

measure physical performance; total scores ranged from 0, not attempted, to 12, the best). A logistic model comparing community-dwelling older adults going out most days (18.3%), some days (10.3%), or rarely/never (3.4%) to those going out every day found ORs of 0.85, 0.70, and 0.58 respectively (all $p < 0.0001$) for a one-unit increase in SPPB score. Interdisciplinary teams can use findings to assess disabled community-dwelling older adults' frequency of going outdoors. Implications for interventions to assist with increasing times leaving the home (e.g. mobility devices, caregiver assistance) will be discussed.

PROFILE OF OLDER ADULTS WHO RECEIVED WOUND CARE BY A FAMILY CAREGIVER: THE NHATS-NSOC 2017

Zachary Hathaway, Janeway Granche, Martha Coates, Justine Sefcik, Michael Neidrauer, Peter Lewin, and Rose Ann DiMaria-Ghalili, *Drexel University, Philadelphia, Pennsylvania, United States*

A gap in knowledge exists related to the socio-demographic and health characteristics of older adults receiving wound care from a family caregiver in the home. We created a cohort (N=992) of older adults from NHATS who lived in the community or residential care (non-nursing home) and had a family caregiver complete the NSOC question "provides help with skin care related to wounds or sores". Approximately one third (32%) of these older adults received wound care from a family caregiver. These older adults were more likely to be men, live with others, have lower levels of physical function, be malnourished (OR = 1.63 [95% CI = 1.02-2.60]), and have inflammation (hsCRP > median 1.89), $P < .05$. These findings can inform the needs of older adults receiving wound care from a family caregiver and lead to development of additional supports for caregivers (e.g., multi-component interventions).

SESSION 7210 (SYMPOSIUM)

RESERVE AND HEALTHY AGING

Chair: Cynthia Felix

Co-Chair: Briana Sprague

In line with the GSA 2020 Annual Scientific Meeting theme of "Turning 75: Why Age Matters", our symposium highlights the fact healthy aging is relevant to maintaining reserve- be it brain/cognitive reserve or physiological reserve. Even among older adults 75 or older, continuing to practice healthy aging habits, helps with reserve. In this symposium, Drs. Felix and Carlson discuss how positive neuroplastic processes such as social engagement and social volunteering may aid in brain/cognitive reserve. Dr. Lin discusses how negative neuroplastic processes such as hearing loss may hamper the same. The "use-it-or-lose-it" hypothesis may be a common pathway in effecting brain reserve, regardless of whether the inputs are social or sensory

stimuli. Physiological reserve is also important in aging, and Dr. Sprague talks about energy and frailty, with frailty being an accelerated decline of physiological reserve. While the studies presented are from older adult populations, reserve often takes a lifetime of effort to build and maintain. The symposium speakers present several hypotheses such as brain reserve, cognitive reserve, cognitive load, information degradation, sensory deprivation and frailty. An application of these concepts, would help older adults practice aging habits that promote reserve, into advanced old age, at individual and community levels. Brain Interest Group Sponsored Symposium

GREATER SOCIAL ENGAGEMENT AND GREATER GRAY MATTER MICROSTRUCTURAL INTEGRITY OF AGING ADULTS

Cynthia Felix,¹ Caterina Rosano,¹ Xiaonan Zhu,¹ Jason Flatt,² and Andrea Rosso,¹ *1. University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 2. University of Nevada, Las Vegas, Las Vegas, Nevada, United States*

Social engagement reflects habitual social roles in aging adults and may protect against dementia. Cross-sectional associations of social engagement (SE) index with gray matter (GM) microstructure was studied in regions of interest relevant to social cognition among community-dwelling older adults [n=293, mean age: 82.8 years (SD: 2.8), 43% males] using linear regression models. Greater SE was significantly related to lower mean diffusivity (MD) (greater GM microstructural integrity) [shown as standardized estimate (p-value)] in: left middle frontal gyrus-orbital part: -0.168 (0.005), left caudate nucleus: -0.141 (0.02), left temporal pole-middle temporal gyrus: -0.136 (0.03), right middle frontal gyrus: -0.160 (0.006), right superior frontal gyrus-orbital part: -0.187 (0.002), right middle frontal gyrus, orbital part: -0.124 (0.04), adjusted for demographic attributes. Associations were robust to adjustment for hearing or ADL difficulty. Findings were generally stronger in females than in males. Social engagement may prevent GM integrity loss and build brain reserve in dementia-related regions. Part of a symposium sponsored by Brain Interest Group.

SELF-REPORTED ENERGY TRAJECTORIES PREDICT ADVERSE HEALTH OUTCOMES IN OLDER ADULTS

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Declining energy may indicate homeostatic dysregulation and predict adverse health outcomes. We hypothesized that declining energy would predict greater frailty (1-10), greater mortality, and faster mood (CES-D) and cognition (3MS)