

media coverage on COVID-19, skip HIV medications, and experience changes in sleep patterns.

PERCEPTIONS OF SOCIAL SUPPORT SUFFICIENCY AMONG OLDER ADULTS WITH HIV IN SUB-SAHARAN AFRICA

Mark Brennan-Ing,¹ Jennifer Kaufman,¹ Kristen Porter,² Catherine MacPhail,³ Janet Seeley,⁴ and Stephen Karpiak,⁵
 1. Brookdale Center for Healthy Aging Hunter College, CUNY, New York, New York, United States, 2. John W. McCormack Graduate School of Policy and Global Studies, Moultonborough, New Hampshire, United States, 3. School of Health & Society, University of Wollongong, Bulli, New South Wales, Australia, 4. London School of Hygiene and Tropical Medicine, London, England, United Kingdom, 5. GMHC, National Resource Center on Aging and HIV, New York, New York, United States

Globally, the greatest number of older people with HIV (OPWH) are in sub-Saharan Africa (3.7 million). This population will continue to expand with greater access to anti-retroviral therapy. Compared to OPWH in high income countries, these OPWH have constrained access to government and community-based services and largely rely on assistance from family, friends, and neighbors for their social support needs. We examined factors related to perceptions of instrumental and emotional support sufficiency (availability and adequacy) among OPWH age 50 and older in Uganda (n = 101) and South Africa (n = 108). Significant covariates of instrumental support sufficiency included not having an AIDS diagnosis, greater support from family, and less support from friends. Significant covariates of emotional support sufficiency were fewer depressive symptoms, greater support from family, and geographic location (Uganda). Explanation of these findings based on social network characteristics and implications for policy and program development will be discussed.

STIGMA IMPACTS HEALTH DISPARITIES AND INEQUITIES IN LGBTQ AND PEOPLE OF COLOR AGING WITH HIV

Anna Egbert,¹ Paul Nash,² Mark Brennan-Ing,³ and Stephen Karpiak,⁴
 1. Ronin Institute, Montclair, New Jersey, United States, 2. University of Southern California, Los Angeles, California, United States, 3. Brookdale Center for Healthy Aging Hunter College, CUNY, New York, New York, United States, 4. GMHC, National Resource Center on Aging and HIV, New York, New York, United States

The impact of stigmatizing attitudes and discriminatory behaviors on health disparities and inequities in non-heterosexual individuals, people of color (PoC), older adults, and persons living with HIV becomes increasingly recognized. This quartette of stigmatized characteristics elevates the risk of barriers to medical services, burden of disease and unfavorable health outcomes in LGBTQ-PoC aging with HIV. Using data from ROAH 2.0 study (N=723), we explored facets of stigma, barriers to medical services and health status in racial/ethnic minorities of older adults with HIV (OAH) living in California, New York, and Illinois. Stigma was evident in >50% of OAH who expressed reservation to self-disclose HIV status. Importantly, 20%-24%

of Asian, Black/African-American, Hispanic/Latinx and Multiracial vs. 7% White OAH withheld this information from at least one health care provider. Over 10% of OAH experienced prejudice/discrimination while accessing service. Non-disclosure and prejudice/discrimination were linked to lower self-rated health status, thus, evidencing stigma-related health burden.

Session 2335 (Symposium)

THE WISCONSIN LONGITUDINAL STUDY: NEW COGNITIVE, GENETIC, BIOLOGICAL, AND SOCIAL DATA AND A DIVERSIFYING SAMPLE

Chair: Michal Engelman

The Wisconsin Longitudinal Study (WLS) has followed a sample of one in three Wisconsin high school graduates from the class of 1957 for over 64 years, making it an excellent data source for researchers interested in linking early and midlife characteristics to a wide range of later-life outcomes. The WLS is unique among major studies of aging cohorts for its duration of follow up, the inclusion of siblings, and the combination of rich social and health information. This symposium will provide an overview of the WLS, describe recent data collection and linkages, and introduce ongoing efforts to diversify the educational and racial/ethnic composition of the study sample. WLS data cover nearly every aspect of the participants' lives from early life socioeconomic background, schooling, family, and work, to physical and mental health, social participation, civic engagement, well-being, and cognition. The study is linked to administrative data including Medicare records, Social Security records, mortality records, and resource data on primary and secondary schools attended by participants as well as characteristics of their employers, industries, and communities of residence. Recent data collection efforts have generated a wealth of new biological and cognitive information, including genetic data collected from saliva and blood samples, measures of the gut microbiome, and derived polygenic scores for educational attainment, cognitive performance, depression, and subjective well-being. The currently-fielding ILIAD effort is implementing rigorous AD diagnostic protocols to track the progression of dementia across cognitive phenotypes. The symposium will conclude with practical information on accessing and using the data.

