benefits. In this study, these included an increased sense of personal strength, increased spirituality, and empathy for others (all domains of PTG). 89 participants with severe vision loss (mean age = 85.3 years, age range = 74–98 years) completed the interviewer-administered composite questionnaire, which identified elements of Tedeschi and Calhoun’s model of PTG. Relationships between variables were examined using path analysis. Findings were contextualized with data from 15 qualitative interviews. Findings underscored the importance of supportive others and deliberate cognitive processing in the path to PTG.

SOCIAL ISOLATION AS A MECHANISM LINKING SENSORY IMPAIRMENT WITH COGNITIVE FUNCTIONING
Jeremy Yorgason,1 Corinna Trujillo Tanner,2 Stephanie Richardson,2 Allison Burch,2 Brian Stagg,3 and Melanie Hill,4 1. Brigham Young University, Provo, Utah, United States, 2. Brigham Young University, Provo, Utah, United States, 3. University of Utah, Salt Lake City, Utah, United States, 4. Brigham Young University, Orem, Utah, United States

Hearing and vision loss have been linked with cognitive decline in older adults. There may be various pathways through which sensory impairments impact cognitive functioning. Sensory impairments may lead individuals to be less socially connected, which may impact cognitive functioning due to less cognitive stimulation. As such, sensory impairments and social isolation may cascade to negatively impact cognitive functioning. Using data from 8,334 individuals aged 65-90+ in waves 6, 7, and 8 of the NHATS study, we estimated a longitudinal mediation structural equation model. Findings indicate that both self-reported vision and hearing impairment in wave 6 of NHATS were linked to concurrent cognitive functioning through social isolation. Only hearing impairment demonstrated longitudinal impact through social isolation across 2 and 3 waves. Findings suggest that medical professionals working with older adults with vision or hearing impairment should assess social isolation, as a point of intervention to maintain cognitive function.

SENSORY IMPAIRMENT AND SOCIAL ISOLATION: IMPLICATIONS FOR THE HISPANIC POPULATION
Stephanie Richardson,1 Corinna Tanner,1 and Jeremy Yorgason,2 1. Brigham Young University, Provo, Utah, United States, 2. Brigham Young University, Provo, Utah, United States

Although the likelihood of developing a disability increases with age among all demographics, older adults of Hispanic origin are more likely to experience vision and hearing impairment than both their white and black non-Hispanic counterparts. Both hearing impairment and vision impairment are known risk factors for social isolation, yet little research has examined this association in Hispanic populations. Using data from 472 Hispanic and 5,186 White participants of the NHATS study, we examined 8-year trajectories of social isolation, along with how sensory impairment was associated with initial levels and change over time. Findings suggest that sensory impairments are linked with steeper increases over time among White participants. Among Hispanics vision and hearing impairments were linked with higher initial levels of social isolation, yet no associations were found across time. It may be that Hispanic older adults maintain social connections across time despite potentially isolating sensory impairments.

EXPLORING HOW HEARING, VISION, AND COGNITION AFFECT OLDER ADULTS’ DRIVING EXPOSURE PATTERNS
Jonathon Vivoda,1 Lisa Molnar;2 David Eby;2 Jennifer Zakrjsek;2 Nicole Zanier;2 Carolyn DiGuiseppi;3 Guohua Li, and David Strogatz,1 1. Miami University, Oxford, Ohio, United States, 2. University of Michigan, Ann Arbor, Michigan, United States, 3. Colorado School of Public Health, Aurora, Colorado, United States, 4. Mailman School of Public Health, Columbia University, New York, New York, United States, 5. Bassett Healthcare Network, Cooperstown, New York, United States

Better information is needed about how declines in sensory and cognitive function affect older drivers. This study assessed how hearing loss affects engagement in four challenging driving patterns. Data from the AAA Longitudinal Research on Aging Drivers study was used, including objectively-measured driving; three measures of hearing: reported hearing aid use, self-rated hearing, and the Whisper Test; visual acuity (Tumbling E); and cognition (Trail Making B). Failing the Whisper Test in both ears was related to significantly lower percentage of trips (%trips) at night, on freeways, and during rush hour, but a higher %trips >15 miles. Hearing aid use and self-rated hearing were not associated with any driving differences. Worse vision was related to a lower %trips >15 miles, while worse cognition was associated with a lower %trips at night, on freeways, and during rush hour. The Whisper Test interacted with cognition for rush hour trips.

SESSION 5735 (SYMPOSIUM)

SERVICES THAT MATTER FOR AGING IN PLACE: RESEARCH ON THE IMPACT AND PROMISE OF ADULT DAY CENTERS
Chair: Tina Sadarangani
Discussant: Holly Dabelko-Schoeny

Adult day service centers (ADCs) in the United States are increasingly recognized as an important source of community-based long-term care for older adults. However, awareness, widespread utilization, reimbursements, and access to ADCs have been limited by a lack of evidence on ADCs’ impact. In this interdisciplinary symposium, we explore current research taking place in the realm of adult day services to understand the reach and impact of ADCs. We begin by examining the most current center-level and user-level data from the National Center for Health Statistics, and demonstrate how these data can be used to inform research and policy. We subsequently evaluate survey data from the National Adult Day Services Association that captures clinical data being collected in ADCs (N=250) surrounding users’ clinical outcomes. We then explore the effectiveness of four interventions on ADC users’ health and functional status: board games, cognitive behavioral therapy, aromatherapy and dance. Finally, we examine the association between adult day services use by African American persons with dementia and depressive
ADULT DAY SERVICES AS A PLATFORM FOR INNOVATION: MOVING BEYOND SIMPLY ATTENDANCE
Keith Anderson, University of Texas at Arlington, Arlington, Texas, United States

At the most basic level, adult day services (ADS) provide a congregate environment for participants and respite for caregivers. Researchers often evaluate the impact of ADS on participants and caregivers in terms of attendance; however, what happens in ADS (e.g., specific programs and interventions) may be equally or even more important than simply attendance. In this presentation, we review four recent innovative studies conducted in the ADS setting with participants: (a) a board game intervention to improve cognitive functioning; (b) a cognitive behavioral intervention to improve sleep; (c) an aromatherapy intervention to address behavioral issues; and (d) a dance and movement intervention to stimulate physical activity. While these interventions had varying levels of effectiveness, they do support a growing body of evidence that ADS can serve as a platform for innovation and suggest that attendance may be simply one facet of the overall ADS experience.

