Web 2.0 interventions promote collaboration between patients and healthcare practitioners to support chronic disease self-management. The evolution of Web 2.0 health and medical communities have led to greater opportunities for achieving better health outcomes through more interactive communication within patient support communities on the Internet. To date, there are no review studies that have used an evaluation framework to investigate whether chronic disease self-management programs are being planned, implemented and evaluated successfully among older adults. The primary aim of this presentation is to systematically assess Web 2.0 chronic disease self-management interventions designed for older adults (mean age ≥ 50) experiencing one or more chronic disease(s). A secondary aim is to report which Web 2.0 communication design features are associated with positive health-related outcomes for older adults. A systematic literature search was conducted using six health science databases, resulting in a final sample of fourteen (n=14) articles. The RE-AIM (Reach, Efficacy, Adoption, Implementation and Maintenance) model was used to evaluate each retained study, including the computation of a study quality score (SQS) to evaluate the five core dimensions of RE-AIM. Participants in half the reviewed studies (n=7) were white females and/or had diabetes. Results indicated that disease self-management self-efficacy improved more so than any other process outcome as a result of Web 2.0 exposures. Improvements were also noted in health status and physical activity; yet, Web 2.0 self-management was not shown to meaningfully impact medication adherence and healthcare utilization. More widely adopted Web 2.0 features included discussion boards, health resource pages, email, online journal entries, and tracking features used to monitor clinical and behavioral health outcomes over time. Asynchronous communication was implemented almost twice as often as synchronous communication. Even though Web 2.0 was viewed favorably among participants in most studies, adoption rates were adversely impacted by technical difficulties/problems. Participants in several studies were subject to high attrition, with dropout rates ranging from 25 to 41%. Accordingly, the Maintenance dimension of RE-AIM was evaluated as the weakest overall dimension within the reviewed studies. Results from this review suggest that older adults can become more comfortable using computers and Web 2.0 interventions for chronic disease self-management; yet, future research is needed determine whether the long-term effectiveness of Web 2.0 self-management is sustainable among larger, more diverse samples of chronically ill patients. The effective translation of new knowledge, social technologies, and engagement techniques will likely result in new Web 2.0 approaches for empowering, engaging, and educating older adults with chronic disease.