inform clinical decision making on a regular basis while providers emphasize the use of information technologies that prepare patients and caregivers for upcoming medical appointments. Implications for practice, research, and policy are discussed.

MULTIMORBIDITY RESILIENCE IN COMMUNITY-RESIDING OLDER ADULTS: MEASUREMENT AND HEALTH OUTCOMES

Yingzhi Xu,1 Eleanor McConnell,1 Tingzhong (Michelle) Xue,1 and Kirsten Corazzini2, 1. Duke University, Durham, North Carolina, United States, 2. University of Maryland School of Nursing, Baltimore, Maryland, United States

Multimorbidity is widespread, costly, and associated with a range of deleterious outcomes; it affects an estimated 67-80% of older adults. This study tests the validity of a multimorbidity resilience index developed in a Canadian sample of older adults by Wister et al., (2018), with a U.S.-based sample, using National Social Life, Health, and Aging Project (NSHAP) data, and draws upon the index to investigate the effects of resilience on outcomes over time. We mapped Wister et al.’s (2018) index to NSHAP measures, and assessed cross-sectional associations with health outcomes, using logistic regression. To assess the effects of resilience on health outcomes over time, we estimated mixed models of the relationships between resilience on outcomes over a 5-year interval. Total resilience was consistently associated with improved outcomes, including pain level (OR=.51, CI .41-.64); reduced utilization (OR=.45, CI .33-.60); improved mental health (OR=9.13, CI 6.20-13.44); self-rated physical health (OR=6.97, CI 4.76 10.19); and sleep quality (OR=3.66, CI 2.76-4.86). Longitudinal model results indicate change in multimorbidity resilience and number of chronic diseases predict (α=.001) pain level and self-rated physical health. Effects were moderated by socio-demographic factors. Our findings validate Wister et al.’s (2018) resilience index in a U.S. sample, supporting the importance of this measure to capture core components of older adults’ capacity to sustain well-being in the context of living with multiple, chronic conditions. Results from the longitudinal models provide beginning insights into the effects of resilience on symptom experience and perceived health over time, highlighting potential levers for change.

PERIPHERAL ARTERIAL DISEASE AND SEDENTARY TIME IN OLDER ADULTS

Dottinon Fullwood,1 Mary McDermott,2 and Todd M. Manini1, 1. University of Florida, Gainesville, Florida, United States, 2. Northwestern University, Chicago, Illinois, United States

Peripheral artery disease (PAD) is associated with increased rates of physical disability in older adults, yet few interventions exist to reduce this risk. Intermittent claudication, exertional calf symptoms that resolve within 10 minutes of rest, is the classic symptom for PAD, but many people with PAD are absent of these symptoms. Ankle brachial index (ABI) is a non-invasive measure that identifies the presence and severity of lower extremity arterial obstruction due to atherosclerosis. We studied whether abnormal ABI is associated with increased time spent in sedentary behavior in a large sample of community-dwelling older men and women (70-89 years) enrolled in the Lifestyle Interventions and Independence for Elders (LIFE) study. Older adults underwent an ABI test and then wore a tri-axial accelerometer on the hip for up to seven days. Total accumulated sedentary time and sedentary time spent in bout lengths of 10 minutes or more, 30 minutes or more, and 60 minutes or more were calculated. ABI values, divided into PAD (<.90, n=156) and non-PAD (0.90 - 1.40, n=960), were evaluated in covariate-adjusted regression models adjusting for age, body mass index, comorbidity presence, gender and smoking. Older adults with PAD had significantly higher total accumulated time spent in sedentary behavior than those without PAD (13.1 minutes per day, p<0.02). No associations were found with longer bout lengths of sedentary time. These results suggest that older adults with PAD accumulate more time in shorter bouts of sedentary behavior. Future interventions may consider targeting short sedentary bout-lengths for reducing PAD symptoms.

HEAT KILLED LB. PARACASEI OR CELL WALL LIPOTEichoIC ACID AMELIORATES AGE-RELATED LEAKY GUT AND INFLAMMATION

Shaohua Wang,1 Shokouh Ahmadi,2 Ravinder Nagpal,2 Shalini Jain,3 Siddharth Mishra,2 Stephen Kritchevsky,2 Dalane Kitzman,2 and Hariom Yadav1, 1. Wake Forest School of Medicine, Winston-Salem, United States, 2. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States, 3. Wake Forest Medical Center, Winston-Salem, North Carolina, United States

Increased inflammation associated with leaky gut is a major risk factor for morbidity and mortality in older adults; however, successful preventive and therapeutic strategies are not available to ameliorate these conditions. In this study, we demonstrate that a human-origin Lactobacillus paracasei D3-5 strain (D3-5), even when dead, extended life span of C. elegans. In addition, feeding D3-5 to older mice (>79 weeks) prevented high fat diet (HFD)-induced metabolic dysfunction and decreased leaky gut and inflammation, which were associated with improved physical and cognitive function. D3-5 feeding significantly increased mucin production and proportionately, the abundance of mucin-degrading bacteria Akkermansia muciniphila was also increased. Mechanistically, we show that the cell wall of D3-5 contains lipoteichoic acid (LTA), which enhanced mucin degradation. We also show that the cell wall of D3-5 contains lipoteichoic acid (LTA), which enhanced mucin degradation. This study indicates that the D3-5 and its LTA can prevent/treat age-related leaky gut and inflammation.

