The interrelationships among dementia, concomitant disease, and social determinants of health are poorly understood and have critical implications for disease course, treatments, and caregiving needs. The aim of this study was to identify patterns of co-occurring chronic conditions among persons with dementia and the relationship of these patterns with clinical characteristics, demographic predictors and functional status. A latent class analysis (LCA) was conducted using data from 53 California adult day centers (n=3,053). Four distinct groups emerged: “dementia only”; “dementia +: > 2; + > 3; + >5 chronic conditions. Having dementia +>5 was associated (p <.001) with greater risk of falls, isolation, medication mismanagement, and reduced likelihood of using an adaptive device. Dementia in day center clients is complicated by clinical conditions, functional decline, and a need for supports that may be lacking. Center staff must be trained and resourced to manage the complex needs of persons with dementia.

DEMENTIA SPECIALIZATION AMONG ADULT DAY SERVICES CENTERS: NATIONAL STUDY OF LONG-TERM CARE PROVIDERS

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Adult day services centers (ADSC) are a source of community-based care for persons with Alzheimer’s disease/other dementias. This study compares dementia specialized ADSCs (DSADSC) and their participants to other ADSCs that do not specialize in dementia care using the 2016-2018 National Study of Long-term Care Providers. DSADSCs account for 10% of all ADSCs and serve 15% of all ADSC participants with dementia. About half of DSADSC participants have dementia, compared to 30% in other ADSCs. A higher percentage of DSADSCs, compared to other ADSCs, were in the Midwest, were nonprofit, had a social model, and employed nursing aides. Fewer DSADSCs, compared to other ADSCs, provided nursing, mental health, and transportation services. More DSADSC participants were 75 years of age or older and needed assistance with eating and toileting. Findings may help identify how ADSCs, particularly DSADSCs, meet the unique care needs of older adults with dementia.

USING EXISTING SOFTWARE SYSTEMS TO COLLECT OUTCOME DATA IN ADULT DAY SERVICES

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Recently, there has been a resounding call for standardized outcome data collection in adult day services (ADS). Outcome data have the potential to demonstrate the effectiveness of ADS, aid in program development, and help leverage funding opportunities. Unfortunately, many ADS centers do not collect outcome data for several reasons, including the cost of data collection software and systems. In this presentation, we present one effort to utilize an existing multiuse ‘off the shelf’ software solution to collect ADS outcome data for a network of ADS providers. The researchers collaborated with software developers and ADS providers to adapt the software to incorporate outcome measures and reporting functionality on both the individual and program levels. Adaptation and adoption required attention to HIPAA compliance, workflow integration, measurement fidelity, and data management processes. Despite these challenges, adapting existing software systems may be a cost-effective way to enable expanded outcome data collection in ADS.

DOCUMENTING THE NEED FOR PATIENT-CENTERED RELEVANT OUTCOMES IN ADULT DAY SERVICES

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ADCs are not uniformly regulated at the federal or state level, resulting in the absence of uniform data collection. The lack of large-scale data has resulted in a dearth of evidence on the role ADC services play in the health and well-being of their clients, particularly persons living with dementia (PLWD). The purpose of this study was to compare data being collected across states and evaluate the degree to which patient-centered relevant outcomes (PCROs) are being collected. A review of ADC regulations in 50 states found <10 states, required standardized reporting on ADC participants. Regulatory forms relied on clinical judgment as opposed to validated tools, and focused on eligibility for services as opposed to independence, engagement, or clinical interventions in the ADC. Emphasizing collection of PCROs in ADCs, beginning at the state level, is an essential step in documenting the value and effectiveness of ADCs, particularly for PLWD.

Session 1327 (Symposium)

SENSORY HEALTH AND DEMENTIA CARE: UNDERSTANDING AND ADDRESSING UNMET NEEDS IN ADRD

Chair: Carrie Nieman Co-Chair: Heather Whitson Discussant: Laura Gitlin

Sensory health in dementia stands at the intersection of two major public health challenges. Hearing and vision impairments are among the most common and disabling comorbidities in dementia and may worsen the trajectory of decline yet frequently go unrecognized and unaddressed. Improving sensory function may be an accessible and cost-effective nonpharmacological intervention to aid in the management of neuropsychiatric symptoms, improve quality of life for persons with dementia, and reduce burden for care providers

Discussant: Laura Gitlin
partners. This symposium presents the latest evidence on the impact of sensory impairment in dementia and efforts to integrate sensory health into the care of persons with dementia. This symposium will cover emerging evidence of the impact of hearing loss and vision impairment on persons living with dementia, specifically around neuropsychiatric symptoms, disability, and cost. In moving toward solutions, we will discuss new approaches to provide vision and hearing care for persons with dementia in diverse settings, from audiology to specialized memory clinics to home-based care. This discussion will include findings from a systematic review of telehealth in dementia care, which highlights the limitations of existing literature on accounting for the sensory needs of persons with dementia and their care partners. Finally, we will share new international practice recommendations on vision and hearing impairment among persons living with dementia. The symposium highlights the large, yet often unrecognized, sensory health needs of persons with dementia and the multi-prong approach required to identify and support sensory health and, ultimately, healthy aging among persons with dementia.

