AGE LIMITATIONS FOR PRESIDENTIAL CANDIDATES: EXPLORING STUDENT PERSPECTIVES USING CLASSROOM DEBATES
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Ahead of the 2020 Presidential Election, Donald Trump (age 73) and his primary opponent, Joseph Biden (age 76) received extensive criticism regarding the aptness of their candidates based upon their current ages. While the United States Constitution requires candidates to have “attained the age of thirty-five years”, no age cap for presidential candidates exists. In response to timely public discussion, undergraduate interprofessional gerontology students worked in assigned groups to prepare to debate either in favor of, or in opposition to a constitutional amendment capping the age of presidential candidates. Following classroom debates, course faculty moderated in-depth conversation examining cogent arguments made throughout the debates. After attending this session, participants will understand the logistics of planning in-class debates, moderating post-debate student discussions, and evaluation methods of student debate performance and on a corresponding reflective writing assignment. Student and faculty takeaways and prospective classroom debate ideas will be provided.

HOUSE HUNTERS, GERONTOLOGY STYLE: A UNIQUE CLASSROOM ACTIVITY FOR UNDERGRADUATES
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Small group discussion activities that capitalize on students’ interest in technology may generate enthusiasm for course content in gerontology. We describe a unique classroom activity that supports discussion about retirement issues in older adulthood by leveraging student dexterity in utilizing web applications. In this activity, students act as real estate agents for a retired older adult couple who is relocating to be closer to family. Students are presented with details about the couple, including demographic information (e.g., age, functional limitations, hobbies) and the couple’s “wish list” for features and amenities of their future home. Then, students use these details to choose a home for the couple on Zillow and prepare a “pitch” of the home that is presented to the class and judged by the course instructor. Feedback from students suggests that this activity offers a “real world application to course material” and facilitates enthusiasm about course content.

Session 2235 (Symposium)

FACTORS AND FUNCTIONS ASSOCIATED WITH HEALTH AND WELL-BEING AMONG OLDER ADULTS: EVIDENCE FROM NHATS
Chair: Loretta Anderson
Co-Chair: Alexandra Wennberg
Discussant: Allison Gibson

The National Health and Aging Trends Study (NHATS) is a nationally representative sample of Medicare beneficiaries aged 65 and older. From 2011 through 2020, annual in-person interviews have collected data in many areas, including health, environment, wellbeing, cognition, and function. With a decade of follow-up, including replenishment samples, NHATS is an ideal setting to investigate trends and trajectories of aging. Aging is heterogeneous and understanding the myriad of factors and functions that impact health and wellbeing is critical to developing interventions and care to promote health and wellbeing. Considering a multifactorial, wholistic approach to aging will provide a deeper understanding to create an impact. This symposium features pivotal research conducted using NHATS data, while highlighting overall strengths of the dataset for future research. The first presentation of this symposium investigates the factors that define cognitive profiles associated with dementia diagnosis over a period of five years. The second presentation investigates the role engagement in personally meaningful activities play in cognitive, emotional, functional, and health-related outcomes in older adults. The third presentation investigates the association between sleep medication use and fall risk among older adults with and without dementia. The session concludes with an investigation of end-of-life communication in persons with dementia and hearing impairment.

COGNITIVE DECLINE OVER A 5-YEAR PERIOD: THE NATIONAL HEALTH AND AGING TRENDS STUDY
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The classification of Alzheimer’s disease and related dementia (ADRD) is important for understanding the progression of cognitive decline. This longitudinal study used data from the National Health and Aging Trends Study (NHATS). A sample of 3,287 eligible Medicare beneficiaries were included in the study. Nine cognitive profiles were examined from Waves 1 to 5 (2011-2015). Discriminant factor analysis was used to identify factors that differentiated across the cognitive profiles. Results showed that 1,076 had some measure of “possible” or “probable” dementia over the 5 years. In Wave 1, there were 104 self-reported ADRD diagnoses, and in Wave 5, there were 327 self-reported ADRD diagnoses. Social participation was an important factor in those that impairment reversed from probable to possible ADRD. Findings support previous evidence that certain activities may slow or reverse cognitive decline and can inform future studies exploring the causality of dementia onset.

