the following criteria were included: (1) cross-sectional or longitudinal study design, (2) baseline mean age of participants ≥50 years, and (3) sample size of ≥100 participants. Of these 80 studies, 56 found a positive, significant association between visual function and cognitive decline. Forty-nine of the 56 studies used objective measures to test for visual acuity, contrast sensitivity, or visual fields. The sample included participants from 14 countries, including the US, UK, China, and Australia among others. Converging evidence of an association between vision impairment and subsequent cognitive decline suggests that visual impairment is a possible modifiable risk factor for cognitive decline and dementia. This hypothesis should be tested in prospective, controlled studies.

COMPROMISED VISION IMPAIRS SUCCESSFUL AGING AMONG ASSISTED LIVING RESIDENTS

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Community dwelling independent older adults' successful aging is known to be hampered by sensory and cognitive impairments. However, little is known about to what degree these impairments affect successful aging among assisted living (AL) residents. The purpose of this quantitative study, conducted in three (AL) facilities, was to describe factors affecting successful aging. A total of 88 older adults (M=89.0, SD=7.54), mostly women (n=68), completed hearing (CALFRAST-Strong procedure at 75cm, 35cm, and 2cm), vision (Jaeger reading [proximate], Snellen Acuity [visual acuity]), and cognitive screening (MiniCog, Borson et al), as well as the Lawton Instrumental Activities of Daily Living (IADL) and Successful Aging Inventory (SAI, Troutman et al, 2011). Most (68%) demonstrated hearing loss >25DB, with a significant difference demonstrated between age groups (age 65-89; n=38) (90-100; n=49) with the older group demonstrating worse hearing ($F(1,80)=5.9$, $p=.017$). Some vision compromise was noted for both reading (14.3%) and visual acuity (10.8%). Over one third of participants (34.1%) demonstrated compromised cognition. The SAI results indicated most participants were managing IADLs well (M=6.11, SD=1.42) and aging successfully (M=63.39, SD=9.04). Hearing, cognition and IADLs were not significantly related to successful aging. However, when compared to those without vision issues, participants with compromised vision, both reading and visual acuity, scored significantly lower on the SAI (reading $F(1,75)= 24.9$,$p=.000$; visual acuity $F(1,28)=4.31$, $p=000$). The infrastructure provided by AL settings may compensate for hearing, cognition, and IADL problems, but not as well for vision problems. Interventions supporting AL residents' vision should be a priority to improve successful aging.

HYPOSMIA AND NEUROIMAGING SIGNATURE IN COMMUNITY-DWELLING OLDER ADULTS

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Olfaction declines with aging, and hyposmia, or impaired sense of smell, is associated with neurodegenerative disorders including Alzheimer's Disease (AD) and Parkinson's Disease (PD). Neuroimaging studies of hyposmia in AD/PD patients have often examined pathology-specific brain regions. Our knowledge of neural correlates in regions that mediate olfaction in community-dwelling older adults, is limited. We quantified mean diffusivity (MD) of the gray matter (GM) using diffusion tensor imaging in a community-dwelling sample of 308 older adults (mean age: 82.9 years, 58% women, 40% black). We focused on total brain and these regions involved in olfaction- olfactory bulb, amygdala, entorhinal cortex, orbitofrontal cortex, and hippocampus. Smell was tested with a scratch-and-sniff validated odor identification test, the Brief Smell Identification Test (BSIT). Hyposmia was defined as BSIT score of ≤8, assessed about 7 years prior to neuroimaging. In our sample, 23% had hyposmia, more in in men (30%) than in women (19%). Hyposmia was not significantly associated with cardiovascular risk factors such as hypertension; diseases such as stroke; age; race; cognitive or mobility functions (all $p>0.1$). In linear regression models adjusted for demographics and brain atrophy (total brain gray matter volume divided by intracranial volume), hyposmia was significantly associated with higher GM MD (lower microstructural integrity) of the left orbitofrontal cortex (standardized beta: 0.142, $t=2.56$, $p=0.011$). Understanding the neural substrates involved in hyposmia in aging is an important step towards advancing research on hyposmia in non-clinic-based, community-dwelling populations.

OLFACTION AND PHYSICAL FUNCTION IN OLDER ADULTS: FINDINGS FROM HEALTH ABC

Yaqun Yuan,[1] Zhehui Luo,[1] Chenxi Li,[1] Eleanor Simonsick,[2] Eric Shiroma,[2] and Honglei Chen,[1] *1. Michigan State University, East Lansing, Michigan, United States, 2. National Institute on Aging, Bethesda, Maryland, United States*

The present study aims to investigate poor olfaction in relation to physical functioning in community-dwelling older adults and potential sex and race disparities. The analysis included 2511 participants aged 71-82 years (51.7% women and 38.4% blacks) from the Health Aging, and Body Composition (Health ABC) study. Olfaction was tested with the 12-item Brief Smell Identification Test (BSIT). Physical function measures included the Short Physical Performance Battery (SPPB), the Health ABC Physical Performance Battery (HABCPPB), gait speed of 20-meter walk, fast 400-meter walking time, grip strength, and knee extensor strength, repeatedly assessed annually or biennially for a follow-up of seven years. We analyzed each of these physical function measures using mixed models, adjusting for demographics, lifestyle, and comorbidities. For all measures except grip and knee extensor strength, poor olfaction was clearly associated with poorer physical performance at baseline and a faster decline over time. For example, at baseline, the multivariate adjusted SPPB was 8.23 ± 0.09 for participants with poor olfaction and 8.55 ± 0.09 for those with good olfaction ($P = 0.02$), after seven years of follow-up, the corresponding scores decreased to 6.46 ± 0.12 and 7.36 ± 0.10 respectively

(cross-sectional P<0.001, and P for olfaction-by-year interaction < 0.001). For grip and knee extensor strength, similar differences were suggested but didn't reach statistical significance. The overall results were similar by sex and race. In summary, poor olfaction is clearly associated with faster decline in physical functioning in older adults and future studies should investigate its potential health implications.

