

the highest percentage of disabilities reported in the South. Quality sleep is integral for overall wellbeing and is altered with age. Sleep complaints of older adults are associated with multiple adverse health outcomes such as dementia, stroke and obesity. The objective of this study was to examine the relationship between disability and sleep quality amongst custodial grandparents during the COVID-19, Fall 2019 in Georgia. Thirty-four custodial grandparents were recruited from the Georgia Division of Aging Kinship Care Support Groups, ages 42 to 78, with most identifying as African American. Disability status and the Pittsburgh Sleep Quality Index were measured. Results showed a significant negative relationship for custodial grandparents' disability status and sleep quality ($\chi^2= 9.167$, $p=0.027$; $\Gamma=-0.683$, $p=0.002$), sleep disturbance ($\chi^2= 12.150$, $p=0.002$; $\Gamma=-0.897$, $p<.001$), and use of sleeping medication ($\chi^2= 9.645$, $p=0.022$; $\Gamma=-0.785$, $p<.001$). Custodial grandparents with a disability had worse sleep quality, more sleep disturbances, and took more sleeping medication compared to custodial grandparents without a disability. Results have implications for kinship care providers and medical practitioners when engaging with custodial grandparents about their health, disability and impacts on their sleep quality.

DO CAREGIVER INTERVENTIONS IMPROVE OUTCOMES IN RELATIVES WITH DEMENTIA?

A META-ANALYSIS

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Despite plenty of reviews on the benefits of nonpharmacological interventions for dementia informal caregivers, large-scale review on the effects of these interventions on the care-recipients (CRs) is lacking. We searched PsycINFO, CINAHL with Full Text, MEDLINE, and PubMed from inception to end of 2020 and found 144 articles that reported randomized controlled trials of caregiver interventions using CR outcomes. Interventions were found to reduce neuropsychiatric symptoms and mood disturbance, enhance cognition and quality of life, and delay institutionalization and mortality, with care coordination/case management, educational intervention with psychotherapeutic components, and direct training of the care-recipient (with caregiver involvement) being the more potent interventions. However, the effects were generally small to very small. Together with existing findings on caregiver outcomes, a tripartite scaffolding model of caregiver support is proposed. Future directions in terms of developing consensual guidelines, a registry of intervention manuals, and family-centered programs are discussed.

DOES RETIREMENT AGE IMPACT FUNCTIONAL LIMITATIONS IN LATER LIFE?

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The US government is gradually shifting the full retirement age in Social Security to age 67. However, previous studies suggest that this shift could negatively impact the mental and physical health of retirees. To understand the potential impact of raising the full retirement age on the functional health of retirees, this longitudinal study examined changes in physical functioning over time in retirees by age

at retirement. Twelve waves of the Health and Retirement Study (1994 – 2018) were used. A total of 8,261 retirees was included. The retirement age was a categorical variable: very early age (<62), early age (62-64), traditional age (65-67), and late age (>67). Physical functioning was measured using 15 Activities of Daily Living and Instrumental Activities of Daily Living. A GEE model was used to assess the relationship between the retirement age category and the number of functional limitations. In the adjusted model, after controlling for all the other variables including baseline health and functioning, late retirement was associated with an 8.9% increased risk of functional limitations compared to traditional age retirement (IRR: 0.91, 95% CI:0.84 –0.98). Compared to late retirees, the risk of functional limitations was increased by 28.6% in very early age retirees (IRR: 1.29, 95% CI:1.21–1.36). Compared to those retiring at traditional retirement age, those retiring late, after 67, have increased the risks of functional limitations. Although levels of disability could influence age of retirement, these results suggest that for some workers efforts to increase age of full retirement, could have negative effects.

DYADIC PERCEPTIONS OF COVID-19 PANDEMIC IMPACT ON EVERYDAY LIFE

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It is important to understand the effects of the COVID-19 pandemic not only on individuals' daily lives, but also their close partners. Current literature suggests that the COVID-19 pandemic has impacted older adults' lives in several ways, including the frequency of social interactions and change in various life habits (Lesbrasseur et al., 2021). Data from 42 middle-aged and older, long-term married or cohabitating dyads were collected as part of an ongoing study of everyday cognition and functioning among couples. Participant age ranged from 40-85+, and couples were partnered for 9-60+ years. During this study, COVID-19 pandemic impact was assessed using six items (1 = No change to 4 = Severe change) examining daily routines, medical and mental health access, social contacts, and pandemic and family-related stress; reports ranged from six to 19. On average, women reported significantly higher COVID-19 pandemic impact compared to men. For both partners, the greatest disruptions reported related to routines and social contacts. Further analysis examined COVID-19 pandemic impact in dyads. For eight dyads, both partners reported relatively lower COVID-19 impact (6-11), whereas for six dyads, both partners reported higher impact scores (14-19). Discussion focuses on within-dyad and between-dyad differences related to perceptions of the pandemic's impact.

EFFECTS OF A MULTIPLE CHRONIC CONDITION (CC) REMOTE MONITORING PROGRAM ON CLINICAL OUTCOMES AMONG OLDER ADULTS

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