

health of couples were significantly associated at baseline ($p < .05$). Congruence in mental health was significantly associated with changes in physical health over time for survivors ($p < .05$) but not partners, whereas balanced mental health had differential effects on the physical health of survivors and partners ($p < .01$). Discussion will focus on the implications of congruent versus balanced dyadic health for the couple, evaluation of interventions, and propose ways to define optimal dyadic health.

DISTINCT INFLUENCES OF SOCIAL ACTIVITY AND SOCIAL CONNECTEDNESS ON DEPRESSIVE SYMPTOMS IN OLDER ADULT COUPLES

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This study aimed to simultaneously examine the associations between social activity and connectedness and depressive symptoms in older adult couples. Using SEM and data from 116 community-dwelling couples (age 76.18 ± 8.49), we found that engagement in social activities was associated with lower depressive symptoms in men ($p = 0.014$), whereas more close friendships were associated with lower depressive symptoms in women ($p = 0.018$), controlling for partner effects, age, education, and cognitive function (CFI: 1.00, TLI: 1.35, RMSEA: 0.00 [0.00, 0.08]). Unexpectedly, we also found better female physical health to be associated with greater depressive symptoms in males ($p = 0.029$). When examined as dyadic physical health, more incongruence between the physical health of partners was associated with greater depressive symptoms in men ($p = 0.007$). Discussion will focus on distinct influences of social activity and connectedness on mental health, and the context of gender, marriage, and dyadic health.

A WEB-BASED SELF-MANAGEMENT INTERVENTION FOR VETERANS WITH CHRONIC CONDITIONS AND THEIR CAREGIVERS: A PILOT STUDY

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Web-based Self-management Using Collaborative Coping Enhancement in Diseases (Web-SUCCEED) is a dyadic intervention for patients and their caregivers designed to improve self-management through improving dyadic stress coping, dyadic relationships, and positive emotions. Veterans Affairs (VA) patients with one or more chronic conditions and positive screen for self-management distress were recruited with their informal caregiver from VA Palo Alto. Of the 17 patients and 16 caregivers recruited (62.3% of eligible), 8 patients and 8 caregivers (48.5%) completed the intervention

and assessments. Twelve participants withdrew mostly citing the stress of the pandemic as their reason; 5 did not respond to multiple outreach efforts. Veterans were 66 ± 18 y and caregivers were 58 ± 16 y. Veterans and caregivers who completed the program rated it high on usability and acceptability. Pre-post t-tests across a psychosocial battery did not reveal significant differences; results were limited by incomplete post-intervention data. Further testing with modified retention strategies is recommended.

CAREGIVERS' LOSS OF THE DYADIC EXPERIENCE AFTER THEIR CARE PARTNER'S DEATH

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One emerging dyadic concept is the experience of family caregivers when their care partner dies and their dyadic relationship comes to an end. This study qualitatively examined and characterized the loss of the dyadic experience for the caregiver after the death of their care partner. Data was accrued as part of a randomized clinical trial in 29 older hospice caregivers. Iterative thematic analysis focused on dyadic processes before, during and post death. Using two relational parameters from Relational Turbulence Theory resulted in a preliminary characterization of a new concept - dyadic dissolution as a cognitive and affective process whereby a remaining member of a dyad experiences relational uncertainty and partner interference while adapting (or not) to the death of their care partner. Findings suggest that asking several open-ended questions about the dyadic relationship will enable assessment for any continuing impact of relational uncertainty and partner interference on bereaved caregivers.

Session 3205 (Symposium)

ENGAGING ISOLATED AND UNDERSERVED OLDER ADULTS IN 4MS CARE: AGE-FRIENDLY CARE, PA

Chair: Diane Berish

Discussant: Terry Fulmer

Older adults, the largest segment of the US rural population, face significant disparities in health and healthcare compared to their non-rural peers, including more chronic health conditions, financial challenges, and social isolation. They have limited access to healthcare and social services for prevention, management and treatment of chronic conditions. Age-Friendly Care-PA, a partnership between Primary Health Network and Penn State College of Nursing, aims to reduce these disparities in care and services for rural older adults through co-designing their Geriatric Workforce Enhancement Program. Age-Friendly Health Systems, an initiative of the John A Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States, equips providers, older adults, and their care partners with the support necessary to address What Matters, Medication, Mentation, and Mobility. This symposium describes how the 4Ms are integrated into clinician training and competencies, older adult education, operations, care delivery, and quality improvement. Year two outcome data will be shared. Drs. Hupcey and Fick will provide an overview of the project and its reach. Dr. Berish will describe