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 Corazzini[2],
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

Dottington Fullwood,[1] Mary McDermott,[2] and
Todd M. Manini[1], *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 10minutes 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] Sidharth Mishra,[2] Stephen Kritchevsky,[2]
Dalane Kitzman,[2] and Hariom Yadav[3], *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 (Muc2) expression via TLR-2/p38-MAPK pathway, which in turn reduced age-related leaky gut and inflammation. 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 Pestine-Stevens[1], *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