and well-being), and behavioural outcomes (goal attainment, and items of goal SMART-ness). Clinician-assisted patients (n=254) were more likely to be male, older, and had lower health and resilience scores at baseline than Independent app users (n=333). Clinician-assisted patients had notably higher completion rates (99.2% vs. 10.8%). Psychological outcomes were similar regardless of intervention method for those who completed the intervention. Clinician-assisted patients had higher rates of goal attainment and goal SMART-ness. A preliminary goal setting methodology for effective behavioural activation, to promote brain health and wellness, is given. Clinician-patient relationships were found to be an important factor for intervention completion, caution is given for app use referral. Results indicate a need for further exploration to determine best practices for health app use in clinical practice.

DOES CHANGE PREDICT CHANGE IN THE CHANGE INTERVENTION STUDY?

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Does change in one lifestyle factor (e.g., exercise/fitness) help explain change in another factor or process (i.e., dietary behavior or cardiovascular risk)? The current modeling was a secondary analysis of a primary care feasibility study of individualized lifestyle (diet and exercise) treatment of metabolic syndrome (n=293; mean age = 59yrs) that achieved 19% reversal over one year. Diet quality was assessed by the Healthy Eating Index (HEI) (2005 Canada); while fitness was assessed by several measures (VO2max, flexibility, curl-ups, push-ups). Three occasions (i.e., baseline, 3-, and 12-month) were examined using latent change score and latent growth curve models (in AMOS) to assess whether changes in one domain predicted changes in the remaining domains: (1) diet (measured by HEI or latent construct); (2) fitness (measured by VO2max percentiles or latent construct); and, (3) 10-year risk of cardiovascular disease (by Procam Risk score). Results showed significant improvement in all three domains separately during the intervention, with greater change between baseline and 3-month assessment and continued change between 3- and 12-months. Initial status variables on observed constructs were moderately positively correlated and change in dietary behavior was significantly related to change in fitness levels, but neither were significantly related to change in the 10-year risk of cardiovascular disease. In addition, the associations between change in diet and changes in fitness were inconsistent baseline to 3 months, and 3-12 months. These results offered new insight on relationships among interventions in a behavioural counselling program which can inform future programming.

FEASIBILITY TEST OF A CUSTOMIZABLE RELATIONSHIP INTERVENTION FOR STROKE SURVIVOR-FAMILY CAREGIVER DYADS

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A strong interpersonal relationship after stroke is important for the well-being of survivors and family caregivers. However, few interventions are designed to strengthen the relationship between members of the care dyad in order to prevent depression and other poor outcomes. The aim of this study was to feasibility test a quality of relationship intervention for stroke dyads called Hand in Hand (HiH). Sixteen survivor-caregiver dyads were recruited and randomized into either the HiH intervention group (n=8) or the Information, Support, and Referral (ISR) control group (n=8). HiH dyads received up to 8 sessions with a social worker in-person, by telephone, or by Zoom web conference, prioritized according to a 17-item screening tool with 17 corresponding HiH content areas. ISR dyads received up to 8 sessions that included information, active listening, and referrals as needed. Process, satisfaction, and pre/post outcomes data were collected for both groups. Seventy-five percent of HiH dyads completed over half the sessions which lasted, on average, 55 minutes (range 26-76). Sixty-two percent of ISR dyads completed over half the sessions which lasted, on average, 21 minutes (range 15-33). Dyads in both groups reported being satisfied with the program materials and processes. Survivors and caregivers in both groups experienced improvements in outcomes, particularly caregivers in the HiH group who showed improvements in communication, coping, subjective relationship quality, and depressive symptoms. Findings suggest that HiH is feasible to implement with stroke dyads and has promise for improving outcomes for participants. Additional research is needed to determine program efficacy.

INNOVATIVE STRATEGIES TO REACH DIVERSE ELDERS: USING AGE-TASTIC TO IMPROVE HEALTH AND WELL-BEING

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This session will present the findings of a randomized control trial evaluating the impact Age-Tastic has on behavioral change. Age-Tastic is an eight-week intervention that uses game play, group facilitated discussion, and at home activities to promote positive behavioral change. There are five behavioral change domains: emotional well-being, nutrition, financial exploitation, falls prevention, and health literacy. A randomized control trial was conducted in New York City senior centers and include a diverse group of older adults. There were 98 older adults assigned to an experimental or control group. Participants in both groups completed a baseline survey, which was repeated at the end of the intervention and at week sixteen. The experimental (n = 64) and control (n = 34) groups did not significantly differ at baseline in regard to behaviors; however, upon completion of the intervention, the experimental group had significantly changed health behaviors ($p < .05$) compared to the control group. The behavior change reported by the experimental group