comfort, including pain control and breathing more easily; effective staff/patient communication; compassionate care; and mobility. Patient satisfaction data for the first year showed an average 2.6% increase in satisfaction in nurses listening to the patient, and average 3.6% increase in satisfaction in nurses explaining things in an understandable way. Both increases were statistically significant. Implications of this practice for health systems improving age-friendly care will be discussed.

SCHAALMAN SENIOR VOICES: TRANSITIONING FROM “WHAT’S THE MATTER!” TO “WHAT MATTERS!”

Grisel Rodriguez-Morales, Erin Emery-Tiburcio, Robyn Golden, Marc Fenton, and Jasmine Chandy
1. Rush University Medical Center, Chicago, Illinois, United States, 2. Rush University Medical Center, CHICAGO, Illinois, United States

The 4Ms of an Age-Friendly Health System start with What Matters to the older adult. A unique method for asking that question is through film. Schaalman Senior Voices (SSV) films older adults talking about What Matters to them, and uses the films to stimulate discussion about later life with older adults in the community (n=264), with health care professionals students learning to listen to older adults (n=1250), and health system executives considering implementation of the Age-Friendly Health Systems (AFHS) initiative (n=100). SSV has completed longer professional films interviewing 12 older adults. Using a mobile platform, SSV has filmed 50 older adults in the community and at health events. Outcomes of film discussions will be presented, including inspiration for older adults having conversations with family and physicians about What Matters, health care students effectively using skills in asking What Matters to enhance the care they provide, and executives considering AFHS implementation.

TEACHING MEDICAL STUDENTS HOW TO ASK OLDER ADULTS WHAT MATTERS USING SIMULATED PATIENTS

Laurin Mack, Jamie Cvengros, and Erin Emery-Tiburcio
Rush University Medical Center, Chicago, Illinois, United States

It is vital the workforce is prepared to meet the medical needs of our aging population. Asking older adults What Matters is an important aspect of excellence in clinical care. During a small group session in a two-year communication skills course, second year medical students (N=149) at Rush were taught how to ask What Matters as part of the 4Ms. Students then completed a video recorded Communication Skills Lab with a simulated older adult patient as they practiced how to discuss What Matters. Students then met with their instructors in individual feedback sessions to review the video and discuss strengths and areas for improvement in communicating with older adults. Students then completed a Clinical Skills Assessment for formal testing of their communication skills with older adults. Outcomes of the summative assessment will be presented and recommendations for integrating 4Ms into existing medical school and allied health curriculum will be discussed.

SESSION 5550 (SYMPOSIUM)

DOES THE SHARING OF RESOURCES IMPACT HEALTH AMONG MARRIED COUPLES? NEW FINDINGS FROM DYADIC MODELS

Chair: Shuangshuang Wang
Co-Chair: Kyungmin Kim
Discussant: Karen Lyons

As married couples aging together, their health behaviors and outcomes could be shaped by both one’s own and the spouse’s characteristics. Using dyadic datasets, speakers in this symposium explored the interdependence nature of marital relations by identifying the mechanisms of how shared resources or strains affect spouses’ physical and mental health outcomes among married couples. Wang, Kim, and Burr identified distinct types of personality configurations among older couples using the Health and Retirement Study, and examined how personality compatibilities could buffer negative effects of adverse life events on older couples’ mental health. Using data from the National Social Life, Health, and Aging Project, Proulx, Skoblow, and Han further investigated the associations between marital quality and mental health among caregiving dyads, with a special focus on a comparison of different caregiving groups (spouse, child, others). From a physical health perspective, Wilson and Novak presented the dynamic behind relationship quality, joint health behaviors, health problems, health satisfaction, and health similarity between spouses. Finally, Kim, Jang, Park, and Chiriboga focused on couple contexts for acculturation among older Korean immigrants in the U.S., and examined how each spousal acculturation level affects healthcare utilization and difficulties in health service use. Focusing on married couples, this symposium showcases the interplay of family experiences, health behaviors, and relational dynamics of both spouses in shaping their health, and highlights the benefits of dyadic approaches. Speakers and our discussant, Dr. Karen Lyons, will discuss implications for social program design and future research.

OLDER COUPLES COPING WITH ADVERSE LIFE EVENTS: THE IMPORTANCE OF DYADIC PERSONALITY PROFILES

Shuangshuang Wang, Kyungmin Kim, and Jeffrey Burr
1. Shandong University, Jinan, Shandong, China, 2. University of Massachusetts Boston, Boston, Massachusetts, United States

Personality can be an important resource as older couples cope with adverse life events. Analyzing 4,893 older couples from the Health and Retirement Study, this study examined how one’s own and spouse’s adverse life events (health decline, job exit, loss of wealth, family member’s death) occurring in the past two years are associated with changes in depressive symptoms. We further examined the moderating effects for this association of six dyadic personality profiles (combinations of spouses’ positive and negative personality characteristics). We found significant actor and partner effects of health decline for increases in both spouses’ depressive symptoms, and significant actor effects of a family death for husbands’ increased depressive symptoms. For wives, having positive personality profiles buffered negative effects of one’s own health decline and spouses’ family death,
whereas having negative profiles intensified negative effects of husbands’ job exit and loss of wealth on the depressive symptoms for both spouses.

