Dual sensory impairment (DSI) affects 11.3% of adults aged ≥80 years. Hearing and vision impairments are each associated with cognitive decline and dementia, but DSI’s impact is unknown. All-cause dementia and mild cognitive impairment (MCI) were adjudicated using longitudinal cognitive information. Ten neurocognitive tests were summarized using latent variable methods. Hearing was measured using pure tone better-ear thresholds (0.5-4 kHz) and vision with better-eye presenting distance visual acuity and/or contrast sensitivity. In 881 adults (79±4 years, 44% black, 64% female), DSI (vs. no hearing or vision impairment) was cross-sectionally associated with -0.17 standard deviations (SD) [95% confidence interval (CI): -0.32, -0.02] lower global cognitive score and an 87% increased odds (95% CI: 1.01, 3.45) of combined MCI/dementia, after full adjustment for demographic and clinical factors. Future longitudinal research should elucidate the mechanism underlying this association to determine if treatment can delay cognitive decline and MCI/dementia in older adults.

SESSION 7255 (SYMPOSIUM)

VACCINATION TO PROMOTE HEALTHY AGING: THE FIVE WS
Chair: Leonard Friedland
Discussant: Leonard Friedland

This symposium addresses the role of vaccination to promote healthy aging and the process of developing and maintaining the functional ability that enables wellbeing in older age. Adults age 65 and over are at increased risk of certain infectious diseases due to immunosenescence. Therefore, immunization of older adults against targeted infectious diseases, including pertussis, shingles, influenza, and pneumococcal disease, can help to reduce morbidity and premature mortality. Vaccines in development to protect against additional infectious diseases causing significant morbidity and mortality in older adults, such as respiratory syncytial virus, can further promote healthy aging. The population of older adults in the US is projected to grow significantly over the next 30 years, with a corresponding increase in the incidence and economic costs of vaccine-preventable diseases. Immunization of older adults is a proven, cost-effective strategy that is critical for reducing the public health impact and societal costs in an aging US population. Implementation of evidence-based recommended vaccines for older adults presents challenges, including financial barriers, addressing disparities and inequities in health care delivery for older adults, and overcoming vaccine hesitancy. We plan to review these topics and present data we have generated to support the value of vaccination in adults age 65 and over. Health Behavior Change Interest Group Sponsored Symposium.

VACCINATION IN OLDER ADULTS: THE WHO AND WHAT
Leonard Friedland, GSK Vaccines, Philadelphia, Pennsylvania, United States

Aging brings increased impact of infectious disease in terms of hospitalization, morbidity, and mortality. This increased susceptibility to infection results from immunosenescence, age-related changes in the immune system, anatomic and functional changes, and environmental exposure to infections. Adults age 65 and over are at increased risk of pertussis, shingles, influenza and pneumococcal disease, and evidence-based recommendations for vaccination are protect older adults against these diseases. Underlying medical conditions including end stage renal disease, chronic lung, heart and liver disease, diabetes and immunocompromised place adults age 65 and over at increased risk of infectious diseases, therefore evidence-based vaccine recommendations in older adults with additional risk factors are in place to protect against varicella, hepatitis A and B, meningococcal meningitis and Haemophilus influenzae type b. Investigational vaccines are developed to protect against infectious diseases causing significant morbidity and mortality in older adults, for example, respiratory syncytial virus, further promote healthy aging. Part of a symposium sponsored by the Health Behavior Change Interest Group.

VACCINATION IN OLDER ADULTS: THE WHEN AND WHERE
Sara Poston, GSK Vaccines, Philadelphia, Pennsylvania, United States

Despite the well-understood benefits of vaccination in older adults, national rates still fall below public health targets, especially among certain racial and ethnic groups. Recent scholarship examining healthcare use patterns in adults revealed that health care providers miss several opportunities to provide vaccination during regular healthcare encounters, including Medicare annual wellness visits. Several barriers to adult vaccination have been identified, including lack of patient and provider understanding of the importance of vaccination, financial barriers to vaccines covered under Medicare Part D, and patient hesitancy about the safety and effectiveness of vaccines. Strategies to address these barriers will be discussed, including the use of national quality measures to strengthen incentives for adult vaccination. Part of a symposium sponsored by the Health Behavior Change Interest Group.

THE VALUE OF VACCINATION IN OLDER ADULTS: THE WHY
Philip Buck, GSK Vaccines, Philadelphia, Pennsylvania, United States

The incidence of vaccine-preventable diseases remains high among older adults in the US, despite longstanding immunization recommendations, and is projected to increase as the population ages. The impact of US population aging on the burden of four vaccine-preventable diseases (influenza, pneumococcal disease, shingles, and pertussis) was modeled over a 30-year time horizon, with cumulative direct and indirect costs increasing from $378 billion over 10 years to
The past 5 years have seen incredible advances in approaching hearing loss as a major public health issue. National efforts include the 2015 President’s Council of Advisors on Science and Technology and the National Academies of Science, Engineering, & Medicine’s 2016 Commission on Hearing Health Care for Adults, which led to the 2017 OTC hearing aid legislation and the expected debut of OTC hearing aids in 2020-2021. The World Report on Hearing amplifies these efforts. This presentation will cover the role of the Report in the context of the rapidly evolving hearing care landscape in the US and how the Report’s call for affordable, accessible hearing care fit within current national efforts focused on older adults. Finally, the WHO recognized 2020-2030 as the Decade of Healthy Aging. We will discuss how the World Report on Hearing integrates with broader efforts to support healthy aging locally and globally.

**TASK SHARING IN HEARING CARE: PUTTING PRINCIPLES INTO PRACTICE TO ADVANCE ACCESS TO HEARING CARE**

Nicole Marrone,1 Aileen Wong,1 Maia Ingram,2 Rosie Piper,3 Scott Carvajal,1 and Sonia Colina,1
1. University of Arizona, Tucson, Arizona, United States, 2. Arizona Prevention Research Center, Tucson, Arizona, United States, 3. Mariposa Community Health Center, Nogales, Arizona, United States

Task sharing, through models such as community health workers (CHWs), is considered an efficacious and cost-effective approach to extending access, addressing disparities, and building capacity. Increasingly, task sharing is recognized as a promising approach within sensory health. This session will share results from an NIH-funded trial of a first-in-kind CHW-delivered intervention along the U.S.-Mexico border. Trained CHWs provided a 5-week group aural rehabilitation program that included education and counseling on age-related hearing loss. A total of 136 Spanish-speaking older adults with hearing loss were randomized. Those in the immediate treatment group reported significantly greater use of communication strategies post-intervention, which was maintained over 1 year. Participants were more likely to report taking action on their hearing at 6 months (OR:1.56, p=0.001) and 1 year (OR:1.82, p=0.001). Building upon lessons learned, including post-intervention focus groups, the presentation will share guiding principles on the application of task sharing to support sensory health.

**WORLD HEALTH REPORT ON VISION: AGING IMPLICATIONS FOR GLOBAL VISION AND EYE HEALTH**

Bonnielin Swenor,1 Varshini Varadaraj,1 Moon Jeong Lee,2 Heather Whitson,3 and Pradeep Ramulu,4 1. Johns Hopkins University, Baltimore, Maryland, United States, 2. The Wilmer Eye Institute, Johns Hopkins University School of Medicine; Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 3. Duke University, Durham, North Carolina, United States, 4. Johns Hopkins School of Medicine, Baltimore, Maryland, United States

In 2019, the World Health Organization World Report on Vision estimated that that 2.2 billion people have a vision impairment, of which almost half could have been