constructs of the ALFCI as 4 main themes: 1) adaptive challenges, 2) adaptive work, 3) adaptive leadership and collaborative work, and 4) technical challenges and technical work. We found that stroke survivors encountered different aspects of challenges (e.g., physical dysfunction vs. mental distress) and utilized various adaptive work (e.g., conserving energy vs. restructuring normality) as well as what stroke survivors needed from healthcare professionals (e.g., basic knowledge about fatigue). The ALFCI provides a useful lens to synthesize qualitative findings regarding fatigue adaptation and therefore researchers can target different problems that need to be tackled for stroke survivors, care partners, or healthcare professionals, respectively.

PROVIDING CARE FOR OLDER RESIDENTS WITH DEMENTIA IN NURSING HOMES IN CHINA: THROUGH THE LENS OF ADAPTIVE LEADERSHIP

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This study aims to understand staff's experiences of providing direct care for older residents with advanced dementia in long-term care facilities through the lens of Adaptive Leadership Framework for Chronic Illness (ALFCI). Semi-structured interviews were conducted with health care aides (N=35) from 2 government-owned and 2 private long-term care facilities in urban China. Directed and conventional content analysis were used, drawing upon core constructs of ALFCI. We found that health care aides are confronted with multiple challenges such as high intensity of work, stress from managing older residents' behavioral and psychological symptoms of dementia (BPSD), a lack of access to on-the-job dementia-specific training, and a lack of support from nurses and managing team. Some of the health care aides demonstrated use of their strengths and doing adaptive work to improve work life and care for older residents by using communication cues, enhancing person-centeredness in their care, and facilitate peer interactions.

QUALITATIVE ANALYSIS OF COACHING WITH CARE PARTNERS OF PEOPLE WITH COGNITIVE IMPAIRMENT

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We apply the adaptive leadership framework for chronic Illness in a care partner–assisted intervention to improve oral hygiene of older adults with cognitive impairment. Care partners receive four coaching sessions which we recorded and transcribed verbatim. We will describe how our team of seven investigators codes the data using a priori codes from the framework. The data from 17 care-partners contributes 68 individual sessions for coding. We have two subgroups of 7 individuals with mild dementia (MD) and 10 with mild cognitive impairment (MCI). We will discuss the plan for multiple comparisons such as (a) longitudinal across 3 months of intervention, b) within MD and within MCI and c) between MD and MCI. To illustrate, we will discuss our approaches to reaching coding consensus and rigor and will present results of the within group analyses. Finally, we will discuss next steps and the end products we aim to achieve.

Session 2145 (Paper)

Sensory Impairment and Loneliness

HEARING LOSS AND PREVENTABLE HOSPITALIZATIONS

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Nearly half of all adults over the age of 60 years have hearing loss. Recent research suggests adults with hearing loss experience increased health care expenditures and hospitalization. However, little is known about whether these are preventable hospitalizations which may indicate poorer healthcare system engagement. In this cross-sectional analysis, we examined data from combined 2016-2018 Medicare Current Beneficiary Survey (MCBS) datasets. Participants are asked to describe their self-perceived trouble hearing. Preventable hospitalizations were defined and generated from administrative claims files based on the Agency for Healthcare Research and Quality identified conditions that should be manageable in ambulatory care settings. Multivariate regression models adjusted for demographic/socioeconomic characteristics and general health determinants were used to explore the association between trouble hearing and outcomes. The combined 2016-2018 MCBS administrative claims files included 18,814 participant-years, 49.8% reported no trouble hearing, 43.4% reported a little trouble and 6.8% a lot of trouble hearing, respectively. A higher proportion of those with a lot of trouble hearing (6.8%) experienced at least one preventable hospitalization compared to those with a little trouble hearing (3.4%) and no trouble hearing (2.5%). In a fully adjusted logistic regression model, hearing loss was associated with 1.35 times the odds of experiencing at least one preventable hospitalization per year (OR=1.35; 95% CI=1.03-1.77). Medicare beneficiaries with hearing loss experience higher rates of preventable hospitalizations. This may be due to avoidance of care due to communication barriers. Further work is needed to understand underlying reasons and whether addressing hearing loss modifies the observed association.