MAPPING COLLABORATION RELATIONSHIPS IN AGE-FRIENDLY COMMUNITIES INITIATIVES

Althea Pestone-Stevens1, 1. School of Social Work, Rutgers University, New Brunswick, United States

Age-friendly initiatives (AFIs) convene stakeholders throughout a community to improve social and built environments for long lives. Despite rapid growth in AFIs worldwide, research on how AFIs operate, sustain, and impact their communities has been slow to develop. This poster presents a new social network analysis (SNA) survey instrument, which can be used to advance research on AFIs by identifying key
relationships and activities that drive collaborative community change processes. The survey asks a representative from each organizational member of an AFI coalition to select “partner” organizations with whom they have worked on AFI goals. Respondents then select from a list of activities in which they engage with each partnering organization. The questions regarding collaboration activities were developed based on theories of inter-sectoral and community-wide collaboration, SNA studies of collaboration in health prevention networks, and qualitative interviews with leaders of an established AFI coalition in Upstate New York. This tool was administered with respondents from 18 organizations comprising the New York coalition. Administration of the pilot indicated that the questions were acceptable and feasible for participants to complete. Analysis of the data through SNA software (UCINET) yielded visual maps to understand dimensions of the AFI’s inter-organizational network. Local government offices and nonprofits emerged as central network nodes for connecting stakeholders. Findings also indicated denser networks around lower-intensity collaboration activities, such as sharing information, relative to higher-intensity activities, such as sharing financial resources. Implications of the tool for future research on the development of AFI’s across diverse community contexts are discussed.

QUANTIFYING THE BURDEN OF HOSPITALIZED DAYS IN MEDICARE BENEFICIARIES WITH MULTIMORBIDITY
Melissa Y. Wei,1 Nicholas Tilton,1 and Kenneth J. Mukamal1,1 Division of General Medicine, University of Michigan, Ann Arbor, Michigan, United States.

Multimorbidity predicts several health outcomes including physical and cognitive functioning and mortality. Multimorbidity also predicts healthcare burden, but this has not been studied using a patient-centered measure that weights conditions by their impact on physical functioning. Health and Retirement Study participants were continuously enrolled in Medicare Parts A/B 1-year before and after the 2012-2013 HRS interview. Medicare claims were used to compute ICD-coded multimorbidity-weighted index (MWI-ICD) by summing physical functioning-weighted conditions. Given excess observations of zero hospital days (78.1%), we used zero-inflated Poisson regression to examine the association between multimorbidity and hospitalized days. First, logit models predicted membership into the zero-coded “no hospitalizations” group. Second, Poisson models predicted hospital days for participants not in the zero-coded group. We converted adjusted regression coefficients to odds ratios to report odds of zero hospitalized days. To compare model fit between MWI-ICD and simple disease count we used AICs. The final sample N=5201 participants had mean age 77.6 +/- 11.6 years, MWI-ICD 16.5 +/- 11.6, and 1.9 +/- 0.6 (range 0-90) hospitalized days. Each 1-point increase in MWI-ICD had a lower AIC than simple disease count. Multimorbidity measured with MWI-ICD was associated with a decreased odds of zero hospitalized days and an increased number of expected hospitalized days. Multimorbidity contributes greatly to patient burden through increased hospitalization and is better captured through an index weighting conditions to physical functioning.

VALIDATION OF A BRIEF SCREEN TO IDENTIFY PERSONS WITH DEMENTIA AT RISK FOR BEHAVIORAL DISTURBANCE
Tracy L. Evans,1 Amber Amspoker,1 Mark E. Kunik,1 and Srijana Shrestha1,1 Baylor College of Medicine, Houston, Texas, United States, 2. Wheaton College, MA, Norton, United States.

Per current guidelines, clinical assessment of persons with dementia (PWD) should include potential causes of behavioral and psychiatric problems including pain, depression, and caregiver-patient relationship quality. Many validated assessment tools are available; however, administering a battery of instruments is not practical in most clinical settings. Objectives of this secondary analysis are to 1) evaluate the construct validity of brief screens (1-3 questions each) for pain, depression, and relationship strain by examining their associations with validated measures (Geriatric Depression Scale, Modified Philadelphia Pain Scale, Zarit Burden Interview, Mutualty Scale) and medication use and 2) evaluate the predictive validity of each individual screen and the screens as a set (number positive) by examining their associations with frequency of disruptive behaviors on the Revised Memory and Behavior Problem Checklist. PWDs (n=228) were included in the original trial if the PWD or the caregiver endorsed one or more of the three screens. There was evidence of good convergent and discriminate validity for each individual screen (p’s < 0.01). Although only the relationship screen was individually associated with frequency of disruptive behaviors (p < 0.00010), the total number of screens endorsed was positively associated with this frequency (F(2,225) = 5.50, p = 0.005). In this sample, the brief screening questions showed good construct and predictive validity. Further studies are needed to determine if they can be used to identify patients with depression, pain, and/or caregiver-patient relationship problems in the clinical setting.

FEASIBILITY OF ONLINE SYNCHRONOUS CAREGIVER DEMENTIA COACHING FOR REJECTION-OF-CARE BEHAVIORS
Rita A. Jablonski,1 Winstead Vicki,1 Giovanna Piloneta,1 and David Geldmacher1, J. University of Alabama at Birmingham, Birmingham, Alabama, United States.

Problem: Two-thirds of family caregivers of persons living with dementia have encountered rejection-of-care behavior, usually during assistance with activities of daily living. Purpose: To describe the feasibility of an online videoconferencing platform to help caregivers prevent and reduce ROC behavior. Design: Quasi-experimental. Sample: Twenty-six family caregivers: 54% female, 77% white, 62% spouses (31% wives, 31% husbands), mean age 65 years, and college-educated (92%). Their care recipients were 61% female, 77% white, mean age of 76 years, and college-educated.