

disorder was associated with poorer physical function in Whites ($p < 0.05$). There was no significant association for either neighborhood social environment characteristic and physical function for Black or Hispanic older adults. Racial and ethnic differences warrant closer investigation in studies of neighborhood effects on health. Community-level interventions, policy makers, and researchers should consider the interactions between minority membership and neighborhood social environments when addressing issues of health and physical function.

SESSION 1350 (POSTER)

FAMILY & INTERGENERATIONAL RELATIONS I

OLDER PARENTS' PERCEIVED SOCIAL SUPPORT AND STRAIN FROM ADULT CHILDREN AND INTERGENERATIONAL FINANCIAL TRANSFER

Dahee Kim,¹ and Peter Martin¹, 1. *Iowa State University, Ames, Iowa, United States*

The gerontological literature indicates that both positive and negative relationships are dimensions of intergenerational relationships. Moreover, depending on intergenerational financial support, the association between older parents' perceived social support and strain from adult children can vary. The purpose of the current study is to investigate the association between intergenerational social support and strain. We also examined the impact of intergenerational financial transfers on intergenerational social support and strain. We analyzed data of 1,329 older adults aged 65 to 84 from the Health and Retirement Study collected at 2006(t1), 2010(t2), and 2014(t3). Cross-lagged panel models were performed to examine the reciprocal association between intergenerational social support and strain over time. Multiple group comparisons were conducted to estimate the impact of financial support exchange on social support and strain from adult children. The results demonstrated that social support and strain from adult children were stable over time. Furthermore, social strain had negative effects on the changes in social support from adult children. Multiple group comparisons suggested that in the parents' groups (financial support provision vs. no provision to adult children, and financial support receipt vs. no receipt groups from adult children) intergenerational social support and strain were stable over time. Additionally, the impact of social strain on subsequent social support from adult children differed depending on intergenerational financial support. These findings highlight the reciprocal association between intergenerational positive and negative relationships. Further, this research suggests the importance of intergenerational support in older parents' and adult children's positive and negative relationship quality.

DEVELOPING A QUALITY-OF-RELATIONSHIP INTERVENTION FOR STROKE-SURVIVOR FAMILY CAREGIVER DYADS

Michael J. McCarthy,¹ Karen Lyons,² Dorothy Dunn,¹ Yolanda Garcia,¹ and Tamilyn Bakas³, 1. *Northern Arizona University, Flagstaff, Arizona, United States*, 2. *Boston*

College William F. Connell School of Nursing, Chestnut Hill, Massachusetts, United States, 3. *University of Cincinnati, Cincinnati, Ohio, United States*

A strong interpersonal relationship after stroke is important for the well-being of survivors and family caregivers. At present, few interventions are specifically designed to strengthen the relationship between members of the care dyad. The aim of this study is to develop, validate, and pilot test a quality of relationship intervention for stroke dyads. This poster presents findings from the content validity phase of the study and includes "tips" that dyads offered for maintaining a strong relationship. Semi-structured interviews were conducted with N=19 dyads to solicit information about relationship problems and tips. These data were used to develop a 17-item relationship assessment questionnaire with 17 "tip sheets" corresponding to each item. A Delphi process was used to obtain feedback from a 10-member expert panel about the degree to which the questionnaire and each tip sheet was (1) relevant; (2) clear; (3) accurate, and; (4) useful. Expert agreement ranged for 80% to 100%. The final materials included tips for dealing with issues that arise when one or both partners experience communication, mobility, cognitive, or emotional issues; reaching agreement about different aspects of recovery; working together to meet each partners' needs; adjusting to new roles after stroke; dealing with relationship problems that predated stroke, and; getting support from other family members, friends, peers, and professionals. Findings highlight areas to consider in promoting strong relationships in care dyads. Future research is needed to examine whether these materials can help to reduce stressful interactions for care dyads, promote dyadic coping, and improve overall relationship quality.

TRANSITIONING OUT OF GRANDCHILDREN CAREGIVING: EFFECTS ON GRANDPARENTS' EMOTIONAL WELL-BEING

Rita X. Hu,¹ Lydia Li,² and Toni C. Antonucci², 1. *University of Michigan, Ann Arbor, Ann Arbor, Michigan, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*

Research has suggested that grandparents caring for grandchildren experience both psychological gains and loss. Less clear is what happens to these grandparents after they exit from the caregiving role. This study used the Health and Retirement Study (HRS) 2010 to 2014 data to examine the effects of transitioning out of caregiving on the psychological well-being of grandparents. Psychological well-being was measured by the Positive and Negative Affect Schedule. We defined caregiving grandparents as grandparents who provide 100+ hours of care per year to their grandchildren. In the first wave, 8,278 respondents in the HRS were identified as caregiving grandparents. Among them, 3,914 continued to be caregivers and 4,364 transitioned out of the caregiving role by indicating they are no longer providing care in the second wave. Grandparents who transitioned out of caregiving are more likely to be older in age, less educated and not married. Linear regression analysis was conducted to compare the two groups (continuing vs. exiting caregiving) on positive and negative affect, controlling for the first wave's measures of the dependent variable, sociodemographic characteristics and health status of respondents. Results show