IMPACT OF VISION AND HEARING IMPAIRMENT ON COGNITION AND LONELINESS: EVIDENCE FROM THE MEXICAN HEALTH AND AGING STUDY

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Poor vision and hearing have been associated with lower cognitive function and greater social isolation (i.e., loneliness) among older adults. However, this evidence is based largely on data from non-Hispanic populations. Therefore, we investigated whether self-reported vision and hearing was associated with cognitive function and loneliness in a nationally-representative study of Mexican adults aged 50 and older in Wave 3 of the Mexican Health and Aging Study. The final sample included 12,426 participants. The majority were female (58%), and the mean age was 67. Self-reported vision and hearing status were categorized as excellent-very good [ref], good, and fair-poor. Measures for global cognition, memory, and non-memory cognition were calculated using z-scores based on nine cognitive tests. Participants who reported frequently feeling a lack of companionship, left out, or isolated were categorized as feeling lonely. All analyses controlled for age, sex, and years of education. Participants with fair-poor vision had lower global (β= -0.06, p <.01), memory (β= -0.07, p <.01), and non-memory cognition (β= -0.06, p <.01) than participants with excellent-very good vision. In addition, participants with fair-poor hearing had higher non-memory cognition (β= 0.03, p <.05) but not global cognition (β=0.02) or memory (β=0.001). Fair-poor vision (OR=1.53, 95% CI=1.25-1.87) but not fair-poor hearing (OR=1.16, 95% CI=0.97-1.38) was associated with higher odds of being lonely. Poor vision may be a potentially modifiable risk factor for lower cognition and loneliness among Mexican adults. Future research should incorporate robust measures of sensory health and investigate the longitudinal association between vision, cognition, and loneliness.

INTERVENTIONS FOR QOL AND OTHER OUTCOMES AMONG CAREGIVERS OF OLDER ADULTS WITH VISUAL IMPAIRMENTS

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Unpaid family caregivers play a critical role in the care of older adults with visual impairments (VI). Caring for older adults with VI requires much time and energy, often resulting in psychological stress and reduced quality of life (QoL). However, there is a paucity of data on the impact of caregiving on QoL and related outcomes among these caregivers. The purpose of this study was to conduct a scoping review examining issues of QoL, health, stress, burden, and barriers among unpaid caregivers of older adults (i.e. aged 60 years or more) with VI. The study aimed to summarize interventions for addressing these issues. This study followed the Arksey and O'Malley (2005) five stage approach for scoping reviews. We performed a search of published peer-reviewed articles available in PubMed, CINAHL Complete, and PsycINFO to identify relevant studies. Two reviewers conducted the screening of titles, abstracts, and full-texts. Of the 452 records identified, 24 were eligible for full-text screening and five articles met the final inclusion criteria. The following four themes were identified: (1) prevalence of QoL-related barriers among unpaid caregivers of older adults with VI; (2) adverse events among unpaid caregivers of older adults with VI; (3) interventions for unpaid caregivers of older adults with VI; and (4) potential impacts of intervention on unpaid caregivers of older adults with VI. These findings reveal a lack of interventions for unpaid caregivers of older adults with VI, despite the prevalence of QoL-related barriers and adverse events. Research addressing these issues are urgently needed.

LONELINESS, SLEEP QUALITY, AND COGNITIVE FUNCTION IN COMMUNITY-DWELLING OLDER ADULTS

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Loneliness is a risk factor for cognitive decline in older adults, however, the underlying mechanisms are less understood. Individuals who experience frequent loneliness tend to have poorer sleep quality. Empirical evidence supports the influence of sleep on cognitive health. This study examined the possible mediating effect of sleep characteristics on the relationship between loneliness and cognition. The study sample included 557 participants from wave 2 of the National Social Life, Health, and Aging Project who had actigraphy sleep measures (mean age = 73.17, 52.6% female). Loneliness was assessed with the 3-item UCLA Loneliness Scale. Cognitive function was measured with the Montreal Cognitive Assessment. Five sleep quality indicators were objectively recorded with wearable devices: assumed sleep time; actigraphy sleep time; time spent awake after sleep onset (WASO); sleep fragmentation; and sleep percentage (actigraphy sleep/(assumed sleep + WASO)). Path analysis model results show that WASO, fragmentation, and sleep percentage mediate the link between loneliness and cognitive function. Loneliness was positively related to WASO, and WASO was negatively associated with cognition. Loneliness correlated with increased sleep fragmentation which was associated with worse cognitive function. Individuals who had more frequent loneliness had a lower sleep percentage, and sleep percentage was positively associated with cognitive function. Nonetheless, the path from loneliness to these three sleep characteristics became insignificant after controlling for depressive symposiums. Depressive symptoms and fragmentation were found to double mediate the association between loneliness and cognitive function. Sleep and depression could be underlying pathways for the association between loneliness and cognition.

THE LONGITUDINAL RELATIONSHIPS BETWEEN SOCIAL ISOLATION, FRAILTY, AND HEALTH OUTCOMES AMONG CANADIAN OLDER ADULTS

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