particularly acute at study commencement, and particularly affects minoritized populations.

**VOICES OF OUR ELDERS: ATTITUDES, BELIEFS, AND PERSPECTIVES ABOUT RESEARCH IN MINORITY OLDER ADULTS**

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The U.S. Census Bureau projects that the numbers of adults 65 and older will double from 46 million in 2020 to 90 million by 2050, thus representing the fastest growing segment of the population. However, older adults, especially those from minority groups, remain underrepresented in clinical research. It is imperative to understand what older adults believe about research and research participation to enhance recruitment efforts. The aim of this presentation is to present preliminary findings from our qualitative study which explored the attitudes, beliefs, and perspectives of older minority adults regarding research and research participation. We conducted 12 focus groups via Zoom, in South Florida with minority adults (African American, Caribbean, Hispanic) over the age of 65 (N=49). An interview guide was used to query the participants about their attitudes, beliefs, and perspectives of research and research participation. Focus groups were video-recorded and transcribed. NVivo software was used for data management and analysis. We found that participants: 1) thought research was necessary to expand understanding and knowledge of health conditions; 2) stated research should be conducted by trusted scientific institutions; 3) relied heavily on their adult children for advice regarding research participation; 4) expressed reluctance regarding invasive procedures; and 5) were influenced by personal experiences when considering research participation. Our preliminary findings suggest that older minority adults believe in the value of research, however, may be hesitant about participating. We propose continued strategies aimed at increasing engagement of minority older adults into health research.

**RURAL LIVING AND DISABILITY IN OLDER ADULTS: THE ROLE OF ALTERNATIVE SUPPORT RESOURCES AS MEDIATORS**

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Rural communities are often characterized by sparse service environments offering limited care, services, and conveniences that help with daily activities. In lieu of community services that target older adults to assist with aging-in-place, alternative supportive features, including environmental modification and informal social networks may be especially important in rural settings to preserve functional independence. The purpose of this study was to assess the role of alternative support resources as potential mediators between service environments and Activities of Daily Living (ADL) functioning of older adults living in rural settings. Data from the National Health and Aging Trends Study (NHATS) were analyzed. Guided by the International Classification of Functioning, Disability and Health, regression models included covariates for sociodemographics, chronic conditions, mobility functioning, and participation. Service environments were quantified using a measure of the number of services (e.g., help with bathing) available in communities. Two potentially important support features were tested as mediators. Environmental modification was operationalized using indicators of whether homes had been modified (e.g., with features such as grab bars). Size and quality of individuals’ social networks were calculated using indicators of whom participants spoke to about important things in their life. Measures of ADLs served as key dependent variables. Results suggest a negative statistical relationship between service environments and disability that is explained in part by the availability of alternative support resources. Implications are that older adults who live in rural communities may often benefit by employing home modifications and relying on informal care options to meet their needs.

**DEPRESSION IS ASSOCIATED WITH POORER CLINICAL FUNCTIONING AMONG HISPANIC OLDER ADULTS**

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Objective: The aim of the current study was to examine associations between depression and clinical functioning among a multi-ethnic sample.

Methods: 35 cognitively normal and Mild Cognitive Impairment (MCI) participants were included and self-identified as Hispanic or white non-Hispanic (WNH). The Hispanic group (n=18), had a mean age of 70.83 (SD=7.66) and 15.59 mean years of education (SD=3.43). The WNH group (n=17) had a mean age of 71.76 (SD=6.9) and 16.81 mean years of education (SD=2.59). Subjects were given the Alzheimer's disease Cooperative Study (ADCS) ADL inventory, the modified Clinical Dementia Rating scale (mCDR), and the Geriatric Depression Scale (GDS). Linear regressions were conducted to analyze the predictive associations between GDS scores and ADL functioning while controlling for the effect of diagnosis and age.

Results: Among Hispanics, the overall regression was significant (R² = .622, F(2,17)= 12.32, p<.001). Higher GDS scores was found to significantly predict worse mCDR scores (β = .676, p<.001) when controlling for the effects other factors. When examining ADCS-ADL scores, the overall model was also found to be significant (R² = .413, F(2,17)=5.28, p<.05). Higher GDS scores significantly predicted worse ADCS-ADL scores (β =-.652, p<.01) when controlling for the effects of other factors. Diagnosis and age did not significantly predict ADL scores. Among the WNH group, the
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 patients with 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 = -0.277%, 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 differences. 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