of HIV disclosure. Findings suggest there are HIV-specific and non-specific barriers for older individuals with HIV, including perceived perceptions of aging. We have initiated a pilot study to investigate multilevel barriers and enablers to optimal comorbidity management. Gerontological insights brought to this analysis will support developing aging-appropriate clinical practices for this population.

MULTIMORBIDITY ACCUMULATION BY RACE OR ETHNICITY AND BODY-WEIGHT STATUS AMONG MIDDLE-AGED AND OLDER AMERICANS

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Obesity and multimorbidity are more prevalent among U.S. racial/ethnic minority groups. Evaluating racial/ethnic disparities in multimorbidity accumulation according to body-mass index (BMI) may guide interventions to reduce multimorbidity burden in vulnerable racial/ethnic groups. Data from the 1998-2016 Health & Retirement Study (N=8,106, 51-55 years at baseline) and generalized estimating equations models with inverse probability weights estimated the accumulation of seven chronic diseases (arthritis, cancer, diabetes, heart disease, hypertension, lung disease, and stroke) between racial/ethnic groups [Non-Hispanic White (reference; 64.2%), Non-Hispanic Black (21.6%), Hispanic (14.2%)]. Overweight and obesity were more prevalent in Black (82.3%) and Hispanic (78.9%) than White (70.9 %) participants at baseline. Initial burden of morbidity was higher among Black participants [risk ratio (RR) =1.3, $p<0.001$] but similar among Hispanic compared with White participants; and higher in overweight or greater BMI categories compared with normal BMI (RR=1.07, 1.15, 1.22, $p<0.001$, for overweight, obese 1, and obese 2/3 BMI, respectively). Disease accumulation did not differ among racial/ethnic groups. Higher BMI was associated with less disease accumulation compared with the normal BMI category (RR=0.99, 0.98, 0.97, all $p<0.001$, for overweight, obese 1, and obese 2/3 BMI, respectively, per two-year interval). Black participants crossed the threshold of multimorbidity (≥2 diseases) 4-6 years earlier than White and Hispanic participants. There are substantial differences in initial disease burden between Black and White middle-aged/older adults, but not in the accumulation of disease, suggesting the need to intervene prior to entering middle age to reduce disparities in the burden of multimorbidity among vulnerable racial minorities.

MULTIMORBIDITY AND DEPRESSION INCIDENCE AMONG MIDDLE-AGED AND OLDER ADULTS IN CHINA

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Previous studies suggested that multimorbidity (co-occurrence of two or more chronic conditions) is associated with increased risk of depression. However, limited studies have examined the relationships between multimorbidity and depression among Chinese middle-aged and older adults. The current study aimed to evaluate the associations between multimorbidity and incidence of depression and the potential mediation effect of functional limitation among Chinese middle–aged and older adults. Data of 8,093 individuals who participated in both wave 1 (2011) and wave 4 (2015) of China Health and Retirement Longitudinal Study (CHARLS) and were free of depression in wave 1 were included in the study. Multiple log-binomial regression models were used to evaluate the associations between multimorbidity and incident depression. Mediation analysis was conducted to examine the effect of functional limitation. A third of participants in our study were identified as having multimorbidity in wave 1 (N=2,479) and 23% participants were free of depression in wave 1 but had depression in wave 4 (N=1,827). After adjusting for potential confounders, multimorbidity was observed to be associated with depression incidence (RR: 1.31; 95% CI: 1.21 – 1.42). In addition, functional limitation mediated the relationship between multimorbidity and depression incidence. Our findings add to the literature on the potential associations between multimorbidity and depression incidence among Chinese middle-aged and older adults. Furthermore, the relationship between multimorbidity and depression incidence was observed to be mediated by functional limitation. Interventions that improve functional ability among Chinese middle-aged and older adults could potentially attenuate the effect of multimorbidity on depression incidence.

PROPOSED FEATURES FOR A DIGITAL NUTRITION INTERVENTION FOR MANAGING PARKINSON'S DISEASE

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Digital health technologies can enhance quality of care for people with Parkinson's disease (PwPD) and their informal caregivers (ICG), but research in this area is lacking. Developing digital health nutrition services incorporating end-user preferences is essential. This cross-sectional, mixed-method study assessed 20 PwPD and their ICG. Participants reported sources they first search for when seeking health information, the amount of effort it takes to find the information, their confidence level in finding reliable health information, and their level of trust of information obtained. Semi-structured dyadic interviews obtained information about technology, digital health, and nutrition. Transcripts were double coded by two researchers to identify nutrition service features and a >80% agreement was achieved. The mean age was 68.1±11.2 years and 65% of PwPD were male, while 80% of ICG were female. Most PwPD and ICG (82.5%) went to the internet the last time they looked up health information, and about 1/3 reported it took a lot of effort to get this information. Nearly half were concerned