workers with better financial status, social support, and higher level of hopefulness towards future are more likely to have retirement savings as compared to their counterparts. Discussions linking the macro and micro levels of social policies were provided. Policy implications were discussed.

DISABILITY AND OLDER AGE RETURN MIGRATION: EVIDENCE AGAINST THE SALMON BIAS
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Mexican immigrants make up an increasing proportion of the US population 65 and older. Whereas this population has among the lowest rates of disability at working ages, there is growing evidence of high rates of disability at older ages, findings which contradict what mechanisms of selection, namely the “salmon bias,” would predict. However, largely due to data limitations disability rates between those who stay in the US into older ages and those who return to Mexico are rarely compared. Here two waves of data from the US based Health and Retirement Study and the Mexican Health and Aging Study are combined to create a novel dataset that enables an interrogation of the widely held assumption of negative selection on health among return migrants. Investigating three measures of functional limitation and disability, results show higher prevalence of disability for stayers as compared to both younger and older returnees. These results are robust to controls for childhood background, adult socioeconomic status, and migration related variables and hold for those who immigrated during different immigration policy regimes. These findings are novel not only because they stand in opposition to previous assumptions about the direction of health selective return migration, but also because they mean that those remaining in the United States into older ages are among the most vulnerable.

THE RELATIONSHIP BETWEEN PLACE OF DEATH AND IMMIGRANT STATUS
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Increasing attention is being paid to improving care at the end-of-life, including developing a better understanding of where individuals die, and factors related to place of death. The older immigrant population in the United States is increasing rapidly, and while prior research suggests they may differ in their end-of-life experiences, we know relatively little about foreign-born differences in where people die. This study investigates how the place of death (home, hospital, and nursing home) differs between the U.S.-born and foreign-born. We used data on 9,180 U.S.-born and 969 foreign-born respondents from the nationally representative Health and Retirement Study (HRS) for who end-of-life surveys were conducted with a proxy between 2002 and 2016. Approximately one-third of deaths occurred in nursing homes in both groups. Hospital deaths were more common in US-Born decedents (31.9%) than foreign-born decedents (25.2%), while death at home was lower for US-born (35.5%) than foreign-born (40.2%). We used multinomial logistic regression analysis to determine whether sociodemographic characteristics, cause of death, or receipt of family caregiving explained the observed differences in place of death by foreign-born status. Results from fully adjusted multivariate models indicate the foreign-born differences in place of death cannot be explained by socioeconomic, health, or family factors. Our research shows key differences in the end-of-life experience between US-born and foreign-born older adults and highlights the importance of examining end-of-life experiences for this small, but rapidly growing segment of the older U.S. population.

WHERE TO RETIRE! EXPERIENCES OF OLDER AFRICAN IMMIGRANTS IN THE UNITED STATES
Manka Nkimbeng,¹ Alvine Akumbom,² Marianne Granbom,³ Sarah Szanton,⁴ Tetyana Shippee,⁵ Roland Thorpe, Jr.,⁶ and Joseph Gaugler,¹ 1. University of Minnesota, Minneapolis, Minnesota, United States, 2. Johns Hopkins School of Nursing, Baltimore, Maryland, United States, 3. Centre of Ageing and Supportive Environments (CASE), Lund University, Skane Lan, Sweden, 4. Johns Hopkins University, Baltimore, Maryland, United States, 5. University of Minnesota, University of Minnesota, Minneapolis, United States, 6. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States

The needs and conceptualization of age-friendliness likely vary for immigrant older adults compared to native-born older adults. For example, Hispanic immigrant older adults often return to their home country following the development of ill health. Doubling in size since the 1970’s, the aging needs of African immigrants are not fully understood. This qualitative study examined experiences of aging and retirement planning for African immigrant older adults in the United States (U.S.). Specifically, it explored the factors, processes, and ultimate decision of where these older adults planned to retire. We analyzed semi-structured interviews with 15 older African immigrants in the Baltimore-Washington Metropolitan area. Data were analyzed using thematic analyses in NVivo. The majority of participants were women, with a mean age of 64. We identified three overarching themes with ten sub-themes. The themes included: 1) cultural identity: indicating participant’s comfort with the U.S. society and culture; 2) decision making: factors that impact participants’ choice of retirement location, and 3) decision made: the final choice of where participants would like to retire. Age-friendliness for immigrant older adults in the U.S. is complex and it includes the traditional domains such as physical and sociocultural environment (e.g. housing, transportation, and income). However, immigrant age-friendliness also needs to include wider contextual aspects such as political climate in their country of origin, immigrant status, family responsibilities, and acculturation in the U.S. More research is needed to understand and facilitate age-friendly environments for transnational immigrant older adults.

