTS’ SELF-EFFICACY TO HANDLE DISASTERS AFTER A PREPAREDNESS PROGRAM: ROLE OF SOCIAL NETWORKS
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Social support networks provide a context within which older adults maintain their safety and well-being. Preparing for disasters and emergency situations can help older adults stay safe independent after a disaster. Self-efficacy to prepare for and handle disaster situations can influence how older adults proactively prepare and protect themselves. Fifty-four older adults 61 to 92 years of age in Eastern Iowa were interviewed before and after participating in an intervention program that helped them develop personalized disaster management plans. Participants reported seven support network members on average, ranging from one to 23. About one-third of the network members were participants’ children and grandchildren, 11% were their siblings and parents, and 58% were non-family members such as friends and neighbors. Out of 549 network members identified, 245 were selected as someone participants can depend on during emergency situations; 47% were family whereas 43% were non-family members. Participants who reported higher numbers of network members whom they can depend on in emergency situations at baseline showed more increase in self-efficacy to manage disasters one-month after receiving the intervention (p=0.02). Having social support network members whom older adults feel they can turn to during emergency situations may help boost their confidence in handling and preparing for disasters through participating in a disaster preparedness program. Participants indeed identified additional members whom they could depend on in disaster situations after the intervention. Future studies may test strategies to enhance social support networks to increase confidence among older adults to prepare for and handle disasters.

MORTALITY RISK BY STATE-LEVEL POVERTY IN COLOMBIA AT DIFFERENT AGE GROUPS
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Residence in high poverty states has been associated with increased mortality risk in the United States, but less attention has been paid to the relationship between state-level poverty and mortality in younger to older adults in Latin America. Poorer states in Colombia, one of the most populous and rapidly aging countries in Latin America, tend to report less access to healthcare, education, and economic opportunities. We examine the relationship between mortality and state-level poverty in Colombia by age and gender. We use data from the 2018 Colombian Census and Vital Statistics to calculate mortality levels and male-female ratios in mortality separately for three broad age categories: young (ages 20-39), middle-aged (40-69), and older adults (70 or older). We find an association between high poverty and high mortality risk among younger men, no association for middle-aged men, and a negative association between mortality risk and poverty among older men. We did not find any evidence for an association between state-level poverty and mortality at any ages. Our results highlight that, for men at older ages, poverty had a counterintuitive association with mortality. These results may be due to selective survival older ages in Colombia or to older adults who are aging into a social safety net that includes healthcare and income benefits.
Future research should investigate the impact that unequal access to economic resources and distribution of health care resources has on women and men across age groups in Colombia.

CROSS-NATIONAL COMPARISONS OF STRESS AND WELL-BEING IN THE INTERNATIONAL FAMILY OF HEALTH AND RETIREMENT STUDIES
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Strong evidence demonstrates the long-term influence of stress and well-being on psychological, social, and physical health outcomes across the lifespan. Because of this, stress and well-being measures have been added to nearly all of the International Family of Health and Retirement Studies. However, this newly available data has not been compared cross-nationally or within-country to unpack how culture influences these important predictors of healthy aging. Using the Gateway to Global Aging Data, which provides harmonized data from the Health and Retirement Study and its sibling nationally representative studies, levels of self-reported stress (e.g. job stress, discrimination, loneliness) and well-being (e.g. quality of life, life satisfaction) are compared across 30 countries. Data come from the following studies: HRS, ELSA, SHARE, TILDA, CHARLS, KLoSA, MHAS, and JSTAR. We used data from the latest study wave for which the relevant survey was implemented. Average age of participants across studies is 67 and 55% are women. Initial analyses show stressor specific findings such as participants in Korea reported greater work stress than participants in Japan, England, the United States, and across Europe, and the United States reported higher loneliness than China and England, but not higher than Ireland. Reporting cross-national and within-country variation in these measures will be generative in pointing to new research directions for understanding how culture influences health and aging trajectories.

YOUNGER AND OLDER ADULTS PERCEPTIONS OF STRESSORS AFTER A FLOOD
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In August of 2016, historic flooding in Baton Rouge, Louisiana resulted in catastrophic damages and claimed 13 lives. This study is part of a larger research project on post-flood health and well-being across the adult lifespan. Participants (n=223, age range: 18-88 years) were tested during the immediate impact phase (Wave 1) and most participated in a follow-up assessment 9 (+/- 3) months later (Wave 2). In this study, we compared participants’ narrative responses to an open-ended question at Wave 2 concerning the most stressful aspect of the 2016 flood. We hypothesized that older flood survivors would report stressors related to rebuilding and financial loss more often than younger survivors based on the Conservation of Resources theory (Hobfoll, 1989). Three groups were compared: non-flooded (controls), single disaster (flooded in 2016) and double disaster (flooded in 2005 and again in 2016). To create younger and older comparison groups, age was split at the median with sample sizes that ranged from 28 to 34 younger and older participants within each flood exposure group. Content analyses of responses by independent coders blind to the purpose of the study revealed that older flood victims reported greater stressors related to rebuilding flood-damaged homes and financial stressors than did their younger counterparts. In contrast, younger flood victims were more likely to report childcare issues and being displaced from their homes as stressors compared to the older victims. Implications of these data for understanding age-related vulnerabilities after severe weather events are discussed.

SESSION 6840 (POSTER)

INTERVENTIONS (BS)

UROLITHIN A: GUT-BRAIN DIETARY INTERVENTION IN PARKINSON’S DISEASE
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Gastrointestinal dysfunction is amongst the most common prodromal symptoms of Parkinson’s disease (PD). Pathological alpha-synuclein has been detected in the intestines prior to disease onset, and a leaky gut is also implicated in its etiology. Thus, we hypothesized that modulation of the gut microbiome and intestinal immune milieu via early dietary intervention may act to mitigate PD pathogenesis. Urolithin A (UA) is a gut metabolite shown to ameliorate geriatric diseases by increasing mitophagy and dampening inflammation. The aim of our study is to elucidate its mechanism of action and therapeutic efficacy in PD, which to date is unclear. Preliminary flow cytometric data demonstrates that administration of a UA-diet significantly increased the proportion of colonic gamma-delta (γδ) T cells in nine-month-old Thy-1 α-syn mice, which are downregulated relative to non-transgenics on a non-UA control diet. PD patients have been reported to have higher levels of γδ T cells in their cerebrospinal fluid and, while little is known about colonic γδ Ts in the context of PD, these cells are anti-inflammatory and responsible for intestinal repair in several colitis models. Our data suggests a retention of lymphocytes involved in the targeted migration from the gut to the brain, which may contribute to gut epithelial integrity. Proportion of induced regulatory T cells in peripheral blood, which are critical for immune tolerance, also increased significantly with a UA-diet. In addition, UA-fed mice showed a slight improvement in novel object recognition. Additional analyses are underway to comprehensively evaluate the impact of UA on PD pathology.

COMBINING SCLEROSTIN AND DKK1 INHIBITORS TO IMPROVE BONE PROPERTIES IN THE AGED SKELETON
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Targeting the secreted Wnt inhibitor sclerostin has been an attractive strategy to improve skeletal health. Sclerostin...