Age-Related Hearing Loss and Cognition in the Hispanic Community Health Study", broaden the scope of age-related studies on audiometric hearing loss by using a large Hispanic cohort, a community largely excluded from previous hearing loss studies. By examining audiometrically-defined hearing loss and cognitive measures, Golub found links between hearing loss and lower neurocognition. Janice Atkins and colleagues, in "Preexisting Comorbidities Predicting COVID-19 and Mortality in the UK Biobank Community Cohort", challenge the practice of simple age-based targeting of older adults to prevent severe COVID-19 infections, and show that specific high-risk comorbidities are better indicators of hospitalization and mortality. "Comparison of Recruitment Strategies for Engaging Older Minority Adults: Results from Take Heart", by Jessica Ramsay and colleagues, examines methods used to recruit older adults of color from primarily low socio-economic households for behavioral and clinical health research. Ryon Cobb and coauthors, in their article "Self-reported Instances of Major Discrimination, Race/Ethnicity, and Inflammation among Older Adults: Evidence from the Health and Retirement Study", investigate whether self-reported lifetime discrimination is a psychosocial factor influencing inflammation in older adults. Tamara Baker, the discussant, will highlight commonalities and lessons learned from these studies, including links between racial, socio-economic, or disease-related vulnerabilities of older adults and their health status, as well as best practices to account for these factors in future clinical trials.

MAJOR DISCRIMINATION, RACE-ETHNICITY, AND INFLAMMATION AMONG OLDER ADULTS

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This study examines the relationship between self-reported instances of major discrimination and inflammation among older adults, and explores whether this relationship varies in accordance with race/ethnicity. Data from 2006/2008 Health and Retirement Study was used to collect measures of self-reported instances of major discrimination and high-risk C-reactive protein (CRP), which was assayed from blood samples. Modified Poisson regression with robust standard errors was applied to estimate the prevalence ratios of self-reported instances of major discrimination, as it relates to high-risk CRP (CRP ≥ 22 kg/m2), and test whether this relationship varies by race/ethnicity. Respondents who experienced any instances of major discrimination had a higher likelihood of high-risk CRP (prevalence ratio [PR]: 1.14, 95% confidence interval [CI] = 1.07–1.22) than those who did not report experiencing any instances of major discrimination. This relationship was weaker for blacks than whites (PR: 0.81, 95% CI = 0.69–0.95).

AUDIOMETRIC AGE-RELATED HEARING LOSS AND COGNITION IN THE HISPANIC COMMUNITY HEALTH STUDY

Justin Golub,[1] Adam Brickman,[1] Adam Ciarleglio,[2] Nicole Schupf,[3] and José Luchsinger,[1] 1. *Columbia University, New York, New York, United States, 2. George Washington University, Washington, DC, District of Columbia, United States, 3. Columbia University, Mailman School of Public Health, New York, New York, United States*

Studies associating age-related hearing loss (HL) with cognition have been limited by non-Hispanic cohorts, small samples, or limited confounding control. We overcome these limitations in the largest study of formal, audiometric HL and cognition to date using the multicentered Hispanic Community Health Study (n=5,277, mean age=58.4 [SD=6.2]). The main exposure was audiometric HL. The main outcome was neurocognitive performance. Adjusting for demographics, hearing aid use, and cardiovascular disease, a 20-dB increase (one-category worsening) in HL was cross-sectionally associated with worse performance in multiple neurocognitive measures: -1.53 (95% CI = -2.11, -0.94) raw score point difference on Digit Symbol Substitution Test, -0.86 (-1.23, -0.49) on Word Frequency Test, -0.76 (-1.04, -0.47) on Spanish-English Verbal Learning Test (SEVLT) 3 trials, -0.45 (-0.60, -0.29) on SELVT recall, -0.07 (-0.12, -0.02) on Six-Item Screener. Because HL is common and potentially treatable, it should be investigated as a modifiable risk factor for neurocognitive decline/dementia.

COMPARISON OF RECRUITMENT STRATEGIES FOR ENGAGING OLDER MINORITY ADULTS: RESULTS FROM TAKE HEART

Jessica Ramsay,[1] Cainnear Hogan,[2] Mary Janevic,[3] Rebecca Courser,[3] Kristi Allgood,[3] and Cathleen Connell,[3]
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Few studies report best practices for recruiting older adults from minority, low SES communities for behavioral interventions. In this presentation, we describe recruitment processes and numbers for Take Heart, a randomized controlled trial testing the effectiveness of an adapted heart disease self-management program for primarily African American, low SES adults 50 years or older in Detroit. Community-based (CB), electronic medical record (EMR), and in-person hospital clinic (HC) recruitment methods were implemented. Within 22 months, 453 participants were enrolled, with an overall recruitment yield of 37%. The CB method had the highest yield (49%), followed by HC (36%) and EMR (16%). The average cost of recruiting and enrolling one participant was $142. Face-to-face interactions and employing a community health worker were particularly useful in engaging this population. Further research is needed to confirm these findings in other minority and low SES populations and share lessons learned about recruitment challenges and successes.

PREEXISTING COMORBIDITIES PREDICTING COVID-19 AND MORTALITY IN THE UK BIOBANK COMMUNITY COHORT

Janice Atkins,[1] Jane Masoli,[2] Joao Delgado,[3] Luke Pilling,[2] Chia-Ling Kuo,[4] George Kuchel,[4] and David Melzer,[2]
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