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, ethnic/racial 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, Rush University, University of Illinois at Chicago, Illinois, United States
Research with Latinxs/os/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 melitus, 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 these two populations, both persons with disabilities and refugees may face physical, social, economic and environmental barriers that impede them from benefiting from the same opportunities accessible to other social groups. As a result, these populations have less access to education, higher unemployment, are more likely to be deprived and excluded from social benefits. In other words, public stigma —prejudice and discrimination voiced and practiced by the general population— translates to a life course characterized by daily stressors that result in a higher likelihood of cognitive disorders and dementia. Measuring and analyzing SSDoH inclusive of disability and refugee experiences are essential to efforts aimed at recruitment and retention and knowledge generation in ADRD research.

SSDoH AND AGING IN PERSONS OF AFRICAN ANCESTRY
Joyce Balls-Berry, Knight Alzheimer’s Disease Research Center, Washington University in St. Louis, Missouri, United States
Persons of African Ancestry (Black) encompasses a broad spectrum of individuals across the African diaspora. The diversity of the Black community must be considered in the context of SSDoH especially as it relates to diseases of aging. Blacks report higher levels of discrimination as a barrier to Alzheimer’s Disease or related dementia (ADRD) care, are less likely to receive timely diagnoses of ADRD, and many do not trust that a future cure for ADRD will be shared equally and equitability with their community compared to their white counterparts. Once diagnosed, older Blacks, are twice as likely as their white counterparts to have ADRD. A key to addressing the Black community’s ADRD needs is speaking openly about the historical underpinnings related to social injustice and racism as a link to appropriate ADRD diagnoses. Ultimately, SSDoH impact treatment, healthcare policy, and the future of biomedical research for the Black community.

Session 1315 (Symposium)
UNDERSTANDING THE ABNORMAL TODAY FOR LIFE TOMORROW: A STUDY OF THE GENERATIONS DURING THE COVID-19 PANDEMIC
Chair: Lisa D’Ambrosio Discussant: Lisa D’Ambrosio
The spread of COVID-19 in the United States in early 2020 abruptly transformed American life, with widespread closures of public spaces and businesses, limitations on social activities, and the need for individuals to physically distance from each other. Some changes wrought by the virus may persist post-pandemic - such as Americans’ adoption of new technologies or disease prevention behaviors. Since the onset of COVID-related safer-at-home orders, the MIT AgeLab has sought to understand how the pandemic affects people’s attitudes and behaviors. This symposium will present findings drawn from three waves of national, online surveys conducted in 2020: March (N=1202), May-June (N=1,387), and November-December 2020 (N=1444). The surveys explored participants’ COVID-19-related attitudes and behaviors across a range of domains. Each presentation in this symposium will highlight a different focus of cross-generational research conducted over time, with a particular focus on experiences of adults ages 55 and over. The first will focus on participants’ overall health, wellbeing, and perceptions of the COVID-19 vaccine. The second will present experiences of family caregivers of older adults and children. The third will center on the impact of the pandemic on the generations’ retirement and longevity planning experiences. The fourth and final presentation will focus on participants’ attitudes and experiences using and adopting technology. This symposium will deepen attendees’ understandings of multigenerational attitudes and experiences during the COVID-19 pandemic, with a particular focus on the experiences of adults ages 55 and over.

SELF-REPORTED HEALTH, WELL-BEING, AND COVID-19 VACCINATION WILLINGNESS ACROSS THE GENERATIONS
Taylor Patkanick, MIT, Somerville, Massachusetts, United States
The COVID-19 pandemic has impacted the generations’ health and wellbeing across a range of dimensions. In the first survey, the 50+ adopted the smallest number of health