MARITAL QUALITY AND MENTAL HEALTH AMONG CAREGIVING DYADS
Christine Proulx,1 Hanamori Skoblow,1 and
Sae Hwang Han,2 1. University of Missouri, Columbia, Missouri, United States, 2. University of Texas at Austin, Austin, Texas, United States

We examined whether the associations between marital quality and mental health were equally strong among dyads in which one spouse was providing care to a spouse (n = 155), parent (n = 61), or another adult (n = 176). Using Wave 2 of the NSHAP and actor-partner interdependence (API) models, we found significant differences (p<.004) among groups. Marital quality was negatively associated with one’s own depressive symptoms (b=-1.29) for husbands in the spousal caregiver group, whereas marital quality was negatively associated with one’s own depressive symptoms for wives in both the parental (b=-1.27) and other adult (b=-1.96) caregiver groups. The only partner effect was the negative association between wives’ marital quality and husbands’ depressive symptoms (b=-2.59) among dyads in which one spouse was a parent caregiver. These results point to the importance of understanding the context of caregiving when examining the protective effect of spouses’ marital quality on mental health.

COUPLES’ JOINT HEALTH BEHAVIORS PREDICT BETTER HEALTH AND STRONGER RESEMBLANCE BETWEEN PARTNERS
Stephanie Wilson,1 and Joshua Novak,2 1. Southern Methodist University, Dallas, Texas, United States, 2. Auburn University, Auburn, Alabama, United States

Satisfying marriages pose benefits and possible risks to health. Indeed, high-quality relationships boost emotional resources and encourage healthy behaviors. However, stress and its adverse health effects also spread more easily in close relationships. To examine the relevance of joint health behaviors for health indicators and partners’ health similarity, 227 couples age 23-84 reported their frequency of co-sleeping, exercising together, and sharing meals; relationship satisfaction; health satisfaction; recent medical visits; and health problems. Happier couples shared more joint health behaviors than unhappier counterparts. In turn, joint health behaviors predicted greater health satisfaction and more similar rates of health problems between partners. In particular, exercising together predicted greater health satisfaction, fewer health problems, and greater health similarity. Controlling for diet, sedentariness, and sleep, findings revealed that joint health behaviors—a characteristic of happy relationships—are linked to not only better health and greater health satisfaction, but also greater health similarity between partners.

ACCULTURATION AND HEALTHCARE UTILIZATION AMONG OLDER KOREAN IMMIGRANTS: A DYADIC STUDY OF MARRIED COUPLES
Kyungmin Kim,1 Yuri Jang,1 Nan Sook Park,1 and David Chiriboga,2 1. University of Massachusetts Boston, Boston, Massachusetts, United States, 2. University of Southern California, Los Angeles, California, United States

Using data from 263 older Korean immigrant couples in the U.S. (Mean_age = 74.75 for husbands; 71.03 for wives), this study examined how each spousal acculturation level (e.g., English proficiency, familiarity with American culture) are associated with healthcare utilization (e.g., usual source of care, medical checkup) and difficulty in using health services, controlling for sociodemographic characteristics. Overall, husbands showed higher levels of acculturation than their wives, but there was also substantial similarity between spouses (ICC = .58). For healthcare utilization, one’s own acculturation (actor effect) was significant only for wives, but spouse’s acculturation (partner effect) was significant only for husbands. For difficulty in health service use, one’s own acculturation was significant for both spouses, but spouse’s acculturation was significant only for husbands.

SESSION 5555 (SYMPOSIUM)

EAST MEETS WEST: DEVELOPING SUPPORT SYSTEMS TO MEET THE DIVERSE NEEDS OF OLDER ADULTS IN THE UNITED STATES AND IN CHINA
Chair: Bei Wu
Co-Chair: Jiehua Lu

With the rapid growth of the aging population around the world, developing support systems for older adults has become increasingly important. It is crucial for researchers, educators, policy makers to share their experience and knowledge to initiate innovative and supportive programs and services that will meet the challenges of the aging population. The East meets West Forum is a platform that researchers from the Gerontological Society of America and the Chinese Association for Gerontology and Geriatrics established in 2017. Previously, the East meets West Forum focused on the issues of the long-term care (LTC) workforce, LTC services, and programs for older adults in the U.S and in China. In this session, we include four presentations (two from the U.S. and two from China) that focus on a broader area of support systems, beyond LTC, that would meet the diverse needs of older adults from housing, wellness visits, family caregiving system, to end of life care. More specifically, it includes: 1) expand housing services for low-income older adults; 2) strengthen family support systems and promote intergenerational support; 3) develop a comprehensive program for early detection and treatment of dementia at primary care settings; and 4) examine diversity in the family care patterns for the oldest old. This session provides opportunities for aging researchers/educators from two countries to share their knowledge and experience on developing supportive systems for older adults and their families. It also provides policy discussions on improving health and family caregiver support services in these two countries.

SCREENING FOR COGNITIVE FUNCTION IN PRIMARY CARE
Tara Cortes,1 and Liz Seidel,2 1. New York University, New York, New York, United States, 2. NYU Rory Meyers College of Nursing, New York, New York, United States

A comprehensive program for early detection and treatment of Alzheimer’s and related dementias requires a