FAVORITE ACTIVITY AND IMPLICATIONS FOR COGNITION, MENTAL HEALTH, AND FUNCTION IN PERSONS WITH AND WITHOUT DEMENTIA
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Little is known about the impact of engagement in personally meaningful activities for older adults. This study examines the impact of engagement in one’s favorite activity on cognitive, emotional, functional, and health-related outcomes in older adults with and without dementia. Data were obtained from 1,397 persons living with dementia (PLWD) and 4,719 cognitively healthy persons (CHP) participating in wave 2 of the National Health and Aging Trends Study (NHATS). Sociodemographic characteristics were examined by cognitive status. A multivariate analysis of variance indicated that, for PLWD, engagement in favorite activity was associated with greater functional independence and decreased depression (F(6,1201)=3.01, p<.01, Wilk’s Λ=.985, partial η²=.015). For CHP, engagement in favorite activity was associated with greater functional independence, decreased depression and anxiety, and better performance on memory measures (F(6,4107)=11.46, p<.001, partial η²=.016). Findings suggest that engagement in personally meaningful activities may have significant and distinct benefits for persons with and without dementia.

FALLS AMONG HIGH- AND LOW- FREQUENCY SLEEP MEDICATION USERS WITH AND WITHOUT DEMENTIA
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Difficulty with sleep and falls are prevalent among older adults. Sleep medication use is associated with falls in older adults, but little is known about its impact in older adults with dementia. We used data from the 2011 National Health and Aging Trends Study to assess the association of low- versus high-frequency sleep medication use with falls in older adults with self-reported dementia. In our fully adjusted model, among those with dementia, high-frequency sleep medication users were more likely to fall than low-frequency sleep medication users (OR=3.86, 95% CI: 1.31, 11.37). Among those without dementia, high-frequency sleep medication users were more likely to fall than low-frequency sleep medication users (OR=1.40, 95% CI: 1.11, 1.77). Reducing sleep medication use in older adults with and without dementia may help reduce the risk of falls and fall-related outcomes in older adults.

HEARING LOSS AND NEUROPSYCHIATRIC SYMPTOMS IN PERSONS WITH DEMENTIA AT THE END OF LIFE
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Access to effective communication is critical to the conversations that occur at end-of-life and represents an unaddressed need within palliative care. These challenges may disproportionately affect persons with dementia (PWD). Hearing loss is one of the most common comorbidities among PWD and is independently associated with neuropsychiatric symptoms. However, relatively little is known about the potential impact of hearing loss on PWD at end-of-life. We examined last month of life (LML) data from 971 proxies of deceased PWD from the National Health and Aging Trends Study (2011-2020). Hearing difficulty was associated with increased anxiety/sadness in PWD, χ²(1)=4.596, p=.032, such that 65.6% of persons with hearing difficulty reported anxiety/sadness in the LML. Binary logistic regression found that hearing difficulty was significantly associated with increased anxiety/sadness (OR=1.40, 95% CI. 1.00 – 1.80, p < 0.05). Interventions that optimize communication for PWD may be a meaningful approach to improving the end-of-life experience.

Session 2240 (Symposium)
HEALTH DISPARITIES IN COVID-19: IMPLICATIONS FOR RESEARCH, POLICY, AND PRACTICE
Chair: Chivon Mingo
Co-Chair: Ronica Rooks
The rapid transmission of COVID-19 has resulted in more than 100 million confirmed cases in over 200 countries and continues to have wide-community spread. Consistently, it has been reported that older adults are at a greater risk for requiring hospitalization or dying from the virus compared to younger adults and children. In fact, compared to those age 18-29, age 65-74 are five times more likely to be hospitalized and 90 times more likely to experience death. The risk increases exponentially with age. Individuals 85 and older are 13 times more likely to require hospitalization and 630 times more likely to die from the disease. The physical health-age correlation has permeated the media and many discussions concerning the pandemic. However, fewer discussions have centered on the interaction of age and social variables that further exacerbate COVID-19 related burden or mortality such as race/ethnicity, socioeconomic status, and limited access to healthcare. Therefore, this symposium will bring direct attention to COVID-19 related health disparities that compromise public health, discuss implications on future research, policy, and practice, and discuss opportunities to reduce the burden and mitigate health inequities. The symposium presenters will specifically address the impact of social support during COVID-19, disparities in the effects of social distancing on health status, the economic impact on health, cognitive decline among low-income older adults navigating a global pandemic, and factors associated with higher rates of hospitalizations among racial/ethnic diverse older adults.

RACIAL AND AGE GROUP DISPARITIES IN THE EFFECT OF SOCIAL DISTANCING ON HEALTH STATUS
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African Americans are dying from COVID-19 at younger ages than Whites. Social distancing (SD) prevents the spread of the virus, but because of work demands, transportation needs, and living arrangements SD may be difficult for many African Americans, many of whom are experiencing higher unemployment, poverty, food insufficiency, and social isolation. This study will determine if the health of African Americans and Whites are differentially impacted by SD measures. SD rules can increase or decrease health