

when they are supportive. Nevertheless, over time, the quality of “fit” between individuals and their homes can decrease because of age-related physical changes. A significant proportion of older Americans experience sensory impairments that impact their capacity to perform daily living activities necessary to remain independent at home. Home environments designed to support access and safety have potential to ameliorate disability associated with declines in sensory status. Data from the National Health and Aging Trends Study (NHATS) were analyzed to assess the role of supportive home environments in mediating the relationship between self-reported measures of vision impairment, hearing impairment, and dual vision-hearing impairment and related ADL/IADL outcomes in community-dwelling older adults. Guided by the International Classification of Functioning, Disability and Health (ICF), regression models included covariates for sociodemographics, chronic conditions, mobility functioning, and participation. Supportive home environments were operationalized using indicators of whether participants had access to homes from the outside without having to use stairs; presence of a bedroom, kitchen, and full bathroom with a shower or tub on the same floor; and whether bathroom fixtures had been modified with features such as grab bars. Results suggest a statistical relationship between sensory function and disability that is explained in part by the lack of supportive home features. Implications are that older adults with sensory impairments can benefit greatly by improving environments in areas of the home that are known to cause difficulty.

THE ASSOCIATION OF SENSORY IMPAIRMENT WITH INCIDENT DISABILITY-RELATED CESSATION OF EMPLOYMENT IN OLDER ADULTS

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Sensory impairment (SI) is common among older adults, and it is an increasingly important public health challenge as the population ages. We evaluated the association between SI and incident disability-related cessation of employment in older adults using the population-based Health and Retirement Study. Participants employed in 2006 completed biennial interviews until self-reported incident disability-related cessation of employment. Participants were censored at loss to follow-up, retirement, or 2018. Participants rated their vision and hearing, using eyeglasses or hearing aids if applicable, on a Likert scale (poor, fair, good, very good, excellent). SI was defined as poor or fair ability, and SI was categorized as neither SI (NSI), vision impairment alone (VI), hearing impairment alone (HI), and dual SI (DSI). Cox proportional hazard regression assessed the association between SI and incident disability-related cessation of employment, adjusting for demographic and health covariates. Overall, 4726 participants were included: 421 (8.9%) were with VI, 487 (10.3) with HI, and 203 (4.3%) with DSI. Mean age was 61.0 ± 6.8 years, 2488 (52.6%) were women, and 918 (19.4) were non-White. In the fully adjusted model, incident disability-related cessation of employment over the 12-year

follow-up period was higher in VI (Hazard Ratio (HR)=1.30, 95% confidence interval (CI)=0.92, 1.85), HI (HR=1.60, CI=1.16, 2.22), and DSI (HR=2.02, CI=1.38, 2.96). These findings indicate that employed older adults with SI are at increased risk of incident disability-related cessation of employment, and that older adults with DSI are particularly vulnerable. Addressing SI in older adults may lengthen their contribution to the workforce.

THE ASSOCIATION OF VISION, HEARING, AND DUAL SENSORY IMPAIRMENTS WITH WALKING SPEED AND INCIDENT SLOW WALKING

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Vision (VI), hearing (HI) and dual sensory (DSI, concurrent VI and HI) impairments are increasing in prevalence as populations age. Walking speed is an established health indicator associated with adverse outcomes, including mortality. Using the population-based Health and Retirement Study, we analyzed the longitudinal relationship between sensory impairment and walking speed. In multivariable mixed-effects linear models, we found differences in baseline walking speed (m/s) by sensory impairment: Beta=-0.05 (95%CI=-0.07, -0.04), Beta=-0.02 (95%CI=-0.03, -0.003), and Beta=-0.07 (95%CI=-0.08, -0.05) for VI, HI and DSI, respectively, as compared to those without sensory impairment. However, similar annual declines (0.014 m/s) in walking speeds occurred in all groups. In time-to-event analyses, events were defined as “slow walking” (speed <0.60m/s) and “very slow walking” (<0.40m/s). Incident “slow walking” was 43% (95%CI=25%, 65%), 29% (95%CI=13%, 48%) and 35% (95%CI=13%, 61%) greater in VI, HI and DSI, respectively, than the no sensory impairment group, while incident “very slow walking” was 21% (95%CI=-4%, 54%), 30% (95%CI=3%, 63%) and 89% (95%CI=47%, 143%) greater; the increase was significantly greater in DSI than VI and HI. These results suggest that older adults with vision and hearing impairments walk slower and are at increased risk of slow walking than older adults without these sensory impairments. Additionally, older adults with DSI are at greatest risk of very slow walking.

VISUAL IMPAIRMENT AT AGE 85 PREDICTS SUBSEQUENT COGNITIVE DECLINE AT AGE 90

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Although the impact of visual impairment (VI) upon functional status and mortality among older people is recognized, its relationship to cognitive function is unclear. We examined the association between VI and subsequent cognitive decline from age 85-90 among subjects from the Jerusalem Longitudinal Study (1990-2020), which follows a representative study sample born 1920-21. Assessment at age 85 (2005) and age 90 (2010) included Snellen visual testing and Mini Mental State Examination (MMSE) for 488 subjects. VI was defined as corrected best eye vision $\leq 40/60$. Dementia