THE WISCONSIN LONGITUDINAL STUDY: OVERVIEW, DATA LINKAGES, AND FUTURE PLANS

Michal Engelman, *University of Wisconsin-Madison, Madison, Wisconsin, United States*

The WLS is a study of Wisconsin high school class of 1957 graduates, with follow-ups in 1964, 1975, 1993, 2004, 2011, and 2020. The data reflect the life course of the graduates (and their siblings), initially covering education, switching to family, career, and social participation in midlife, and physical and mental health, cognitive status, caregiving, and social support as respondents age. The WLS is linked to multiple administrative data sources including: parent earnings from state tax records (1957-60) and Social Security earnings and benefits for respondents; 1940 Census

data; characteristics of high schools and colleges, employers, industries, and communities of residence; voting records from 2000-2018; Medicare claims; and the National Death Index. Efforts are underway to expand the racial/ethnic and educational composition of the WLS by supplementing the original sample with a new cohort of age-matched adults drawn from Wisconsin's Black, Hispanic, Asian-American, and Native American communities.

WLS-ILLAD: INITIAL LIFETIME'S IMPACT ON ADRD

Pamela Herd, *Georgetown University, Georgetown University, District of Columbia, United States*

Between 2021 and 2025, WLS will collect two new waves of data, which will capture detailed measures of cognitive change and dementia as the cohort reaches their early to mid 80s. In this session, I will provide an overview of the data that we're collecting, as well as opportunities to explore early and mid-life determinants of cognitive change and dementia onset in this unique study. Compared to existing studies, the WLS offers some novel opportunities. First, it will provide one of the only opportunities to study how early and midlife life conditions and experiences, on data gathered prospectively, can shape cognitive trajectories and dementia in later life. Second, its unique sibling design provides significant analytic advantages, improving causal inference. Third, the study includes a large group of rural participants, allowing for closer examinations of how rural conditions may shape risk and resilience against cognitive decline and dementia in later life.

WLS-ILLAD: NEW LONGITUDINAL RESOURCE FOR COGNITIVE AND DEMENTIA DATA

Sanjay Asthana,¹ Pamela Herd,² and Victoria Williams,³

1. *University of Wisconsin, Madison, Wisconsin, United States*, 2. *Georgetown University, Georgetown University, District of Columbia, United States*, 3. *Division of Geriatrics and Gerontology, UW-Madison, University of Wisconsin-Madison, Wisconsin, United States*

One of the distinctive strengths of WLS is the availability of Henmon-Nelson IQ scores on all participants while in high school, followed by prospective collection of data through cognitive batteries of varying size and sophistication. Launched in 1993, the initial longitudinal cognitive testing included 8 abstract reasoning items followed by the administration of larger cognitive batteries in 2004 and 2011 comprised of a 10-item word recall test, digit ordering task, phonemic and category fluency, as well as repeated and new items from the WAIS-R similarities task first administered in the 1993 survey. In 2018, with R01 funding from NIA, the scope of cognitive testing expanded significantly and includes administration of a phone-based cognitive screening measure, and a comprehensive in-person neuropsychological assessment for individuals identified at risk for dementia targeting a range of cognitive domains, including memory, language, attention, visuospatial abilities, and executive functioning.

BIOLOGICAL MEASURES IN THE WLS: GENETIC AND MICROBIOME DATA

Kamil Sicinski, *University of Wisconsin-Madison, Madison, Wisconsin, United States*

Ever since releasing genotype data in 2017, the WLS continually expands resources available to users interested in genetic research. Key advantages to the WLS data for genetics research include its sibling sample and nearly full life course longitudinal study design. In 2021, we now have state-of-the-art polygenic scores available in multiple domains, such as health, cognition, fertility, personality, risk behaviors and attitudes, and life satisfaction. The scores cover phenotypes spanning from adventurousness, through educational attainment, to age at which voice deepened. Additionally, the genotype data was re-imputed in 2021 to the superior Haplotype Reference Consortium reference panel and the WLS expects to obtain copy number variants data next year. In addition to genetic data, we have a set of novel microbiome data on a subset of participants that allows researchers to study relationships between environments and gut microbial composition.

HOW TO ACCESS AND USE DATA FROM THE WISCONSIN LONGITUDINAL STUDY

Carol Roan, *University of Wisconsin - Madison, Madison, Wisconsin, United States*

With over 27,000 analysis variables covering more than 60 years of participants' lives, the WLS data can be overwhelming to new users who are looking for the measures they need to answer their research questions. Core WLS survey data is free and easy to download from our website. As we add new types of measures and new waves of data, we refine our data sharing methods to balance our need to make the data easily available with the need to protect the confidentiality of participants. This presentation will teach users how to access to the data files they need for their research and how to use our online documentation of survey instruments and data files. Symposium attendees will also receive a USB drive with the publicly available data and complete documentation.

Session 2340 (Symposium)

TRANSITIONS TO LONG-TERM RESIDENTIAL CARE SETTINGS

Chair: Bram de Boer

Co-Chair: Hilde Verbeek

Discussant: Joseph Gaugler

During their life course, many older adults encounter a transition between care settings, for example, a permanent move into long-term residential care. This care transition is a complex and often fragmented process, which is associated with an increased risk of negative health outcomes, rehospitalisation, and even mortality. Therefore, care transitions should be avoided where possible and the process for necessary transitions should be optimised to ensure continuity of care. Transitional care is therefore a key research topic. The TRANS-SENIOR European Joint Doctorate (EJD) network builds capacity for tackling a major challenge facing European long-term care systems: the need to improve care for an increasing number of care-dependent older adults by avoiding unnecessary transitions and optimising necessary care transitions. During this symposium, four presenters from the Netherlands and Switzerland will present different aspects of transitions into long-term residential care. The