NEUROPSYCHIATRIC SYMPTOMS AND HEARING LOSS IN DEMENTIA: UNMET NEED AND OPPORTUNITY FOR INTERVENTION
Carrie Nieman,1 Alexander Kim,1 Emmanuel Garcia Morales,2 Constantine Lyketsos,2 Nicholas Reed,2 Valerie Cotter,4 Sara Mamo,4 and Esther Oh,1 1. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 3. Johns Hopkins Bayview School of Medicine, Baltimore, Maryland, United States, 4. Johns Hopkins School of Nursing and School of Medicine, Baltimore, Maryland, United States

Hearing loss is one of the most common comorbidities among persons with dementia, with prevalence of 60-90%. Most go untreated and disparities exist. However, sensory impairment may influence the health of individuals and care partners. We will share findings from a clinic-based cohort of persons with dementia (n=101). Controlling for demographic and clinical factors, we found that every 10 decibel increase in hearing loss was associated with nearly an additional neuropsychiatric symptom (b = 0.7 per 10 dB; p = 0.01) and 1.3-point increase in severity (b = 1.3 per 10 dB; p = 0.04). These findings provide the first estimates that utilize objective audiometry. Furthermore, hearing aid use appeared to be protective. Hearing care may represent an additional, but underutilized, non-pharmacological intervention. We will discuss these findings in the context of the epidemiology of hearing loss in dementia and highlight new opportunities for managing hearing loss through community-based approaches.

VISION IMPAIRMENT IN DEMENTIA CARE
Heather Whitson, Duke University School of Medicine, Durham, North Carolina, United States

Epidemiological evidence indicates that 3-4% of community-dwelling adults over age 65 years old have functionally limiting deficits in both vision and cognition. The comorbidity prevalence is higher in older age strata and in long-term care. Seniors with co-occurrence of vision impairment and dementia have six times higher odds of disability and higher average annual Medicare fee for service costs ($13,655 [95% confidence interval: $9,931-$18,798], compared to peers with dementia alone ($8,867 [95% confidence interval: $7,360-10683]) or neither condition ($4,518 [95% confidence interval: $4,360-$4,682]). This talk will review evidence that people with early dementia and vision problems can experience improved function through appropriately tailored vision rehabilitation interventions. The talk will provide recommendations for unbiased cognitive assessment in visually impaired people. The session will outline research opportunities regarding the question of whether preventing or treating vision impairment may improve cognitive trajectories and neuropsychiatric symptoms in people with dementia.

CONSIDERING THE TECHNOLOGICAL AND SENSORY NEEDS OF PATIENTS WITH COGNITIVE IMPAIRMENT IN THE ERA OF TELEHEALTH
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During the COVID-19 pandemic, telehealth has become an important means of delivering memory care. Telehealth that is responsive to the technological abilities and preferences as well as the sensory needs of persons living with dementia is critical to advancing access to care. We conducted a systematic review to investigate the use of telehealth among older adults with cognitive impairment. The search yielded 3,551 titles and abstracts that led to 17 full-text articles. Studies showed that telehealth can be used for routine care, cognitive assessment and telerehabilitation with good efficacy and satisfaction. Three studies investigated telemedicine delivery in the home and 16/17 studies relied on support staff and care partners to navigate technology. No studies reported adaptations to account for sensory impairments and 5/17 studies excluded individuals with sensory impairments. This talk will review barriers and facilitators to telehealth for older adults with cognitive impairment and adaptations to address sensory needs.

CARING FOR PERSONS WITH DEMENTIA IN AUDIOLOGY
Marilyn Reed, Baycrest Health Sciences, Toronto, Ontario, Canada

While hearing loss is highly prevalent among patients with dementia, it frequently goes unidentified and unmanaged. It has been a commonly-held belief that older adults with dementia are unable to benefit from hearing rehabilitation, but recent evidence shows that many individuals with dementia can successfully use amplification, helping to improve communication, social interaction and quality of life for these individuals and their caregivers. This presentation will describe how modifications to practice led to successful outcomes for