

ASSOCIATIONS BETWEEN VISUAL, HEARING FUNCTIONING AND COGNITIVE FUNCTIONING AMONG HISPANICS/LATINOS

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Findings that visual impairment (VI) and hearing impairment (HI) are associated with cognitive functioning are drawn from studies that involved few Hispanic/Latino participants. We utilized data from the Miami Ocular SOL ancillary study to the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) with 1056 participants aged 45 and older. The outcomes were neurocognitive performances assessed by the Digit Symbol Substitution Test (DSST, executive function), Word Frequency Test (verbal fluency), Brief Spanish-English Verbal Learning Test-recall (B-SEVLT recall, episodic memory), and the Six-Item Screener (global cognitive functioning). Visual functioning was measured by National Eye Institute Visual Function Questionnaire (NEI-VFQ). Hearing function which was measured by Hearing Handicap Inventory for Adults and Elderly (HHIA/HHIE) was available for all HCHS/SOL participants (n=9343). Multiple regression was performed for each cognitive outcome while controlling for age, gender, education, Hispanic/Latino ethnicity background, cardiovascular risk factors, depression and complex design. NEI-VFQ was associated with 3 of the 4 cognitive outcomes: DSST ($\beta = 0.14$, $se = 0.027$, $p < 0.01$), Word Frequency Test ($\beta = 0.042$, $se = 0.016$, $p < 0.01$), B-SEVLT-recall ($\beta = 0.021$, $se = 0.007$, $p < 0.03$). HHIA/HHIE was not associated with any of the cognitive measures examined. The HHIA/HHIE analysis was repeated using data from all sites; similar results were observed. Visual functioning but not hearing functioning is associated with worse cognition in Hispanics/Latinos, although previous HCHS/SOL analysis indicated that hearing loss as assessed by pure tone audiometry was associated with worse cognitive functioning. Longitudinal assessment of both clinical and functional measures is needed to understand the impact of sensory impairment on cognition in Hispanics/Latinos.

BETTER BRAIN HEALTH THROUGH EQUITY: ADDRESSING HEALTH AND ECONOMIC DISPARITIES IN DEMENTIA

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Dementia disproportionately impacts the health and financial security of women and certain minority groups. Long-standing inequities create distrust of the medical system, fewer treatment options, and reduced access to care. Research predicts that from 2020 to 2060, the number of African Americans and Latinx living with dementia will grow by nearly 200 percent and 440 percent, respectively, while

prevalence among non-Hispanic Whites will increase by 69 percent. As the prevalence of dementia rises, so will the costs associated with dementia care. African Americans bear 1/3 of the costs associated with dementia. And the costs for Latinx living with Alzheimer's disease are expected to exceed \$100 billion by 2060. To mitigate these growing health and economic concerns, efforts to improve dementia care must put equity front and center. This presentation highlights five actionable recommendations to build health equity by reducing disparities in dementia prevention, detection, diagnosis, and care. These recommendations center around two overarching themes: (1) Strengthening the infrastructure among health-care, long-term care, and community-based organizations to achieve greater health equity for people living with dementia and their caregivers and (2) Expanding dementia-friendly networks and workplaces in racially and ethnically diverse communities. The recommendations discussed in this presentation will offer guidance for policymakers, health services researchers, businesses, health systems, and communities to reduce the inequitable impact of dementia on African Americans and Latinx, which is even more vital amid demographic trends showing a population growing older and more racially and ethnically diverse.

BIAS AGAINST OLDER ADULTS IN YOUNG CHILDREN AND THEIR PARENTS

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Parents are an important source of social learning for their children. However, little is known about whether they play a role in shaping ageist attitudes in children. We investigated how parents' biases against older adults would relate to those of their children and how preferences would differ depending on the child's age. Participants were 56 parent-child dyads with the children's age ranging from four to eight years (parents mean age = 36.95, SD = 5.49). Children were divided into three age groups, preschool (n = 18), early school-aged (n = 18), and middle school-aged (n = 20). Children and parents completed a picture rating task, which included the evaluation of 28 images of younger and older adults faces. Children used a smiley-face rating scale on a touch-screen computer, and parents used a sliding preference scale for their ratings. It was found that both, children ($t(55) = 5.47$, $p < .001$, $d = 0.73$) and their parents ($t(55) = 2.05$, $p = 0.045$, $d = 0.27$), gave significantly more positive ratings to younger than to older adults, which is consistent with an underlying bias for younger adults. Contrary to our expectations, this preference in children held across age groups and was not associated with parental preferences. Nevertheless, it has been shown that ageist preferences can already be detected in childhood. Further longitudinal research is needed to track the development of ageism from childhood on, and efforts to combat ageism should be addressed not only to adults, but to children as well.

BUTTERFLY GARDEN CONNECTS COMMUNITY LIVING CENTER RESIDENTS, FAMILY, AND STAFF DURING THE COVID-19 PANDEMIC

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