regression model was not significant and depression was not a significant predictor of ADL functioning.

Conclusions: The results suggest Hispanics are more vulnerable to the effects of depression on ADL function which has important implications for AD diagnosis.

**ADDRESSING ALZHEIMER’S DISPARITIES AMONG BLACK POPULATIONS WITH BRAINGUIDE BY USAGAINSTALZHEIMER’S**

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Older, Black Americans are disproportionately impacted by Alzheimer’s disease (AD), accounting for 15% (~1 million) of all individuals aged 65+ living with AD (5.8 million). Stigma, fear, and gaps in education contribute to 60% of undetected AD cases. In Georgia, AD remains the 6th leading cause of death. By 2029, cases are projected to spike by 46%, from 130,000 to 190,000. Given these alarming statistics and in response to AD health disparities in this population, UsAgainstAlzheimer’s, in partnership with community leaders and organizations, launched a pilot outreach program to promote AD prevention and brain health awareness in Atlanta. Program goals included: increasing knowledge about brain health, emphasizing the importance of early detection and diagnosis, raise awareness of BrainGuide™ by UsAgainstAlzheimer’s and other brain health resources, and develop a network of organizations for ongoing collaboration, awareness, and education. Program strategies included accessing highly saturated, faith-based spaces like mega churches, circulating key messaging through paid and earned media, and hosting widely received community webinars. UsAgainstAlzheimer’s collected participant feedback and examined BrainGuide website traffic to evaluate the effectiveness of community engagement on increasing brain health awareness and addressing AD stigma in Atlanta. Preliminary findings indicate a 96% increase in BrainGuide traffic from Atlanta and 70% increased engagement with BrainGuide resources, compared to the national average. UsAgainstAlzheimer’s’ pilot program suggests that brain health promotion, grounded in community engagement from trusted influencers, has potential to raise brain health awareness and empower people to take action. Further research and learnings are required to determine program scalability.

**SOCIAL EPIGENETICS OF RACIAL DISPARITIES IN AGING**

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Racial disparities in many aging-related health outcomes are persistent and pervasive among older Americans. There are well-documented inequities in social and physical environmental exposures which may contribute to these disparities, but we lack understanding of the biological intermediates by which environmental exposures affect disparate health outcomes. DNA methylation (DNAm) aging captures the residual between biological age, robustly measured by GrimAge and Dunedin Pace of Aging methylation (DPoAm), and chronological age. We hypothesize that neighborhood social environment and air pollution exposures contribute to racial disparities in DNAm aging. We performed retrospective cross-sectional analyses among non-Hispanic participants (N=2611 White, N=639 Black) in the Health and Retirement Study whose 2016 DNAm age is linked to survey responses and geographic data. We observed Black individuals have significantly accelerated DNAm aging on average compared to White individuals according to GrimAge (599%) and DPoAm (498%). We implemented linear regression models and Kittagawa-Blinder-Oaxaca decomposition to identify exposures that contribute to this disparity. Exposure measures include census-tract-level Social Deprivation Index, perceived social stress, particulate matter (PM2.5), nitrogen dioxide, and ozone. Individual-level determinants include socioeconomic status, healthcare access, health status, and health behaviors. Results suggest these individual-level factors account for ~43% of the disparity in GrimAge and ~34% in DPoAm. Higher neighborhood socioeconomic deprivation for Black participants significantly contributes to the disparity in GrimAge, while greater vulnerability to PM2.5 contributes to the disparity in DPoAm. DNAm aging may play a role in the environment “getting under the skin” and contributing to age-related health disparities between Black and White Americans.

**SESSION 6150 (POSTER)**

**IMPROVING ADRD CARE THROUGH MEASUREMENT, ASSESSMENT, AND METHODS**

**SACCADES TO SCREEN AND ASSESS COGNITIVE IMPAIRMENT IN OLDER ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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Objective: To systematically summarize the evidence of saccade as a screening and assessing for mild cognitive impairment (MCI) and dementia.

Methods: English databases including PubMed, EMBASE, the Cochrane Library, Web of science, and PsycINFO and Chinese databases including CNKI, Wanfang and VIP were searched. Studies that analyzed the metrics of saccade in people with health cognition, MCI, or dementia were included. The quality of the included studies was evaluated with Cross-sectional/Prevalence Study Quality from Agency for Healthcare Research and Quality (AHRQ). Study characteristics, participants’ characteristics, sample size, saccade procedure, and metrics were extracted from the included studies.

Results: Twenty-two studies involving 1595 participants were included. Meta-analysis showed that peak velocity (SMD=-0.27%, 95% CI (-0.44, -0.11), latency (SMD=-0.36ms, 95%CI (-0.51, -0.20), and accuracy rate (SMD=0.42%, 95%CI (0.17,0.68) of prosaccade between older adults with and without cognitive impairment had significant difference. The performance in latency (SMD=-0.56ms, 95%CI (-0.72, -0.39), accuracy rate (SMD=1.32%, 95%CI(1.07,1.56), and corrected errors (SMD=1.23%, 95%CI(0.98,1.47) of antisaccade in people with health
The relationship between individuals living with dementia and their caregivers is important and can impact their dementia journey. However, limited national longitudinal data exists about the caregiver-person living with dementia dyad. Availability of such data would provide important information about joint trajectories and help to better identify the needs of caregivers and persons living with dementia across the dementia journey. The objective of this study was to develop a linked national longitudinal database of persons living with dementia and their caregivers. The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) extracts and de-identifies clinical data from electronic medical records (EMR) from approximately 2 million patients across Canada. CPCSSN data is used to identify persons living with dementia and caregivers willing to participate in the study. CPCSSN data from participating dyads are linked (e.g., chronic and mental health conditions, diagnoses, laboratory test results) and additional information about the experiences of persons living with dementia and their caregivers (e.g., ethnicity, amount and type of care provided, burden, availability of support) are collected yearly using surveys. The growing database contains linked, de-identified, comprehensive information about persons living with dementia and their caregivers that will become a rich source of data for researchers, clinicians, and policymakers. Specifics around how the database was developed, and lessons learned will be discussed as these findings can be used as a template to develop similar linked health surveillance databases.

NORMALIZING COGNITIVE EVALUATIONS IN ADULTS: GETTING PEOPLE IN THE SCREENING PIPELINE EARLY
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To understand how adults and healthcare providers perceive a dementia diagnosis and cognitive evaluations, AARP fielded a nationally representative survey of adults aged 40 and older (N=3,022) along with a companion survey of healthcare providers in a position to diagnose dementia (N=500). Like healthcare providers, Americans aged 40 and older understand the benefits of diagnosing dementia at an early stage, 81% agree that early detection would motivate them to engage in healthier behaviors to slow the progression of the disease. Adults look to healthcare providers as authorities to determine when a cognitive evaluation should be triggered with 63% saying they would get an evaluation if their doctor recommended it and 49% of healthcare providers saying evaluations should be done if the doctor feels it is necessary and 39% saying it should be done yearly beginning at age 65. The research also showed that most adults (76%) want to know if they have dementia. Additionally, majorities of adults would engage in healthy behaviors if they knew it’s good for their brain health. Given the desire to prevent and improve outcomes, routine screening for cognitive function should be commonplace as getting a screening colonoscopy. Unlike a colonoscopy, routine screening for cognitive function is not a normalized process yet. Data from both populations suggest an opportunity for routine evaluation due to a shared understanding of the long and short-term benefits of screening.

INVOLVING PERSONS LIVING WITH DEMENTIA AS KEY STAKEHOLDERS: RESEARCH “WITH” RATHER THAN RESEARCH “ON”
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