EFFECT OF BASELINE BMI AND IL-6 ON GAIT SPEED RESPONSE TO CALORIC RESTRICTION IN OLDER ADULTS
Katherine Hsieh,1 Rebecca Neiberg,1 Kristen Beavers,1 and Daniel Beavers,1 1. Wake Forest School of Medicine, Winston Salem, North Carolina, United States, 2. Wake Forest University, Winston Salem, North Carolina, United States, 3. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States

We examined whether the effect of caloric restriction (CR) on gait speed change in older adults (67.3±5.27 years) varied by BMI and interleukin 6 (IL-6). Data from eight six-month randomized controlled trials were pooled, with 1268 participants randomized to CR (n=710) and non-CR (n=558) conditions. Baseline BMI/IL-6 subgroups were constructed using BMI≥35 kg/m2 and IL-6≥2.5 pg/dL, and participants were jointly classified as high/high (n=395), high/low (n=208), low/high (n=271), or low/low (n=344). Overall treatment effects showed significant improvements in gait speed in CR versus non-CR [mean difference: 0.02 m/s (95% CI: 0.01, 0.04)]; however, CR assignment significantly interacted with BMI/IL-6 subgroup (p=0.03). Greatest gait speed improvement was observed in the high/high CR subgroup [+0.06 m/s (0.03, 0.09)] and appeared to be driven by no gait speed change among the high/high non-CR subgroup. Gait speed response to CR was greatest in older adults with elevated baseline BMI and IL-6.

Session 1310 (Symposium)

TOWARD A MODEL FOR MEASURING SOCIAL AND STRUCTURAL DETERMINANTS OF ALZHEIMER’S DISEASE AND RELATED DEMENTIAS
Chair: Shana Stites
Co-Chair: Joyce Balls-Berry
Discussant: Lisa Barnes

Social and structural determinants of health (SSDoH) are conditions in the environments in which individuals are born, live, learn, work, play, worship, and age that affect health, functioning, and quality-of-life outcomes across the life course. Growing evidence suggests that SSDoH can help to explain heterogeneity in cognitive, functional, and interventional outcomes in Alzheimer’s disease and related disorders research and clinical practice. The National Institute on Aging (NIA) has prioritized collecting SSDoH data in order to elucidate disease mechanisms and aid discovery of a disease modifying treatments. However, a major nexus of ADRD research, the national network of Alzheimer’s Disease Research Centers (ADRCs), does not routinely collect SSDoH data. We describe a model for feasibly gathering and analyzing SSDoH data across Alzheimer’s Disease Research Centers (ADRCs). We lay out theoretical underpinnings of key constructs and their measure, empirical evidence for their importance, and their potential for elucidating disease and prevention mechanisms. Toward a goal of translation, we describe a general approach to measuring SSDoH along with core set of measures. We also describe empirical support and rationales for assessing SSDoH in standing geographically and culturally diverse research cohorts, and guiding considerations in selecting modules to serve unique communities.

We specifically address SSDoH in Black, Hispanic/Latin, and refugee populations with an eye toward conveying how geographic proximity, socioeconomic status, ethnoracial factors, and sex/gender/sexual orientation affect populations in ways directly relevant to Alzheimer’s disease (AD) and Alzheimer’s disease related dementias (ADRD).

ASSESSING SSDOH IN ALZHEIMER’S RESEARCH: CORE MEASURES AND THOSE IN SEXUAL AND GENDER MINORITY POPULATIONS
Shana Stites,1 and Sharnita Midgett,2 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. University Pennsylvania, Philadelphia, Pennsylvania, United States

Social and structural determinants of health (SSDoH) are conditions that can impact on Alzheimer’s disease and Alzheimer’s disease related dementias (AD/ADRD) outcomes. We will describe theoretical underpinnings of core SSDoH constructs and their measure, empirical evidence for their importance, and their potential for elucidating disease and prevention mechanisms. We focus on a core set of SSDoH measures that are important across a broad range of socially and culturally heterogeneous populations. We outline a rationale for universal implementation of a set of SSDoH measures and juxtapose the approach with alternatives, such as investigator-initiated grants, aimed at collecting SSDoH data. We also speak very briefly about the evidence supporting assessing SSDoH with respect to sex, gender, and sexual orientation and considerations in doing this.

SSDOH IN LATINXS: FACTORS OF INFLUENCE
David Marquez, University of Illinois at Chicago & Rush University, University of Illinois at Chicago, Illinois, United States

Research with Latinxs/as regarding Alzheimer’s disease and related dementias (ADRD) is lacking. This is staggering because among Latinxs in the United States, the number diagnosed with ADRD is expected to grow by more than 800% from 2012 to 2060 (Wu et al., 2016). Older Latinxs have a high risk and prevalence of ADRD - partially attributed to their longer life spans and the presence of adverse risk factors such as metabolic syndrome, type 2 diabetes mellitus, and other cardiovascular conditions (Chin et al., 2011). What is often missing in the discussion is the role of social and structural determinants of health (SSDOH) in this population. Overall Latinxs have low levels of formal education, work in physically demanding jobs, and experience immigration stress. How these and other SSDoH influence Latinxs will be discussed; as well as potential resilience factors like familial relationships, and religiosity or spirituality.

AGING, SOCIAL DETERMINANTS OF HEALTH IN THE CASE OF PERSONS WITH DISABILITIES AND REFUGEES
Jean-Francois Trani, Brown school, Washington University in St Louis, Missouri, United States

Structural and social determinants of health differentially impact on social groups. Among those particularly disadvantaged during the life course are both persons with disabilities and refugees. Because of the way society treats