Sensory changes are risk factors of neurodegeneration and Alzheimer’s Disease (AD) but their relations with emerging blood-based biomarkers of neurodegeneration and AD are rather unknown. We assessed long-term temporal relationships of sensory functions and blood-based neurodegenerative and AD biomarkers. This study is based on 10-year follow-up data of n=1529 (primarily middle-aged) Beaver Dam Offspring Study participants. We conducted pure-tone audiometry, visual acuity testing, and quantified serum neurofilament light chain (NfL), total tau, and amyloid beta. Linear mixed-effects and linear regression models were used to determine longitudinal associations and the effect sizes of temporal effects. Preliminary analyses revealed that NfL increased slightly more slowly per year with every 1SD better hearing (-0.3%/year[-0.5%,-0.1%]) and vision (-0.2%/year[-0.4%,0.01%]). Effect sizes of baseline sensory function effects on NfL levels 10-years later were 3-4 times larger than effects of the opposite direction. Longer follow-up is needed to confirm whether hearing changes occur before blood-based NfL changes.

ASSOCIATIONS OF AUDIOMETRIC HEARING, BRAIN MRI, AND COGNITIVE PERFORMANCE WITH SPEECH-IN-NOISE PERFORMANCE

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Speech-in-noise performance is fundamental to daily communications and comprehensive characterization is needed. We studied 590 dementia-free participants aged 70-84 years, including 428 hearing-impaired participants from the Aging and Cognitive Health Evaluation in Elders (ACHEIVE) study baseline (2018−19), which is a randomized controlled trial partially nested within the Atherosclerosis Risk in Communities (ARIC) Study, and 162 normal-hearing ARIC Visit 6/7 (2016-17/2018-19) participants. The Quick Speech-in-Noise (QuickSIN) test was used to measure speech-in-noise performance. Predictors included (1) Four-frequency better-ear pure-tone average (PTA); (2) Magnetic resonance imaging (MRI) measures (total and lobar volumes, diffusion tensor imaging, white matter hyperintensities); (3) Global and domain-specific (language, memory, executive function) cognitive performance. All predictors were standardized to Z-scores. We used multivariable-adjusted linear regression, adjusting for demographic and disease covariates. PTA and cognitive performance, but not MRI measures, were independently associated with speech-in-noise performance, with PTA explaining the largest variance, indicating the promising role of hearing aids.

DEMENTIA AND HEARING LOSS: A DOUBLE HIT ON PATIENT-PROVIDER COMMUNICATION?

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Hearing difficulty may adversely impact patient-provider communication and be exacerbated by the presence of other conditions like dementia. We examined the association between reported Alzheimer’s disease/dementia and reported difficulty communicating with providers. Using the 2019 Medicare Current Beneficiary Survey, we included participants were aged ≥65 years who reported functional difficulty hearing. Exposure was the presence of reported Alzheimer’s disease/dementia. Our outcome is reported difficulty communicating with medical providers. Multivariate logistic regression was used for association between the added presence of dementia and reported difficulty communicating with healthcare providers. Among 5,535 beneficiaries reporting hearing difficulty, diagnosis of Alzheimer’s disease or another dementia showed 2.76(95%CI:1.97-3.87) times greater odds of reporting difficulty communicating with providers compared to not reporting dementia. In summary, older adults with reported hearing difficulty and dementia may have increased difficulty communicating with medical providers. Findings suggest hearing management may aid in improving health outcomes for adults with dementia.

SESSION 2680 (PAPER)

