career as a geriatric health services researcher. Specifically, I will address early studies that defined the field, challenges and opportunities for studying deprescribing in older adults, and future directions and priorities in deprescribing research.

A PATIENT WORK LENS TO UNDERSTANDING AND SUPPORTING HEALTH CARE AT HOME
Nicole Wernet, University of Wisconsin-Madison, Madison, Wisconsin, United States

A majority of healthcare today occurs in private homes and is performed by older adults and their informal caregivers. However, only recently have we begun to understand more about the healthcare work of older adults and their caregivers and the home as a healthcare delivery system. Work science allows us to conceptualize the healthcare activities of older adults and their caregivers as a type of health-related work that has been conceptualized under the broad term, patient work. Applying a patient work lens can offer a unique perspective to addressing the persistent and pervasive challenges faced by older adults and their caregivers as they manage their healthcare at home and across healthcare settings. I will describe the historical development of the patient work approach and highlight recent efforts to use a patient work approach to understand and support the work of older adults and their caregivers providing care in the home.

GEROSCIENCE BRINGS NEW FOCUS ON THE LIFE-COURSE APPROACH TO HEALTH IN HUMANS
Luigi Ferrucci, National Institute on Aging, Bethesda, Maryland, United States

The geroscience paradigm stands on two assumptions: 1. Major changes in health are caused by accelerated aging; 2. The rate of aging can be modified by interventions with significant effects on health span. These simple statements change dramatically the portrayal of aging research in medicine. In the past, aging was considered fixed and irreversible, and the study of aging a speculative science, closer to anthropology than to physiology. However, if biological aging is the root cause of chronic disease and if the rate of aging can be changed, then the study of aging becomes the most important branch of medical research. The last twenty years of research support this view and suggest that the rate of aging is set during early development but is modifiable by appropriate interventions. These findings suggest that the architecture of disease development and subsequent loss of function may be more easily influenced by early interventions.

SESSION 7240 (SYMPOSIUM)

THE PAST, PRESENT, AND FUTURE OF HEALTH SCIENCES RESEARCH
Chair: Cynthia Brown
Co-Chair: John Batsis

The health sciences have experienced an evolution in research over the past 75 years, moving along the translational spectrum from bench to bedside to the community. This transformation has impacted health outcomes for older adults at a global and public health level. Expansion in geroscience and implementation science research has changed the lens through which we view how aging occurs, precision management of disease, and has allowed the integration of tested interventions into healthcare systems. This Presidential symposium will showcase investigators, ranging from junior to senior researchers, who will share where their science began, how their research has built on the past, provide insights into their own work, and share their perspectives on the continuing trajectory of their scientific work.

SESSION 7245 (SYMPOSIUM)

TRANSITIONAL CARE MANAGEMENT: EVIDENCE FOR NOVEL IMPLEMENTATION MODELS AND REHABILITATION IMPLICATIONS
Chair: Margaret Danilovich
Discussant: Margaret Danilovich

The transition between healthcare settings is a complex process presenting challenges for effective and consistent communication between older adults, their caregivers, and healthcare providers. These challenges often result in adverse health events and re-hospitalizations. Further, once transitioned to home, older adults often need ongoing care management and support and evidence for models remains unclear as to the precise parameters of supports needed for comprehensive care. This symposium will provide an overview of the evidence for both interdisciplinary care management models and transitional care programs, present the implementation of a care management program for low income older adults at one social service agency, and provide evidence-based tools for older adult functional assessment and decision-making for transitional care. The speakers will present new tools from the American Physical Therapy Association home health toolbox that promote patient-centered health care decision-making to facilitate successful transitions that reduce resource use and hospital readmission. The speakers will also discuss the implementation of a care management program for older adults in a care gap (having too much income for Medicaid home and community-based services, but still <200% of the federal poverty line). An implementation framework for the needs assessment will be highlighted and 1-year program outcomes will be presented. Attendees will learn strategies for interprofessional collaboration, enhanced communication, and advocacy within the interprofessional team to facilitate improved care management and transitional services for older adults.

EVIDENCE FOR A NOVEL CARE MANAGEMENT PROGRAM FOR LOW-INCOME OLDER ADULTS
Rachel Lessem,1 and Margaret Danilovich,2 1. CJE SeniorLife, Chicago, Illinois, United States, 2. CJE SeniorLife, Evanston, Illinois, United States
The purpose of this study was to evaluate the implementation and effectiveness of a novel care management program for low income older adults in Chicago. Older adults (n=200) who had annual income below $31,225 but about the state level for home and community based services were received care management. Program participants completed a battery of assessments (UCLA Loneliness Scale, single item Quality of Life and Physical Health scales, and Nutritional assessment) at initial assessment and 1-year follow-up. We also conducted interviews with clients and care managers. We used a t-test to evaluate participant outcomes and coded qualitative data to identify themes. Results showed no significant differences between baseline and 1 year follow-up indicating that this care management program kept participants stable. Only 5 of 200 (2.5%) of clients transitioned to a nursing home. This study contributes important results on a novel program to sustain vulnerable older adults in the community.