THE ASSOCIATION BETWEEN HEARING AND PHYSICAL FUNCTIONING IN THE ATHEROSCLEROSIS RISK IN COMMUNITIES STUDY

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Hearing loss is highly prevalent among older adults and has deleterious effects on health. However, its association with physical functioning is not well defined. We investigated the cross-sectional association between hearing and physical function in 3,339 community-dwelling participants (mean age: 79 years, 59% women) of the Atherosclerosis Risk in Communities Study (ARIC). Hearing was measured by pure-tone average ([dB]) of 4 frequencies [0.5,1,2,4 kHz] and physical function was measured using the short physical performance battery (SPPB), which consisted of 3 performance-based tests (balance, gait speed, and chair stands) each scored ranging from 0-4, resulting in a total possible score of 0-12 (higher scores indicating better physical function). We estimated the association between hearing and physical function using continuous scores for each component of the battery, and the overall SPPB score categorized into high [10-12], intermediate [7-9], and low [≤6]) using ordinal logistic regression models. The SPPB scores were reversed for an easier interpretation of the odds ratios (OR). The category with better physical functions was the reference group for each model. After adjustment for demographics and comorbidities, poorer hearing (+10 dB in PTA) was associated with worse physical functioning: OR for lower balance score=1.17, 95% CI [1.08, 1.26]; OR for lower gait speed score=1.15, 95%CI [1.06, 1.25]; OR for lower chair stand score=1.07, 95% CI [1.04, 1.11]; and OR for lower overall SPPB category=1.15, 95%CI [1.07, 1.24]. Hearing loss is associated with poorer physical functioning, highlighting the potentially negative impact of hearing loss on mobility at older ages.

SESSION 5000 (SYMPOSIUM)

AGE AS AN OVERLOOKED ELEMENT OF DIVERSITY: APPROACHES TO ADDRESSING INTERGENERATIONAL PERSPECTIVES

Chair: Allyson Graf

Discussant: Amy Knepple Carney

Outside of gerontology, age is an often underappreciated element of diversity. At a time when all generations must work together to provide inclusive, multi-faceted solutions to today's societal problems, ageist and generational stereotypes are often barriers to meaningful intergenerational exchanges. Age derogation and negative stereotypes have been used to splinter communities, perpetuate misinformation, and trivialize intergenerational conversations. As researchers, educators, and practitioners, we understand why age matters, but our students, community leaders, and employers may not. It is our disciplinary obligation to convince those who ignore, dismiss, or misrepresent age of the importance of this aspect of diversity for navigating any multigenerational setting. In this talk, we provide three approaches to addressing age-related beliefs in the classroom. We begin by exploring the impact of generational stereotypes within minority communities. For the LGBT community, negative stereotypes coupled with rapid social change have lead to a growing generational gap. We then shift perspectives to examine the role that lifespan developmental psychology can play in preparing students to enter a diverse multigenerational workforce. Here, we discuss research on age identity and generational identity as distinct and self-enhancing life-span processes, and highlight the developmental barriers that must be navigated in order to foster intergenerational cohesion. Finally, we discuss the findings from Generation to Generation, an intergenerational discussion course for older and younger adults, designed to promote productive intergenerational contact. The results provide evidence that intergenerational discussion may facilitate improved connections between generations.

UNPACKING "OK, BOOMER": USING LIFESPAN CONCEPTS TO EASE INTERGENERATIONAL CONFLICT

Allyson Graf, and Robin Bartlett, *Northern Kentucky University, Highland Heights, Kentucky, United States*

With the "OK, Boomer" media exchange in late 2019, intergenerational conflict is touted as existing at an all-time high. Although the age diversity of today's workforce is unprecedented, spanning nearly five generations of workers, generational stereotyping and its influence on the identities and experiences of those individuals is not new. In this talk, we will advocate for the role that lifespan developmental psychology can play in preparing students to enter a sometimes contentious, misrepresented multigenerational workforce. We will demonstrate the value of helping students distinguish normative age-graded, normative history-graded, and non-normative influences to better understand individual similarities and differences in developmental experiences. We will discuss research on age identity and generational identity as distinct and self-enhancing life-span processes. Finally, we will highlight the developmental barriers that must be navigated in order to foster intergenerational cohesion.

DIVIDES WITHIN THE LGBT COMMUNITY: EXPLORING THE IMPACT OF GENERATIONAL STEREOTYPES

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Age is a unique, often overlooked, aspect of identity, which is particularly problematic within the LGBT community. While sexuality, sexual orientation, and gender identity are