

Dual sensory impairment (DSI) affects 11.3% of adults aged ≥ 80 years. Hearing and vision impairments are each associated with cognitive decline and dementia, but DSI's impact is unknown. All-cause dementia and mild cognitive impairment (MCI) were adjudicated using longitudinal cognitive information. Ten neurocognitive tests were summarized using latent variable methods. Hearing was measured using pure tone better-ear thresholds (0.5-4 kHz) and vision with better-eye presenting distance visual acuity and/or contrast sensitivity. In 881 adults (79 ± 4 years, 44% black, 64% female), DSI (vs. no hearing or vision impairment) was cross-sectionally associated with -0.17 standard deviations (SD) [95% confidence interval (CI): $-0.32, -0.02$] lower global cognitive score and an 87% increased odds (95% CI: 1.01, 3.45) of combined MCI/dementia, after full adjustment for demographic and clinical factors. Future longitudinal research should elucidate the mechanism underlying this association to determine if treatment can delay cognitive decline and MCI/dementia in older adults.

SESSION 7255 (SYMPOSIUM)

VACCINATION TO PROMOTE HEALTHY AGING: THE FIVE WS

Chair: Leonard Friedland

Discussant: Leonard Friedland

This symposium addresses the role of vaccination to promote healthy aging and the process of developing and maintaining the functional ability that enables wellbeing in older age. Adults age 65 and over are at increased risk of certain infectious diseases due to immunosenescence. Therefore, immunization of older adults against targeted infectious diseases, including pertussis, shingles, influenza, and pneumococcal disease, can help to reduce morbidity and premature mortality. Vaccines in development to protect against additional infectious diseases causing significant morbidity and mortality in older adults, such as respiratory syncytial virus, can further promote healthy aging. The population of older adults in the US is projected to grow significantly over the next 30 years, with a corresponding increase in the incidence and economic costs of vaccine-preventable diseases. Immunization of older adults is a proven, cost-effective strategy that is critical for reducing the public health impact and societal costs in an aging US population. Implementation of evidence-based recommended vaccines for older adults presents challenges, including financial barriers, addressing disparities and inequities in health care delivery for older adults, and overcoming vaccine hesitancy. We plan to review these topics and present data we have generated to support the value of vaccination in adults age 65 and over. Health Behavior Change Interest Group Sponsored Symposium.

VACCINATION IN OLDER ADULTS: THE WHO AND WHAT

Leonard Friedland, *GSK Vaccines, Philadelphia, Pennsylvania, United States*

Aging brings increased impact of infectious disease in terms of hospitalization, morbidity, and mortality. This increased susceptibility to infection results from immunosenescence, age-related changes in the immune system, anatomic and functional changes, and environmental exposure to infections. Adults age 65 and over are at increased risk of pertussis, shingles, influenza and pneumococcal disease, and evidence-based recommendations for vaccination are protect older adults against these diseases. Underlying medical conditions including end stage renal disease, chronic lung, heart and liver disease, diabetes and immunocompromised place adults age 65 and over at increased risk of infectious diseases, therefore evidence-based vaccine recommendations in older adults with additional risk factors are in place to protect against varicella, hepatitis A and B, meningococcal meningitidis and Haemophilus influenzae type b. Investigational vaccines are developed to protect against infectious diseases causing significant morbidity and mortality in older adults, for example, respiratory syncytial virus, to further promote healthy aging. Part of a symposium sponsored by the Health Behavior Change Interest Group.

VACCINATION IN OLDER ADULTS: THE WHEN AND WHERE

Sara Poston, *GSK Vaccines, Philadelphia, Pennsylvania, United States*

Despite the well-understood benefits of vaccination in older adults, national rates still fall below public health targets, especially among certain racial and ethnic groups. Recent scholarship examining healthcare use patterns in adults revealed that health care providers miss several opportunities to provide vaccination during regular healthcare encounters, including Medicare annual wellness visits. Several barriers to older adult vaccination have been identified, including lack of patient and provider understanding of the importance of vaccination, financial barriers to vaccines covered under Medicare Part D, and patient hesitancy about the safety and effectiveness of vaccines. Strategies to address these barriers will be discussed, including the use of national quality measures to strengthen incentives for adult vaccination. Part of a symposium sponsored by the Health Behavior Change Interest Group.

THE VALUE OF VACCINATION IN OLDER ADULTS: THE WHY

Philip Buck, *GSK Vaccines, Philadelphia, Pennsylvania, United States*

The incidence of vaccine-preventable diseases remains high among older adults in the US, despite longstanding immunization recommendations, and is projected to increase as the population ages. The impact of US population aging on the burden of four vaccine-preventable diseases (influenza, pneumococcal disease, shingles, and pertussis) was modeled over a 30-year time horizon, with cumulative direct and indirect costs increasing from \$378 billion over 10 years to