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]
1. University of Exeter Medical School, University of Exeter, England, United Kingdom, 2. University of Exeter, Exeter, England, United Kingdom, 3. University of Exeter Medical School, Exeter, England, United Kingdom, 4. University of Connecticut Health, Farmington, Connecticut, United States

Hospitalized COVID-19 patients tend to be older and frequently have hypertension, diabetes or CHD, but whether these co-morbidities are more common than in the general older population is unclear. We estimated associations between pre-existing diagnoses and hospitalized COVID-19 alone or with mortality (during the first COVID-19 outbreak, tests performed between March 16 and April 26, 2020). In 269,070 UK Biobank participants aged 65+, 507 (0.2%) became COVID-19 hospital inpatients, of which 141 (27.8%) died. Common preexisting co-morbidities in hospitalized inpatients were hypertension (59.6%), history of falls/fragility fractures (29.4%), CHD (21.5%), T2 diabetes (19. 9%) and asthma (17.6%). However, in adjusted models, pre-existing diagnoses of dementia, T2 diabetes, COPD, pneumonia, depression, atrial fibrillation and hypertension emerged as independent risk factors for COVID-19 hospitalization, the first five remaining statistically significant for related mortality. There are specific high risk pre-existing co-morbidities for COVID-19 hospitalization and deaths in community based older men and women.

Session 3325 (Symposium)

A STAKEHOLDER-BASED STUDY IMPROVING RESIDENT AND FAMILY ENGAGEMENT IN THE SAFETY OF ASSISTED LIVING

Chair: Anna Beeber
Co-Chair: Ruth Anderson
Discussant: Lindsay Schwartz

Assisted living (AL), is a long-term care service that provides housing and care for over 800,000 older adults in 30,000 residences. AL culture and operations have been transforming to enhance resident personhood and increase autonomy, however, these practices are balanced with the need to minimize safety issues (e.g., medication errors, infections, falls, and in cases of dementia, elopement and injuries). In this stakeholder-based study, we are translating existing strategies for improving patient safety to AL residences and developing an evidence-based tool for implementing these engagement strategies in AL. This symposium presents the methods and findings from a federally-funded mixed methods study including qualitative interviews with 105 AL residents, staff and family caregivers, and a series of focus groups with an AL stakeholder group to develop a toolkit to improve resident and family engagement in AL safety. The first paper outlines our methodological approach, including our efforts to work with stakeholders throughout the research process. The second paper reports findings from a scoping review of existing tools to support resident and family engagement in the safety of AL. The third paper presents the findings from our interviews with AL residents, families and staff exploring their safety priorities, and how they differ across stakeholder groups. The fourth paper presents the findings from our qualitative interviews exploring the challenges and promising practice to resident and family engagement in AL safety during the COVID-19 pandemic. All four presentations in this symposium illustrate important issues for future practice, policy, and research.

STAKEHOLDER-BASED METHODS TO DEVELOP A TOOLKIT TO PROMOTE ENGAGEMENT IN ASSISTED LIVING SAFETY

Anna Beeber,[1] Ruth Anderson,[1] Matthias Hoben,[2] Stephanie Chamberlain,[3] Victoria Bartoldus,[4] and Stephanie Palmertree,[5] *1. University of North Carolina at Chapel Hill, UNC Chapel Hill, North Carolina, United States, 2. University of Alberta at Edmonton, Edmonton, Alberta, Canada, 3. University of Alberta, University of Alberta, Alberta, Canada, 4. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 5. University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, North Carolina, United States*

This presentation provides and overview of a mixed-methods stakeholder engaged study to develop a toolkit to encourage resident and family engagement in the safety of assisted living (AL). This study uses stakeholder-based data and stakeholder engaged processes to adapt existing tools and strategies from other settings to encourage resident and family engagement in the safety of AL. We will improve resident safety in AL by developing an evidence-based tool to implement these engagement tools/strategies in AL. The presentation will outline the theoretical base, the approach for this study, including efforts to recruit and retain stakeholders throughout the study, and stakeholder engaged process to develop the toolkit. The presentation will include challenges and strategies to encourage participation of AL staff, residents, and family caregivers in the study. The presentation will conclude with a discussion of implications for future design and research efforts aiming to impact AL care, policy, and research implementation.

TOOLS TO ENHANCE RESIDENT AND FAMILY ENGAGEMENT IN ASSISTED LIVING SAFETY: A SCOPING REVIEW.

Thi Vu,[1] Jennifer Leeman,[2] Marianne Baernholdt,[2] Christine Kistler,[3] Elizabeth Moreton,[4] Terri Ottosen,[4] Pam Dardess,[5] and Anna Beeber,[6] *1. Yale University, New Haven, Connecticut, United States, 2. University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, North Carolina, United States, 3. University of North Carolina at Chapel Hill Division of Geriatric Medicine and Dept. of Family medicine, Chapel Hill, North Carolina, United States, 4. University of North Carolina at Chapel Hill Health Sciences Library, Chapel Hill, North Carolina, United States, 5. Institute for Patient- and Family-Centered Care, McLean, Virginia, United States, 6. University of North Carolina at Chapel Hill, UNC Chapel Hill, North Carolina, United States*

This presentation reports the results of a scoping review which identified and evaluated existing engagement strategies, tools, and interventions for their fit with assisted living (AL). Using the PRISMA criteria, we evaluated 54 empirical studies in assisted living/residential care or nursing homes (NH) for how they engaged families and residents, promoted person-centered and/or safety in AL/NH care, and assessed relevant outcomes (safety, experience, service use, satisfaction with care, health behaviors, and quality of life). The strategies, tools, and interventions aimed to improve residents' activities of daily living, function, and quality of life. Studies also targeted staff and family caregivers to increase knowledge, improve relationships, and decrease caregiving stress. Overall, the studies reported statistically significant changes in resident quality of life, agitation, antipsychotic use, staff knowledge and job satisfaction. Results from this systematic review will inform the development of a testable toolkit to increase engagement and improve safety in AL.