Hearing loss is highly prevalent among older adults and has deleterious effects on health. However, its association with physical functioning is not well defined. We investigated the cross-sectional association between hearing and physical function in 3,339 community-dwelling participants (mean age: 79 years, 59% women) of the Atherosclerosis Risk in Communities Study (ARIC). Hearing was measured by pure-tone average (dBHL) of 4 frequencies [0.5,1,2,4 kHz] and physical function was measured using the short physical performance battery (SPPB), which consisted of 3 performance-based tests (balance, gait speed, and chair stands) each scored ranging from 0-4, resulting in a total possible score of 0-12 (higher scores indicating better physical function). We estimated the association between hearing and physical function using continuous scores for each component of the battery, and the overall SPPB score categorized into high [10-12], intermediate [7-9], and low (≤6) using ordinal logistic regression models. The SPPB scores were reversed for an easier interpretation of the odds ratios (OR). The category with better physical functions was the reference group for each model. After adjustment for demographics and comorbidities, poorer hearing (+10 dB in PTA) was associated with worse physical functioning: OR for lower balance score=1.17, 95% CI [1.08, 1.26]; OR for lower gait speed score=1.15, 95% CI [1.06, 1.25]; OR for lower chair stand score=1.07, 95% CI [1.04, 1.11]; and OR for lower overall SPPB category=1.15, 95% CI [1.07, 1.24]. Hearing loss is associated with poorer physical functioning, highlighting the potentially negative impact of hearing loss on mobility at older ages.
central to the identities of LGBT people, they are verboten for older adults. Thus, older LGBT individuals’ voices are inadvertently silenced. This talk will present data that demonstrates the reinforcing role that stereotypes play in maintaining the generational divide and address some of the unique intergenerational differences within the LGBT+ community that arise from differential experiences of cultural acceptance and historical events of LGBT youth coming of age across decades. For example, in the 1970’s the DSM criteria would have classified LGBT people as mentally ill; stark contrast to the 2010’s in which LGBT youth have grown up with legal protections against hate crimes, and marriage equality as a basic right. We will conclude with a discussion on cultivating community and productive conversations across generations.

AGE AS AN ELEMENT OF DIVERSITY: INTERGENERATIONAL DISCUSSION TO IMPROVE AGE-RELATED ATTITUDES
Lisa Wagner,1 and Tana Luger,2 1. University of San Francisco, San Francisco, California, United States, 2. Center for the Study of Healthcare Innovation, Implementation and Policy, Greater Los Angeles VA, Los Angeles, California, United States

All generations must work together solving societal problems, yet age-related stereotypes are used to divide generations. Age derogation motivates younger people to vote by creating fear of an older White voting generation (Dear young people, don’t vote; 2018), and to belittle older people (“Okay, Boomer…”). Demonizing older people creates prejudice within families asking that people target loved ones, for example, by pitting educational funding for young against health funding for older adults. Neither group wins when divisiveness occurs. Generation to Generation, an intergenerational course for older and younger adults, promotes intergenerational contact. Students discuss topical issues (e.g., racism) in multi-generational groups. Using pretest-posttest design, all students were invited to complete questionnaires at beginning and end of term. Younger adults reported significant increases in affection, comfort, kinship, engagement and enthusiasm for older adults, whereas older adults showed stability over time. Intergenerational discussion may facilitate improved connections between generations.

SESSION 5001 (SYMPOSIUM)
A GEROSCIENCE PERSPECTIVE ON COVID-19 – JOINT PROGRAM FROM THE AMERICAN AGING ASSOCIATION (AGE) AND THE GERONTOLOGICAL SOCIETY OF AMERICA
Chair: Rozalyn Anderson

Faculty will focus on the biology of aging as a contributor to the vulnerability in COVID-19. Faculty will present the latest concepts and insights that will advance our ability to confront this global outbreak. Our goal for this session is to connect with the concept of Geroscience and how ideas from aging biology research can be incorporated to improve outcomes and informed practice. Although the emphasis is on biology, the goal is to provide insight in a manner that is readily accessible to researchers across the aging spectrum that they might translate these ideas in the face of a very real-world challenge.

DEVELOPING THERAPIES TO IMPROVE ANTIVIRAL IMMUNITY IN OLDER ADULTS
Joan Mannick, resTORbio, Boston, Massachusetts, United States

COVID-19 IMMUNE RESPONSE, COMPLICATIONS, AND CURRENT STATUS
Albert Shaw, Yale School of Medicine, New Haven, Connecticut

SESSION 5005 (SYMPOSIUM)
AGE-FRIENDLY ONLINE TRAINING PROGRAMS FOR LONG-TERM SERVICES AND SUPPORTS STAFF TO IMPROVE CARE FOR OLDER ADULTS
Chair: Linda Edelman
Co-Chair: Kara Dassel

The purpose of our Geriatric Workforce Enhancement Program is to provide geriatric and primary care education and training to long-term care (LTC) providers and staff, health professions students and community members. Our LTC partners and the communities we serve are often very rural and travel to urban areas for training can be difficult. Therefore, we have developed four online training that are offered free to our partners and rural communities statewide. These programs are designed to integrate the aims of the Age-Friendly 4M’s model (i.e., What Matters, Mobility, Medication, Mentation). The LTC nurse residency program provides gerontological nursing and inter-professional leadership training (all 4M’s), in a synchronous online environment. The asynchronous Alzheimer’s Disease and Related Dementias training modules educate LTC staff and family caregivers about types, diagnosis and care of older adults with dementia (Mentation and Medication). The asynchronous Opioid Use in LTC modules were developed with partners to deliver live at LTC staff trainings about opioid stewardship (Medication). The LTC Learning Communities are monthly tele-health sessions for inter-professional LTC teams to discuss current issues and propose solutions (all 4M’s). We have successfully leveraged different synchronous and asynchronous online modalities to increase educational opportunities for formal and informal caregivers, including those in rural areas whose educational opportunities are geographically limited. To date our programs have reached over 500 individuals across our state, increasing knowledge about geriatric concepts, communication and team leadership. Moving forward, we will continue to develop and refine educational programs that promote the Age-Friendly geriatric-focused health care.

DEVELOPMENT OF DEMENTIA BEST CARE PRACTICES IN LONG-TERM CARE SETTINGS ONLINE MODULES
Kara Dassel,1 Larry Garrett,2 Troy Andersen,3 James Ballard,1 Martin Freimer,1 Jorie Butler,1 and Linda Edelman,1 1. University of Utah, Salt Lake City, Utah, United States, 2. University of Utah - College of Nursing, Salt Lake City, Utah, United States

One arm of the Utah Geriatrics Education Consortium focuses on providing Alzheimer’s disease and related dementias (ADRD) education to formal and informal caregivers. An