Session 4105 (Symposium)

NEW ASPECTS IN METABOLISM OF AGING
Chair: Rozalyn Anderson

In recent years there has been a renewed emphasis on metabolism as a key contributor to a host of chronic non-communicable conditions: cancer, neurodegeneration, frailty,
and functional declines in immune and inflammatory processes. All share a common connection in metabolic dysfunction. Furthermore, aging itself is associated with changes in metabolism, although the underlying drivers for these changes are unknown. Here we introduce speakers working at the cutting edge in metabolism research, and whose studies are of direct relevance to aging. Dr. Chandel will focus on mitochondrial biology, describing recent advances in understanding the mechanisms of the beneficial effects of metformin. Dr. Haigis takes the mitochondrial theme to cancer biology, the area of research that revived metabolic perspectives in biomedical research. Dr. Najt’s talk describes a less well studied organelle, the lipid droplet, and its role in a rapidly expanding area of research on lipid metabolic regulation specifically in the context of aging. Dr. Brown-Borg will present data on nutritional and genetic modulation of metabolism and how pathways converge to influence chromatin and epigenetic regulation of gene expression. Together our speakers explore new concepts in metabolism research that are of particular relevance to aging. This session aligns with the concept of GeroScience, the more we know of aging biology the better we understand diseases and disorders of aging. This session will demonstrate that metabolism, its regulation, and its influence on key processes linked to health and longevity, place it in a central position as we seek to discover targets and interventions to improve human aging.

THE ROLE OF MITOCHONDRIA IN AGING AND CANCER
Marcia Haigis, Harvard Medical School, Boston, Massachusetts, United States

METHIONINE METABOLISM IN AGING REGULATION
Holly Brown-Borg, University of North Dakota School of Medicine & Health Sciences, Grand Forks, North Dakota, United States

Aging is the major risk factor for many diseases but the mechanisms are poorly understood. The risk of developing hepatic steatosis increases with age and the health impact of this disease is negative and high. When challenged with high fat diets, long living Ames mice withstand the detrimental metabolic effects that occur in normal mice. We examined transcriptomic and epigenetic profiles of Ames and wild type hepatocytes in the presence or absence of fat to demonstrate that the epigenomic profile drives transcription factor and downstream gene expression resulting in susceptibility or resistance to fatty liver disease. We found that markers of steatosis are related to gene expression in wild type and Ames mice, and dwarf mice retain fewer lipid droplets compared to wild type mice. These studies will provide data to guide our understanding of mechanisms leading to hepatic disease and define factors that provide protection from age-related metabolic disorders.

METFORMIN INHIBITS MITOCHONDRIAL COMPLEX I TO PROMOTE HEALTH
Navdeep Chandel, Northwestern University, Illinois, United States

The major function of mitochondria in cellular homeostasis has been the generation of ATP through oxidative phosphorylation. However, we have previously demonstrated that mitochondria can serve as signaling organelles by releasing low levels of reactive oxygen species (ROS) and TCA cycle metabolites that are essential for hypoxic activation of HIF, antigen activation of T cells, cellular differentiation and proliferation of cancer cells. The anti-diabetic drug metformin has been proposed to inhibit mitochondrial complex I. We will present data indicating that metformin inhibits mitochondrial complex I to exert its biological effects through controlling ROS, ATP, and NAD+.

LIPID DROplet SIGNALING IN METABOLIC HEALTH AND AGING
Charles Najt,1 and Douglas Mashek,2 1. University of Minnesota, 2. University of Minnesota, Minneapolis, Minnesota, United States

Lipid droplets (LDs) are neutral lipid rich organelles involved in lipid storage, fatty acid trafficking, and signaling. Emerging evidence from our laboratory and others suggests that the specific LD resident proteins couple/uncouple cells and tissues from inflammation and metabolic dysfunction. However, the mechanism by which LD proteins influences these critical pathways remains unknown. We will present data delving into the role of LD proteins Perilipin (PLIN) 2 and 5 in balancing cellular energy metabolism, mitochondrial function, and inflammation. Data will be presented defining novel mechanisms through which PLIN2 orchestrates eicosanoid production as a means to promote inflammation. We will contrast these findings to PLIN5, which uncouples LD accumulation from metabolic dysfunction and inflammation, in part due to its promotion of SIRT1 signaling. Overall, these studies will highlight a crucial role of LD metabolism and signaling in regulating cellular energy homeostatic processes known to be key players in governing healthspan.

Session 4110 (Paper)

Physical Activity and Well-Being

DELAYING HEALTH CARE DUE TO THE COVID-19 PANDEMIC: ASSOCIATIONS WITH PHYSICAL AND MENTAL HEALTH AND PREVENTIVE CARE
Felicia Wheaton,1 Terika Scatiffe,2 and Matilda Johnson,2 1. Xavier University of Louisiana, New Orleans, Louisiana, United States, 2. Bethune-Cookman University, Daytona Beach, Florida, United States

Health care is important for maintaining optimal physical and mental health. However, due to the COVID-19 pandemic, many older adults have delayed or postponed care. Data from the special midterm release of the 2020 Health and Retirement Study (HRS) were used to examine the relationship between chronic conditions and delayed care, as well as between delayed care and mental health outcomes and preventative care among Americans aged 50+ (N=3,266). Approximately 30% of respondents said yes when asked “Since March 2020, was there any time when you needed medical or dental care, but delayed getting or did not get it at all?” Of those, 55% said their provider cancelled, closed or suggested rescheduling, 28.5% decided it could wait, and 20.8% were afraid to go. Results from OLS and