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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Older adults are faced with an increased risk of comorbid chronic disease such as diabetes. While multiple health behavior change interventions (MHCIs) are known to improve clinical outcomes more than targeted interventions, less is known whether such effects persist in older populations. The objective of the study was to examine the effects of multiple chronic condition (CC) remote monitoring program enrollment and mental health program enrollment on glucose and blood pressure reduction, adjusting for self-monitoring behaviors. In a sample of 594 older adults (age 55+, 14% 65+ years, 46.8% female) evaluated over a 12-month period, statistical models showed that older adults with uncontrolled diabetes (A1c >= 7.0%) had a 7.9 pt. reduction in blood glucose for each additional program enrolled and a 22.7 pt. reduction in blood glucose when enrolled in mental health compared to those not enrolled. Similarly, older adults with uncontrolled hypertension (BP >= 130/80) had a 4.8 pt. reduction in systolic blood pressure for each additional program enrolled and a 7.2 pt. reduction in systolic blood pressure when enrolled in mental health compared to those not enrolled. The findings indicate the potential for multiprogram digital health interventions that incorporate mental health to further improve clinical outcomes in older adults suffering from multiple chronic diseases, namely diabetes and hypertension.

EFFECTS OF OBESITY REDUCTION ON PHYSICAL FUNCTION, INFLAMMATION AND OSTEOARTHRITIS IN OLDER ADULTS

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Age-related increases in chronic inflammation lead to reduced physical function via damage to muscle and joints and contribute to osteoarthritis (OA) risk. Obesity in older adults with OA further exacerbates inflammatory damage. Whether obesity reduction can lessen inflammation and improve OA is unknown; however, novel biomarkers may provide an answer. We completed a 6-mo. weight loss intervention (-500 kcal/day), studying blood biomarkers of inflammation and cartilage damage along with physical function in obese older adults with (OA+; n=39) and without an OA diagnosis (OA-; n=20). Participants were aged > 60 yrs (mean = 70.2±6.0) and obese (BMI =34.6±4.7 kg/m2). At endpoint, weight loss was -6.3±4.0% and -5.8±4.1% in OA+ and OA-, respectively, with no group difference. Change scores for function for OA+ and OA- were: Short Physical Performance Battery score (+1.7±1.3 and +2.1±1.5), 8 ft up and go (-0.7±1.0 and -0.9±1.12 sec) and 6 min walk (+31.4±105.1 and +39.5±57.4 meters). All improved from baseline ($p<0.05$), with no group difference. Concerning blood biomarkers, there was a decrease ($p<0.05$) in cartilage oligomeric matrix protein (COMP: OA biomarker), indicating a potential benefit for OA. Change in COMP also differed between groups; OA- had a greater ($p<0.05$) reduction than OA+. Pooled results showed improved adiponectin ($p<0.05$), with no group difference. There were no changes for CRP, CTX-1, IL-6 and TNF-α. Our novel findings link early intervention with better reduction of OA risk and inflammation in obese older adults and also show important benefits for improved physical function regardless of OA status.

EXAMINING DIFFERENT TYPES OF SLEEP AMONG CUSTODIAL GRANDPARENTS DURING COVID-19

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Sleep is associated with healthy living. With increased age, sleep is harder to initiate and maintain. Currently, over two million grandparents have become primary caregivers to their grandchildren and are at risk for poor sleep outcomes. Research shows that grandparent caregivers are at risk for depression due to poor sleep quality. Thus, this study aimed to identify the sleep quality of custodial grandparents to gain a better understanding of sleep patterns during COVID-19 in 2020. Thirty-four custodial grandparents were recruited from the Georgia Division of Aging Kinship Care Support Groups from September through October 2020. Participants were between 42 to 78 years old with a mean age of 57. Participants completed the Pittsburgh Sleep Quality Index. Stata statistical software was used to analyze the relationship between the sleep quality subscales. Results showed a significant positive relationship for custodial grandparents between sleep quality and daytime dysfunction ($\chi2=25.993$, $p=0.002$; $\Gamma=0.495$, $p=0.039$) as well as sleep quality and sleep disturbance ($\chi2=11.129$, $p=0.084$; $\Gamma=0.751$, $p<0.001$). There is a significant positive relationship between daytime dysfunction and sleep duration ($\chi2=14.984$, $p=0.091$; $\Gamma=0.681$, $p<.001$), where grandparents with daytime dysfunction have longer sleep duration. Findings suggest grandparents with poor sleep quality are more likely to experience daytime dysfunction and have more sleep disturbances in the COVID-19 environment. Our study will benefit researchers and practitioners caring for custodial grandparents and contribute to future research focused on custodial grandparents and sleep quality.