

cognitive health or slow age-related cognitive decline, very little relates gaming to exercise. Rural-dwelling older adults are underrepresented in this as in other health-related research. Nonetheless, recent developments that explore effectiveness of embedding positive health behaviors (including exercise) in established games such as Bingo hold great promise for addressing the endemic social isolation and chronically debilitating conditions often associated with rural aging. Using recent research with a challenging population group (rural Appalachian older adults) as an anchor for discussion, this paper describes the state of the art of such interventions and, through a multinational lens, finds that these suggest a new direction for gaming design that could enhance effectiveness of the use of gaming to improve health and happiness of rural adults. Part of a symposium sponsored by the Rural Aging Interest Group.

DEFINING RURALITY: STRUCTURAL RELATIONSHIPS, REGIONAL DIFFERENCES, AND APPLICATIONS FOR RESEARCH WITH OLDER ADULTS

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There is no universal definition of rurality due to the heterogeneity in what makes a place “rural” or “urban”. This study explored how elements of rurality are related to each other, and how the elements that define rurality vary by region. Data were abstracted for all 1948 non-metropolitan counties in the contiguous 48 states on rurality. K-means cluster analyses ($k=4-8$) were conducted to examine classification structures among component variables examining regional differences. In the South region, the majority (51.2%) were “Type 2” counties: low population size and density but higher urbanized population. The Midwest had a majority of “Type 3” counties (56.4%): intermediate for population size and density, but higher distances to metro areas. These exploratory findings underscore the heterogeneity and regional variability in rurality and how those measures are structurally related to each other, and essential to understanding those factors that truly drive rural-urban health disparities for older adults. Part of a symposium sponsored by the Rural Aging Interest Group.

HOW AREA AGENCIES ON AGING CONTRIBUTE TO SOCIAL CONNECTION FOR OLDER ADULTS IN RURAL AMERICA

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Social ecological models of health identify intrapersonal, interpersonal, institutional, community, and policy-level contexts as social factors influencing individual and population health outcomes. However how institutions such as Area Agencies on Aging (AAA) shape rural older adults’ social networks and influence health is little explored. This research examines institutional influences of social networks for rural older adults, particularly the social connections resulting from their AAA services and programs. AAAs are local social service organizations that coordinate home- and community-based supports. Our 2020 case study of a rural AAA in upstate New York involved in-depth semi-structured interviews with AAA

staff, volunteers and participants included key themes related to older adults’ social networks, social wellbeing, and physical and mental health. Our findings have both theoretical implications for rural community social structure as experienced by older adults, and practical implications to build AAA’s capacity to address social isolation for rural older adults. Part of a symposium sponsored by the Rural Aging Interest Group.

SESSION 5730 (SYMPOSIUM)

SENSORY HEALTH AND SOCIAL WELL-BEING

Chair: Corinna Tanner

Co-Chair: Jeremy Yorgason

Discussant: Joshua Ehrlich

Scientific inquiry into the psychological and social issues surrounding age-related sensory impairments has focused on ways in which the conditions are a catalyst for negative outcomes. However, investigating the patterns associated with negative life events can offer guidance on ways to circumvent or mitigate negative outcomes, and even to foster and facilitate the positive outcomes of growth and thriving. This symposium will present findings from individual studies that describe how social well-being among older adults with sensory impairments can be protected, by assessing social isolation as a point of intervention to maintain cognitive function and to promote post-traumatic growth, and by understanding the unique social considerations relevant to Hispanic older adults, and to improve the physical safety of older drivers with sensory and cognitive impairment by reducing exposure-adjusted motor vehicle crash risk. Authors will present both cross sectional and longitudinal, population based data, and will explore patterns and relationships between known variables associated with sensory impairments including depression, cognitive processing, cognitive functioning, social network, social isolation, driving patterns, and posttraumatic growth. Findings from the Longitudinal Research on Aging Drivers (LongROAD) study, the National Health and Aging Trends Study (NHATS), and data from a mixed methods study, underscore the reality that the negative outcomes associated with age related sensory impairments are not necessarily imminent and that there may be multiple intervention points to optimize the social well-being of older adults with sensory impairments.

