HEARING LOSS BY AGE AND DEMOGRAPHIC COVARIATES OF ADULTS

The differences in measures and categorization of hearing as well as limited sampling of older adults. The aims of this presentation are to discuss how to best measure cognition in adults with sensory loss, with a focus on inclusion and equity. We will review 3 studies investigating whether sensory health was addressed in their studies. We found variation in methods used to assess sensory loss, with implications for resource allocation. Using these studies, we will discuss how to best measure cognition in adults with sensory loss, controlling for underlying cognitive function using neurocognitive testing, and how missing test completion of neurocognitive testing, and how missing test scores affect estimates of the hearing loss-cognitive test performance. Sensory loss could bias cognitive testing. First, we used item response theory (IRT) has important ramifications for population attributable fraction estimates, with direct implications for public health policy and research. Since few other national studies of older adults in the United States have verified measures of the influence of VI and blindness on later-life health outcomes as a vital resource for the study of vision epidemiology and trajectories.

NEW MEASURES AND POPULATION PREVALENCE OF VISION IMPAIRMENT IN NHATS

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The National Health and Aging Trends Study (NHATS) is a nationally representative panel study of older U.S. adults that in 2021 added to its annual protocol a suite of objective visual function measures consisting of distance visual acuity, near visual acuity, and contrast sensitivity tests. These measures were developed to approximate clinical gold-standard tests, while allowing for administration on a tablet in participants’ homes. The tests were found to have good agreement with clinical gold-standards based on their limits of agreement, correlations, and lack of systematic bias between tests. In the initial 2021 fielding of the NHATS visual function measures, 27.8% (25.5%-30.1%) of U.S. adults over age 70 had one or more visual impairment (VI) (distance VI: 10.3% [8.9%-11.7%]; near VI: 22.3% [20.3%-24.3%]; contrast sensitivity impairment: 10.0% [8.5%-11.4%]), and the prevalence was highest among those who were older, had less education, lower income, and were of Hispanic ethnicity and non-White race. Additionally, the adjusted prevalence ratio for dementia was significantly higher among those with each type of VI compared to those with normal vision (moderate/severe distance VI=1.72 [1.26-2.35]; near VI=1.40 [1.16-1.69]; contrast sensitivity impairment =1.31 [1.04-1.66]). Since few other national studies of older adults include objective visual function measures, NHATS now serves as a vital resource for the study of vision epidemiology and the impact of VI and blindness on later-life health outcomes and trajectories.