at baseline was able to differentiate performance at 1 year. These data show that there are very few changes in high or low performing groups, but mid-range participants can experience volatility.

DOES THE COEXISTENCE OF FOOD INSECURITY AND OBESITY IN OLDER ADULTS EXPLAIN VARIATIONS IN GLYCATED HEMOGLOBIN?

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Obesity and food insecurity are known public health concerns for older adults, and both are independent predictors of glycated hemoglobin (HbA1c). I examined the impact of the co-existence of food insecurity and obesity on HbA1c using the National Health and Nutrition Examination Survey (NHANES), 2005-2014. Body mass index /waist circumference (WC) cut- off values were used to create six body types: normal weight with normal WC, overweight with normal WC, obese with normal WC, normal weight with high WC, overweight with high WC, and obese with high WC. HbA1c was defined as normal < 5.7% and abnormal >5.7%. Food security status (FSS) was defined following USDA protocols (food secure-FS, food insecure-FI). The sample population included 5,772 participants 50 years and older with mean (SD) age of 61.8 (0.2). A weighted multivariable logistic regression controlling for age, gender, race/ethnicity, education, and poverty-to-income ratio was run for this analysis. The proportion of older adults with both FI and obesity with high WC (51.1%, p<0.0001) was significantly higher than those FS (37.5%). Logistic regression model with body types and FSS had a maximum-rescaled R-square (MRRS) of 0.147 vs. 0.093 and 0.144 for FSS and body types alone. An increase in MRRS in the model with both body types and FSS compared to the models containing only body types or FSS demonstrates an improved model for fitting abnormal HbA1c levels. The knowledge of this effect may benefit health risk assessment and management in this population.

METABOLIC AND INFLAMMATORY BIOMARKERS, MULTIMORBIDITY COMBINATIONS AND DISABILITY BURDEN AMONG OLDER AMERICANS

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Specific multimorbidity combinations, in particular those including arthritis, stroke, or cognitive impairment have been associated with high burden of ADL/IADL disability. However, the biologic underpinnings of these associations are still unclear. We used data from the Health & Retirement Study (N=5,359, age 65 years or older at baseline) and negative binomial regression models to evaluate if metabolic and inflammatory biomarkers [HbA1c, HDL-cholesterol, C-Reactive Protein (CRP)] mediate the association between specific multimorbidity combinations (at baseline in 2010-2012; grouped around one of eight index diseases: arthritis, cancer, cognitive impairment, diabetes, heart disease, hypertension, lung disease, and stroke) and ADL/IADL disability (at subsequent wave in 2012-2014). Results were adjusted for sociodemographic characteristics, body-mass index, number of coexisting chronic diseases, and baseline ADL/IADL score. HbA1c (IRR=1.01, p=0.004) and CRP (IRR=1.01, p=0.003), but not HDL, were positively associated with the number of coexisting diseases. After adjustment for coexisting diseases, higher HbA1c was associated with greater ADL/IADL limitations for multimorbidity combinations including arthritis (IRR=1.11, p=0.047) and stroke (IRR=1.11, p=0.047), but not for combinations centered around other diseases, while CRP was no longer significantly associated with ADL/IADL limitations for any of the multimorbidity combinations. Models accounting for HbA1c and CRP, respectively, showed that only combinations including cognitive impairment had greater ADL/IADL limitations (IRR=1.45, p=0.015) compared to combinations without cognitive impairment. Insulin resistance and inflammation are strongly associated with the burden of multimorbidity; this strong association, rather than the biomarkers per se, appears to explain the greater ADL/IADL burden observed with all disease-specific multimorbidity combinations, except cognitive impairment.

MODERATING EFFECT OF AGE ON THE RELATIONSHIP BETWEEN PATIENT ACTIVATION AND DIABETES SELF-CARE ACTIVITIES

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Purpose: The purpose of the study was to identify the moderating effect of age on the relationship between patient activation and diabetes self-care activities among Korean patients with type 2 diabetes mellitus. Methods: For the cross-sectional correlational study utilizing secondary data analysis, 155 patients diagnosed with type 2 diabetes were divided into two age groups: < 65 and ≥ 65 years. Original data were collected in ambulatory endocrinology units of two tertiary hospitals in South Korea from September 2016 to July 2017. Multivariate regression analyses were used, including interaction variable to detect a moderating effect of age group. Results: The level of diabetes self-care activities was similar between patients aged 65 or over and those aged less than 65 (with the possible range from 0 to 7) (3.71±1.22 vs. 3.53±1.20, t = -0.58, p = .561). Patient activation level was lower for patients aged 65 or over than those aged less than 65 (with the possible range from 0 to 100), but there was no statistical difference (61.54±4.01 vs. 68.66±16.45, t =1.68, p = .095). In multiple linear regression analysis, there was a significant interaction effect of age group (≥ 65 vs. < 65 years) and patient activation on diabetes self-care activities, controlling for the demographic and clinical variables (standardized beta = -.69, p = .021, 95% CI [-.08, -.01]). Conclusion: To encourage diabetes self-care activities, it is necessary to consider the limited effect of patient activation level for patients with type 2 diabetes aged 65 or over.

OLDER ADULTS AGING WITH HIV: A GROWING POPULATION EXPERIENCING COMORBIDITIES AND SOCIAL ISOLATION

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Significantly more than half of people living with HIV in the United States are over age 50 and at least half of that number are over 70 years old. Advances in antiretroviral