THE POSITIVE LEGACY OF VISION LOSS: PATHWAYS TO POSTTRAUMATIC GROWTH

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This mixed method study describes posttraumatic growth (PTG) accruing from experience with vision loss caused by severe age related macular degeneration (AMD) and explores relationships between depression, social support, and cognitive processing, on the path to PTG. Research describing the psychological and social issues surrounding AMD has focused on negative outcomes. However, learning from highly challenging experiences, such as vision loss, can offer

benefits. In this study, these included an increased sense of personal strength, increased spirituality, and empathy for others (all domains of PTG). 89 participants with severe vision loss (mean age = 85.3 years, age range = 74–98 years) completed the interviewer-administered composite questionnaire, which identified elements of Tedeschi and Calhoun's model of PTG. Relationships between variables were examined using path analysis. Findings were contextualized with data from 15 qualitative interviews. Findings underscored the importance of supportive others and deliberate cognitive processing in the path to PTG.

SOCIAL ISOLATION AS A MECHANISM LINKING SENSORY IMPAIRMENT WITH COGNITIVE FUNCTIONING

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Hearing and vision loss have been linked with cognitive decline in older adults. There may be various pathways through which sensory impairments impact cognitive functioning. Sensory impairments may lead individuals to be less socially connected, which may impact cognitive functioning due to less cognitive stimulation. As such, sensory impairments and social isolation may cascade to negatively impact cognitive functioning. Using data from 8,334 individuals aged 65-90+ in waves 6, 7, and 8 of the NHATS study, we estimated a longitudinal mediation structural equation model. Findings indicate that both self-reported vision and hearing impairment in wave 6 of NHATS were linked to concurrent cognitive functioning through social isolation. Only hearing impairment demonstrated longitudinal impact through social isolation across 2 and 3 waves. Findings suggest that medical professionals working with older adults with vision or hearing impairment should assess social isolation, as a point of intervention to maintain cognitive function.

SENSORY IMPAIRMENT AND SOCIAL ISOLATION: IMPLICATIONS FOR THE HISPANIC POPULATION

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Although the likelihood of developing a disability increases with age among all demographics, older adults of hispanic origin are more likely to experience vision and hearing impairment than both their white and black non-hispanic counterparts. Both hearing impairment and vision impairment are known risk factors for social isolation, yet little research has examined this association in Hispanic populations. Using data from 472 Hispanic and 5,186 White participants of the NHATS study, we examined 8-year trajectories of social isolation, along with how sensory impairment was associated with initial levels and change over time. Findings suggest that sensory impairments are linked with steeper increases over time among White participants. Among Hispanics vision and hearing impairments were linked with

higher initial levels of social isolation, yet no associations were found across time. It may be that Hispanic older adults maintain social connections across time despite potentially isolating sensory impairments.

EXPLORING HOW HEARING, VISION, AND COGNITION AFFECT OLDER ADULTS' DRIVING EXPOSURE PATTERNS

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Better information is needed about how declines in sensory and cognitive function affect older drivers. This study assessed how hearing loss affects engagement in four challenging driving patterns. Data from the AAA Longitudinal Research on Aging Drivers study was used, including objectively-measured driving; three measures of hearing: reported hearing aid use, self-rated hearing, and the Whisper Test; visual acuity (Tumbling E); and cognition (Trail Making B). Failing the Whisper Test in both ears was related to significantly lower percentage of trips (%trips) at night, on freeways, and during rush hour, but a higher %trips >15 miles. Hearing aid use and self-rated hearing were not associated with any driving differences. Worse vision was related to a lower %trips >15 miles, while worse cognition was associated with a lower %trips at night, on freeways, and during rush hour. The Whisper Test interacted with cognition for rush hour trips.

SESSION 5735 (SYMPOSIUM)

SERVICES THAT MATTER FOR AGING IN PLACE: RESEARCH ON THE IMPACT AND PROMISE OF ADULT DAY CENTERS

Chair: Tina Sadarangani

Discussant: Holly Dabelko-Schoeny

Adult day service centers (ADCs) in the United States are increasingly recognized as an important source of community-based long-term care for older adults. However, awareness, widespread utilization, reimbursements, and access to ADCs have been limited by a lack of evidence on ADCs' impact. In this interdisciplinary symposium, we explore current research taking place in the realm of adult day services to understand the reach and impact of ADCs. We begin by examining the most current center-level and user-level data from the National Center for Health Statistics, and demonstrate how these data can be used to inform research and policy. We subsequently evaluate survey data from the National Adult Day Services Association that captures clinical data being collected in ADCs (N=250) surrounding users' clinical outcomes. We then explore the effectiveness of four interventions on ADC users' health and functional status: board games, cognitive behavioral therapy, aromatherapy and dance. Finally, we examine the association between adult day services use by African American persons with dementia and depressive