ADULT DAY SERVICE USE DECREASES LIKELIHOOD OF DEPRESSIVE SYMPTOMS AMONG BLACK DEMENTIA CAREGIVERS
Lauren Parker,1 and Laura Gitlin,2 1. Johns Hopkins Medicine, Baltimore, Maryland, United States, 2. Drexel University, Philadelphia, Pennsylvania, United States

Black Americans are more likely than others to age with Alzheimer’s Disease (AD) in the community and rely on family members for support. Despite reported positive aspects of caregiving, Black caregivers report greater need for daytime respite and caregiving support. Little is known regarding the health-promoting benefits of daytime respite, like adult day services (ADS), among Black caregivers. Using a sample of 190 Philadelphia-area Black caregivers for community-living persons with dementia, pooled from two behavioral intervention trials: Advancing Caregiver Training and Care of Persons with Dementia in their Environments, the study examined the association between ADS use and depressive symptoms. About 36% of the caregivers used adult day services for their family member with AD. Controlling for demographic variables, social support, self-rated health, religious coping, caregiver burden, and number of years caring Black caregivers who utilized ADS had lower depressive symptoms ($\beta$ = -1.60, p<.05) relative not using ADS.

SESSION 5740 (SYMPOSIUM)

SLEEP CHARACTERISTICS, NEIGHBORHOOD FACTORS, FUNCTION, MOOD, AND WELL-BEING IN OLDER ADULTS WITH DEMENTIA
Chair: Miranda McPhillips
Discussant: Nancy Hodgson

The number of people with dementia is increasing worldwide. Circadian rhythm disorders and sleep problems are very common in this population and can have profound effects on well-being. Healthy Patterns Clinical Trial (NCT03682185) is a home-based activity intervention designed to improve circadian rhythm disorders and quality of life in people with dementia and their family caregivers. This symposium is designed to discuss the relationship between

EVIDENCE FOR THE NEED TO STANDARDIZE DATA COLLECTION ON PATIENT OUTCOMES ACROSS ADULT DAY CENTERS IN THE UNITED STATES
Tina Sadarangani,1 William Zagorski,2 and Lydia Missaelides,3 1. New York University, New York, New York, United States, 2. American Senior Care Centers, Nashville, Tennessee, United States, 3. California Association for Adult Day Services, Sacramento, California, United States

Researchers’ ability to measure the impact of adult day centers (ADCs) on participants’ health has been hampered by a lack of large-scale data. We examined categories of data ADCs across the United States are collecting related to patients’ health and health outcomes with the idea of developing a future national cohort of centers. We distributed an electronic survey to ADCs in 50-states on current data collection efforts. Forty states were represented (N=250). Only 32% of ADCs collect patient level data for research and analysis. Vital signs, nutritional risk, falls, and activities of daily living were most commonly collected. However, validated assessment tools were used in less than 50% of cases. Researchers’ ability to pool data on clinical outcomes among ADC users is limited by lack of data collection and use of uniform outcome measures across ADCs. Standardizing data collection is critical to strengthening ADC programs and demonstrating their effectiveness.

ADVANCING ADULT DAY SERVICES RESEARCH: THE 2016 AND 2018 NATIONAL STUDY OF LONG-TERM CARE PROVIDERS
Jessica Lendon,3 Vincent Rome,3 Christine Caffrey,1 Priyanka Singh,1 and Manisha Sengupta,3 1. National Center for Health Statistics, Hyattsville, Maryland, United States, 2. Centers for Disease Control and Prevention/ National Center for Health Statistics, Hyattsville, Maryland, United States

This presentation demonstrates how researchers can leverage data from the 2018 redesign and new content from the forthcoming NSLTCP survey of adult day services centers (ADSC) conducted by National Center for Health Statistics. For the first time, NSLTCP data will allow analyses at the services-user level. New policy-relevant topics about centers and ADSC participants include reasons for hospitalization, medication use, patient-centered and end-of-life care, staffing turnover, and unmet needs. Additionally, the presentation highlights latest findings from the 2016 survey. About 53% of centers were primarily medical model. Almost 79% of participants in medical model centers used Medicaid, compared to 51% in social model centers. About 4% of participants had at least one 90-day hospitalization. 40% of participants had difficulty bathing. The most prevalent chronic conditions were hypertension (50%), arthritis (38%), and diabetes (31%). Nearly 40% of participants had an advance directive. Findings are contextualized within the broader understanding of ADSCs.

symptoms in their caregivers. Our findings suggest that ADCs serve a complex population with high rates of poverty and chronic conditions, but ADCs can have a meaningful impact on users’ health and well-being by leveraging innovative programming. We conclude by discussing how standardization of data collection efforts could enable researchers and policymakers to evaluate ADCs’ impact and target funding towards services that maximizes users’ health and well-being.