

committed to one another but reside in separate households, has increased among older adults. However, older adult LAT couples prefer not to exchange care to maintain autonomy. In this study, we examine future expectations of spousal caregiving exchanges among older adult black women in LAT relationships. Eleven black women ages 60-74 (married and unmarried) completed two semi-structured phone interviews about future spousal caregiving expectations as to receiving and providing emotional, financial, and physical support. Regarding providing spousal care, findings from this qualitative descriptive study suggest that participants were consistent in their intent to provide emotional support, yet divided in visualizing themselves providing both financial and physical support for a spouse. As to receiving care from a spouse, participants envisioned their spouses providing emotional support, but responses were inconsistent on the expectation of spouses providing financial and physical support. Participants anticipate receiving emotional and physical support from their adult children and/or close family members instead of spouses. Autonomy, level of commitment, and the exchange of health information were also identified as core concepts. This study has implications for applications to different intimate relationships regarding living arrangements, to professionals supporting caregiving families, and to further studies of family gerontology.

#### HEALTH BEHAVIORS ASSOCIATED WITH SUBJECTIVE COGNITIVE DECLINE IN OLDER ADULTS

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Participation in risky health behaviors can increase the potential for cognitive decline. Smoking, alcohol consumption, and minimal physical activity are modifiable risk factors associated with worse performance on cognitive assessments; however, the relationship between subjective cognitive decline (SCD) and risky practices has not been assessed. As a potential early indicator of cognitive impairment, SCD may serve as a screening measure for dementia. The Behavioral Risk Factor Surveillance System is an annual, self-reported telephone survey of Americans that includes fifteen core and twenty-five optional sections. The present study included Behavioral Risk Factor Surveillance System participants age 45 or older who completed the core and cognitive decline modules in 2015 (n=147,243). Roughly 11% of participants endorsed worsening memory in the previous year. Logistic regression examined the impact of smoking, drinking, and inactivity on self-reported cognitive decline. Current or former smokers had greater odds of endorsing cognitive decline compared to those who never smoked (OR=1.4; 95% CI: 1.27-1.52). Individuals who consumed at least one alcoholic beverage in the previous month had lower SCD odds compared to non-drinkers (OR=0.8; 95% CI: 0.72-0.87). Respondents who engaged in little to no physical activity had greater odds of endorsing cognitive decline compared to active respondents (OR=1.4; 95% CI: 1.31-1.57). Individuals who endorsed cognitive decline engaged in unhealthy habits such as smoking or inactive lifestyles; however, low to

moderate alcohol consumption may be beneficial for cognitive functioning.

#### “THEY DON’T TELL YOU ANYTHING”: ETHICS OF PRIVACY AND SOCIAL RELATIONSHIPS IN ASSISTED LIVING

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The Health Insurance Portability and Accountability Act was developed to ensure patient privacy. Yet in assisted living (AL), social connectedness—which is associated with positive sense of self and well-being—may conflict with privacy regulations restricting information sharing. These regulations, while intended to protect, rely on a traditional conception of autonomy that foregrounds self-determination, freedom of choice, and freedom from outside interference, rather than a relational definition that acknowledges dependency, interdependence, and care relationships. We sought to identify health information sharing practices in AL that help or hinder residents’ ability to maintain a positive sense of self. We conducted a thematic analysis with secondary data (61 interviews with residents and their informal and formal caregivers, 916 hours of ethnographic observation) from one large (125 beds) AL community in Atlanta enrolled in a 5-year NIA-funded end-of-life study (SR01AG047408). We examined these data to determine how health information is shared in AL, and the valence of different sharing practices. Findings showed that exchanging information about shared life stage and health circumstances built community within AL. Conversely, receiving partial or inadequate health information frustrated residents. Medical information could be inferred from environmental cues, but many residents felt these cues harmfully “medicalized” social space. Negotiating privacy boundaries required staff and resident compromise. These results indicate divergence between AL policies intended to preserve privacy, and resident values emphasizing social relationships and bonding. A relational perspective may be valuable in developing alternatives for residents wishing to share health information with peers.

#### YY1-MEDIATED PROMOTER-SUPER ENHANCER INTERACTIONS REGULATE MSC MULTIPOTENCY DURING REPLICATIVE AGING

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Mesenchymal stem cells (MSC) are versatile in stem cell therapy and regenerative medicine, due to its capacity of in-vitro expansion and multilineage differentiation. However, how the MSC’s functions and the underlying epigenomic features are affected by aging and cellular senescence remains poorly understood. Here we used culture expanded human MSC isolated from umbilical cord tissue as an ex vivo model to characterize the chromatin 3D conformational changes associated with aging and senescence and correlate these changes to the changes in MSC stem cell functions