SUPPORTING PERSON-CENTERED CARE

ASSESSING PREFERENCES FOR COMMUNICATING WITH TECHNOLOGY: A PERSON-CENTERED APPROACH TO CARE MANAGEMENT

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Technological advances, such as telehealth, have been used to manage the multiple chronic conditions that impact over 25% of the US adult population. Technology-assisted communication (TAC) can help to bridge the gap in effective management of health conditions in the community by patients, informal caregivers, and healthcare providers, while emphasizing person-centered care. The purpose of this project was to develop a new theoretically-derived and evidence-based subscale for the Preferences for Everyday Living Inventory (PELI) that addresses preferred TAC approaches for community-dwelling adults over the age of 50 years in the context of multiple chronic conditions (N=297). Results indicated that over 60% of older adults are satisfied with technology-based healthcare communications. In general, older adults in the sample are satisfied with all domains of technology-assisted communication that are asked within P-TAC, including timing, sending and receiving of information, and content of communications. Almost 80% (N=234) indicate that they are satisfied with the content of TAC. This research has lead to the development of assessment items that will allow providers to better assess and then integrate patient preferences for technology communication strategies into plans of care. Potential benefits of understanding preferences for TAC include alignment of chronic care management with preferred strategies which may lead to improvement of care congruence and improved healthcare outcomes for the older adult.

HEALTH LITERACY AMONG OLDER ADULTS IN SWITZERLAND: CROSS-SECTIONAL EVIDENCE
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Despite being widely regarded as a major cause of health inequalities, little is known regarding levels of health literacy among older adults in Switzerland. To fill this gap, this study assesses health literacy and its associations with individuals’ social, regional, and health characteristics in a nationally representative sample of adults aged 58 years and older in Switzerland. We use data of 1,625 respondents from a paper-and-pencil self-completion questionnaire that was administered as part of wave 8 (2019/2020) of SHARE in Switzerland. Health literacy is measured using the short version of the European Health Literacy Survey questionnaire (HLS-EU-Q16). We use multivariable regressions to explore how respondents’ sociodemographic characteristics are independently associated with health literacy. Overall, 6.8% of the respondents had inadequate health literacy, 24.6% problematic health literacy, and 68.6% sufficient health literacy. There were significant associations between health literacy and individuals’ gender, education, economic situation, and self-rated health. Women had higher levels of health literacy than men (p < 0.001). Moreover, a higher education level (p < 0.001), fewer financial difficulties (p < 0.01), and higher self-rated health (p < 0.001) were positively correlated with adequate/higher levels of health literacy. One-third of older citizens have difficulties managing health-related issues in Switzerland. These findings call for targeted interventions, such as using simplified health or eHealth information tools, improved patient-provider communication, and shared decision-making, promoting lifelong learnings activities and health literacy screening for older patients to increase low health literacy and mitigate its consequences, thereby alleviating remaining social health inequalities in the Swiss population.

MULTILINGUAL THEMATIC ANALYSIS USING VARIED TRANSLATIONS AND LINGUISTIC VALIDATION OF CODES: ADVANCING INCLUSION
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Despite the widely acknowledged cultural diversity among older adults and family caregivers, the representation of people from different linguistic backgrounds in a single study is rare. Single language is a common inclusion criterion, limiting the diversity of samples. Performing cross-cultural qualitative research using several languages within a study requires a systematic data harmonization approach to assure the trustworthiness of the analysis. This paper describes strategies used to establish trustworthiness in the multi-lingual thematic analysis of a dyadic qualitative descriptive study of older adults hospitalized in general hospitals and family members who accompanied them during the hospitalization. Participant interviews (n=22) were conducted in English, Hebrew, and Russian according to individual preferences. Four of the dyads (8 participants) were interviewed in different languages. Based on the template analysis approach, we performed multiple multi-lingual translations and linguistic validation of an inductively identified high-level coding scheme. Each linguistic validation process included a reconciliation of two forward translations and harmonization using back translation, performed for each pair of languages. We describe the rationale for decisions regarding the translation process (the timing of translation after establishing a high-level coding scheme, using a hermeneutic translation approach to achieve conceptual equivalence, variability in the socio-demographic context of the translators, recruitment of both translators and linguists). This study provides principles of a feasible systematic approach to overcome linguistic barriers in caregiving research, providing an avenue for inclusive research among multi-cultural and multi-lingual study samples.

OLDER ADULTS’ PERSPECTIVES OF INDEPENDENCE THROUGH TIME: RESULTS OF A LONGITUDINAL INTERVIEW STUDY
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Understanding how older people experience, and adapt to maintain, independence through time has implications for