

and methodological competency can foster bottom-up QI activities in a large, diverse health care system.

SESSION 3535 (PAPER)

HEALTH CARE SERVICES AND INTERVENTIONS

DAYS AND NIGHTS OF DYADS: EXAMINING BEHAVIORAL INTERDEPENDENCE IN CO-RESIDING COUPLES USING ACTIGRAPHY

Lyndsey M. Miller,¹ Zachary Beattie,¹ Nora Mattek,¹ Nicole Sharma,¹ Katherine Wild,¹ and Jeffrey Kaye,¹
1. Oregon Health & Science University, Portland, Oregon, United States

Physical activity and sleep are behaviors that contribute to overall health, and are notoriously challenging to improve. For individuals co-residing as a couple, there is growing recognition of the importance of the interdependence between individuals' behaviors (e.g. the physical activity and sleep habits of one's partner has an influence on one's own sleep and physical activity). Yet, studies examining this phenomenon have primarily been conducted among young adults and have either used self-report or episodic measures. The purpose of this study was to examine physical activity and sleep as interdependent behaviors within older adult couples. Using intensive longitudinal data (continuously collected over 35 days) from actigraph watches worn by 54 dyads (mean age in years 72.4 ± 7.1), we examined daily step counts and nightly sleep duration (total of 3780 observations) as a dyadic daily process. Results from multilevel process models for distinguishable dyads (Mplus version 8.2: Muthén & Muthén, 1998-2018) indicated that step count and sleep duration were interdependent processes at the within-dyad level ($ps < 0.001$). At the between-dyad level, on days with a typical number of steps, on average dyad members' sleep duration was 7.55 hours [95% CI 4.27 - 10.79 hours], and across dyads, partners' sleep duration and step counts were also interdependent processes ($ps < 0.05$). In order to improve the physical activity and sleep of older adults who co-reside with a partner, these results suggest that targeting the dyad, rather than the individual, may be necessary.

FEASIBILITY OF SCREENING AND MANAGING CAREGIVER BURDEN AND DEPRESSIVE SYMPTOMS DURING PATIENTS' CLINIC VISITS

Ranak Trivedi,¹ Rashmi Risbud,² Manali Patel,³ Steven Asch,² and Karl Lorenz,² 1. Center for Innovation to Implementation, VA Palo Alto Health Care System, Menlo Park, California, United States, 2. VA Palo Alto Health Care System, Menlo Park, California, United States, 3. Stanford University, Stanford, California, United States

Half of cancer caregivers experience depression, caregiver burden, or stress, yet less than a third have discussed their needs with anyone. Identifying this vulnerable population is challenging since caregivers only interact with the healthcare system in service of the patients. Our objectives were: 1) To test the feasibility of screening cancer caregivers for burden and depressive symptoms during patients' clinic visits; and 2) To test the feasibility of a brief counseling session for caregivers who screened positive for either. Caregivers of patients

with head and neck cancers were recruited from cancer clinic waiting rooms at Palo Alto VA and Stanford. Caregivers completed the PHQ-9 (depressive symptoms), and Zarit Burden Inventory-Short Form (caregiver burden). Participants screening positive for burden (>16) and/or depressive symptoms (>9) were provided psychoeducational resources and the choice to attend 1 brief counseling session with a clinical psychologist. Of the 50 participants who completed the surveys, 36 (72%) were women and 30 (60%) were significant others. Mean scores for depressive symptoms and caregiver burden were 6.29 ± 5.01 and 11.02 ± 8.62 , respectively. Twenty participants screened positive for depressive symptoms ($n=9$) or caregiver burden ($n=11$); 3 screened positive for both. Of those who screened positive, only 4 indicated an interest in counseling. Main reason for refusal was lack of time, or that they were already receiving mental health care. Screening caregivers at patient visits is feasible and convenient. However, connecting those in need to mental health resources may be more challenging.

MENTAL AND PHYSICAL HEALTH EFFECTS OF EVERYDAY DISCRIMINATION TRAJECTORIES

Collin Mueller,¹ and Carlos Tavares,² 1. Duke University, Durham, North Carolina, United States, 2. Lafayette College, Easton, Pennsylvania, United States

How do perceived discrimination trajectories impact health of Black, Latinx, and White adults ages 50 and older? Few researchers have sought to discern between the health effects of perceived discrimination measured cross-sectionally versus longitudinally. We aim to address this gap by leveraging newly available 3-wave panel data. We analyze 3 waves of data from the Health and Retirement Study (HRS) ($n=2830$ individuals ranging in age from 50 to 84, observed from 2008-2016). We first estimate group-based trajectories of everyday discrimination using finite mixture models. Second, we use multinomial logistic regression to estimate the likelihood of group membership in one of the identified trajectories of everyday discrimination based on psychosocial and demographic covariates. Third, we estimate the effects of group membership in one of these trajectories on four health outcomes: functional mobility, self-rated health, a count of chronic health conditions, and depressive symptoms. We identify three latent group-based trajectories of perceived discrimination. Black Americans are more likely than Latinx or White Americans to be members of latent trajectories characterized by higher levels of perceived discrimination over time. Membership in higher-discrimination groups over time is associated with worse physical and mental health profiles. Including measures of trajectory membership fully mediates the relationship between cross-sectional perceived discrimination and chronic conditions. Levels of discrimination decline across cohorts, suggesting that younger individuals perceive higher levels of everyday discrimination than their older counterparts.

ORGANIZATIONAL READINESS TO CHANGE AND NURSING HOME SAFETY: RESULTS FROM A NATIONAL SURVEY

Christine W. Hartmann,¹ Emma Quach,² Shibe Zhao,¹ Valerie Clark,¹ Sarah McDannold,¹ Pengsheng Ni,³ and Lewis Kazis,³ 1. Bedford VA Medical Center, Bedford,