employed full-time (70%) and had a household income of $50,000 or more (65%). Greater caregiver burden was significantly associated with lower preparedness for caregiving ($r=.41, p<.01$), and greater activity impairment ($r=.50, p<.01$), presenteeism ($r=.44, p<.01$), and overall impairment ($r=.36, p<.05$), but not absenteeism. Caregiver burden predicted activity impairment ($b=1.72 \ [0.72, 2.71], p<0.01$), presenteeism ($b=1.44 \ [3.33, 2.55], p<0.01$), and overall impairment ($b=1.42 \ [0.09, 2.74], p<0.05$), even after controlling for age and preparation for caregiving. More burdened caregivers may be having more challenges with work productivity. Additional research is needed to examine these relationships in a larger, more diverse sample. Future research should also investigate how supportive work environments and leave policies reduce caregiver burden and promote work productivity.

**IMPACT OF RECREATIONAL PHYSICAL ACTIVITY AND BODY COMPOSITION ON INSULIN RESISTANCE IN OLDER ADULT POPULATION**

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**Purpose:** The study was to identify the impact of physical activity (PA) and body composition on insulin resistance in older adults and investigate racial/ethnic difference in these relationships.

**Method:** This secondary data analysis project used 717 participants who were 55 years and older without diabetes from the 2017-2018 National Health and Nutrition Examination Survey. Major variables included homeostatic model assessment of insulin resistance (HOMA-IR), body mass index (BMI), waist circumference (WC), and recreational PA. The covariates included were demographics, nutrition intake, and lifestyle (smoking and alcohol usage). Hierarchical multiple regressions were conducted to analyze the data.

**Results:** Body composition and recreational PA had interaction and main effects on HOMA-IR in the overall sample. Level of HOMA-IR decreased with increasing levels of recreational PA in individuals with lower levels of BMI, but in individuals with higher levels of BMI, HOMA-IR increased. Level of HOMA-IR increased with increasing levels of recreational PA across the range of WC, but the rate of increase was slightly more pronounced at higher level of WC. These results varied across racial/ethnic groups.

**Conclusion:** Overall, both recreational PA and body composition are important factors that affect level of HOMA-IR, but body composition seems to be the dominant factor. PA is only beneficial for older adults with low BMI. Interventions for reducing insulin resistance should be tailored to specific racial/ethnic groups.

**IT TAKES A VILLAGE - ATYPICAL PRESENTATION WARRANTS TEAMWORK FOR SEPSIS CARE**

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Sepsis is the body’s overwhelming response to infection that can lead to tissue damage, organ failure, and death. Sepsis, disproportionately affects older adults due to an aging immune system and chronic illness. Older adults present atypically delaying diagnosis and intervention. This delay has been associated with increased morbidity and mortality. However, with early detection and rapid treatment there can be a reduction in poor outcomes. It is key, that clinicians practice collaboration and communication when diagnosing & treating patients that may have a different presentation. Early detection, monitoring, and intervention are crucial to survival of the older septic patient. The Continuous Monitoring Unit (CMU) consists of RNs, who monitor telemetry, video, and the Sepsis BPA/Checklist 24 hours/7 days a week. These nurses evaluate all active ED and acute care BPA data points. With their specific training, they dismiss the irrelevant and align the significant data while looking for possible notes of infection. They do not act upon the BPA unless the patient meets criteria. If there is confirmation of the BPA, the nurse collaborates with the primary provider to initiate recommended sepsis care. Since the beginning of August 2021, the CMU RN is utilizing the Sepsis Checklist, a customized tool built into the EMR that allows the CMU nurse to monitor the key elements of the Sepsis Bundle and intervene concurrently to complete the CMS SEP1 recommendations. Recommendations are based on the Surviving Sepsis Campaign.

**LATENT CLASSES OF FIRST INCIDENT DIFFICULTY IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

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Ability to perform instrumental activities of daily living (IADLs) deteriorates during prodromal Alzheimer’s disease (AD), eventually leading to impaired everyday functioning and dementia. Ordering and timing of IADL difficulty onset may identify individuals at greater risk of cognitive impairment, but most studies only consider total number of difficult tasks. Leveraging longitudinal data from the Advanced Cognitive Training in Independent and Vital Elderly (ACTIVE) Study who entered free of any IADL difficulty (N=1266), we hypothesized that a latent class analysis based on timing of first reported IADL task difficulty would reveal class differences in cognitive functioning. Participants were followed until they self-reported at least one IADL difficulty, study completion (10 years), or loss to follow-up. Discrete-time multiple event process survival mixture (MEPSUM) models were used to simultaneously estimate hazards of incident IADL task difficulty across 7 task groups. Two, 3, 4, and 5 latent class models were fit to the data. Both unadjusted and covariate-adjusted models (adjusted for age, sex, race, education, marital status, and general health rating) were fit. Using the 2-class solution as the most parsimonious model, model entropy was 0.855. The model was able to distinguish a class of participants with lower global cognitive factor scores at baseline (Cohen’s D = 0.23, P = 0.04). We conclude that first incident IADL difficulty may be a useful measure in identifying individuals with worse cognitive functioning.

**LIFESPAN DEVELOPMENTAL ANALYSIS OF HEALTH PROBLEMS AND PROBLEM DRINKING ACROSS WHITE AND UNDERREPRESENTED ADULTS**

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