IMPLEMENTATION OF A CARE MANAGEMENT PROGRAM FOR LOW-INCOME OLDER ADULTS
Anna Schloen, and Helen Grimaldi, CJE SeniorLife, Chicago, Illinois, United States

The focus of this session will be on the implementation of a new care management program in Chicago for low income older adults. Framed by the Exploration, Installation, Initial Implementation, and Full Implementation framework, the presenter will first discuss the process and outcomes of a needs assessment which informed the program. The presenter will share strategies and lessons learned from getting the program off the ground and initial lessons learned which informed the full program as it is operated today. In 2 years, the program has grown from 1 FTE to 4.5 FTE and to 250 clients. The presenter will provide strategies for managing growth while maintaining quality care. Finally, the presenter will provide information on the program’s collaboration with a researcher to enhance evidence-based service delivery within the care management program. Participants will learn specific strategies they can take back to their own communities to implement care management programs.

THE ROLE OF REHABILITATION IN REDUCING RESOURCE USE AND LOWERING HOSPITAL READMISSION THROUGH DISCHARGE PLANNING
Kenneth Miller, UNT Health Science Center, Fort Worth, Texas, United States

The transitions between medical settings, the community and back again is a complex and intimidating process for patients, families and caregivers. These transitions are vulnerable points where planning is key and must begin at the initial examination with rehabilitation providers (PTs/OTs/SLPs). These providers are key members of the healthcare team to facilitate effective transition management. In this session, attendees will learn the critical factors rehabilitation providers use to evaluate patients in order to facilitate successful care transitions. An overview of the indications for rehabilitation referral will be presented, as well as evidence for effective rehabilitation strategies. The speaker will present tools from the American Physical Therapy Association Home Health

SESSION 7250 (SYMPOSIUM)
UNDERSTANDING THE SENSORY LOSS–COGNITIVE FUNCTION RELATIONSHIP IN OLDER ADULTS: BIOMARKER OR CAUSAL RISK FACTOR?
Chair: Jennifer Deal
Discussant: Heather Whitson

Sensory impairment in older adults is common, over 55% of Americans 60 years and older have either hearing or vision impairment, and it is linked to accelerated cognitive decline and increased risk of incident dementia in population-based observational studies. However, whether sensory impairment is a marker or a cause of cognitive decline and dementia is unknown. Both sensory impairment and cognitive decline/dementia may be caused by a common underlying pathology (e.g., microvascular disease), or sensory impairment may be a marker of dementia-related pathological changes in the brain. Alternatively, causal mechanisms include increased cognitive load, changes brain structure/function, depression, social isolation and/or reduced activity. This session will investigate the role of sensory impairment in cognitive decline and dementia in older adults and discuss the ramifications of these different possibilities for risk prediction and stratification, and potentially, for disease prevention. The co-occurrence of multiple sensory deficits will be described, and the potential utility of the use of retinal signs as predictive markers for cognitive decline/dementia will be discussed. We will also describe current evidence for both non-causal and causal relationships between sensory impairment and cognition with a focus on hearing impairment. Finally, we will describe the relationship of dual sensory (both hearing and vision) impairment on cognitive performance and dementia in a biracial population-based study.

PREVALENCE OF MULTIPLE SENSORY DEFICITS IN OLDER ADULTS IN BLSA AND ARIC STUDIES
Nicole Armstrong,1 Jennifer Deal,2 Hang Wang,1 Jennifer Schrack,2 Qu Tian,1 Eleanor Simonsick,3 Yuri Agrawal,4 and Frank Lin,3 1. National Institute on Aging, Bethesda, Maryland, United States, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 3. Johns Hopkins School of Medicine, Baltimore, Maryland, United States, 4. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States

Individual sensory deficits have been associated with adverse outcomes, including dementia, in older adults. Using data from the Baltimore Longitudinal Study of Aging (BLSA) (N=239) and Atherosclerosis Risk in Communities Study (ARIC) (N=962), we examined the prevalence of one, two, or three sensory deficits (hearing, vision, and olfaction) among older adults ≥70 years. Any hearing loss was the most prevalent sensory deficit (70-79 year-olds: 41.3% [BLSA] and...