

Resilience & Health Equity: Role of Societal Disadvantage in Resilience

Monica Rivera-Mindt PhD, ABPP
Fordham University & Icahn School of Medicine at Mount Sinai



@DrRiveraMindt



Acknowledgements & Disclosures

Affiliations

- Professor of Psychology, Latin American Latino Studies, and African & African American Studies, Fordham Univ.
- Joint Appointment in Neurology, Icahn School of Medicine at Mount Sinai
- Affiliated Faculty, Future of Aging Research Seminar, Columbia University

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Leadership/Advisory

- ALL-FTD External Advisory Board
- Alzheimer's Association, NYC Chapter Board
- Brown University Center for Alzheimer's Disease Research Advisory Board
- CDC BOLD Public Health Center of Excellence on Dementia Risk Reduction Expert Panel
- Harlem Community & Academic Partnership Board (Treasurer)
- Mayo Clinic Executive Advisory Committee
- National Centralized Repository for ADRD (NCRAD) Executive Committee
- UC San Francisco Alzheimer's Disease Research Center (ADRC) Advisory Board
- University of Texas Rio Grand Valley Resource Center for Minority Aging Research Advisory Board
- University of Washington Alzheimer's Disease Research Center (ADRC) Advisory Board

**No Conflicts
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Land Acknowledgement

“We acknowledge the people of the Tribal Nations and tribes in New York City (e.g., Lenni Lenape, Cayuga, Mohawk, Erie, Seneca, Oneida), who are the traditional custodians of the land on which we work and live, and recognize their continuing connection to the land, water, and air that the United States consumes. We pay respect to their elders past, present, and emerging.”



Consulted by: New York Indian Council, Inc.

Positionality

Axis of Adversity

- **Afro-Latinx, Indigenous daughter of immigrants**
- **6 of the 7 NIH criteria** for "disadvantaged background."
 - SES, unstable housing....
- **Health:** No or inadequate insurance growing up
- **Schooling:** ESL until ~3rd grade
- **Professional Development:**
 - 13 yrs old - started working



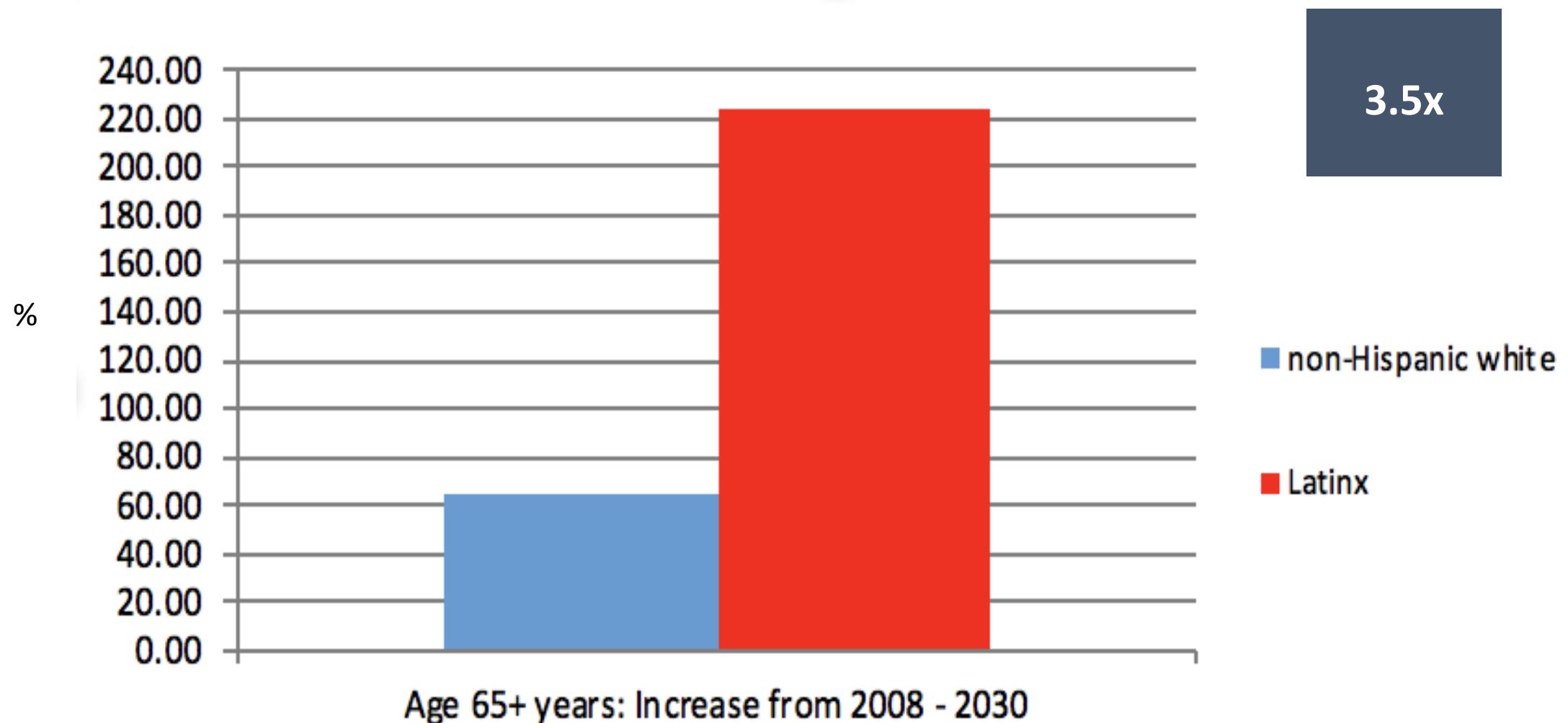
Axis of Privilege

- **Cis-gender/hetero**
- **US- born**
- **Able-bodied**
- **Education & Training (CBPR)**
- **Current middle-class status**
- ***Tremendous* social support**
- **Temperament** to withstand the sociocultural challenges & assaults of academia

Overview

- Context: Demographics & Inequities
- Framework
- Risk & Resilience Factors in Cognitive Impairment & Dementia
- Towards Brain Health Equity
 - Gaps & Key Questions
 - Moving Forward

Context: Ethnic Differences in U.S. 65+ Population Growth (2008 – 2030)



Context of Disadvantage: Inequities in Brain Health

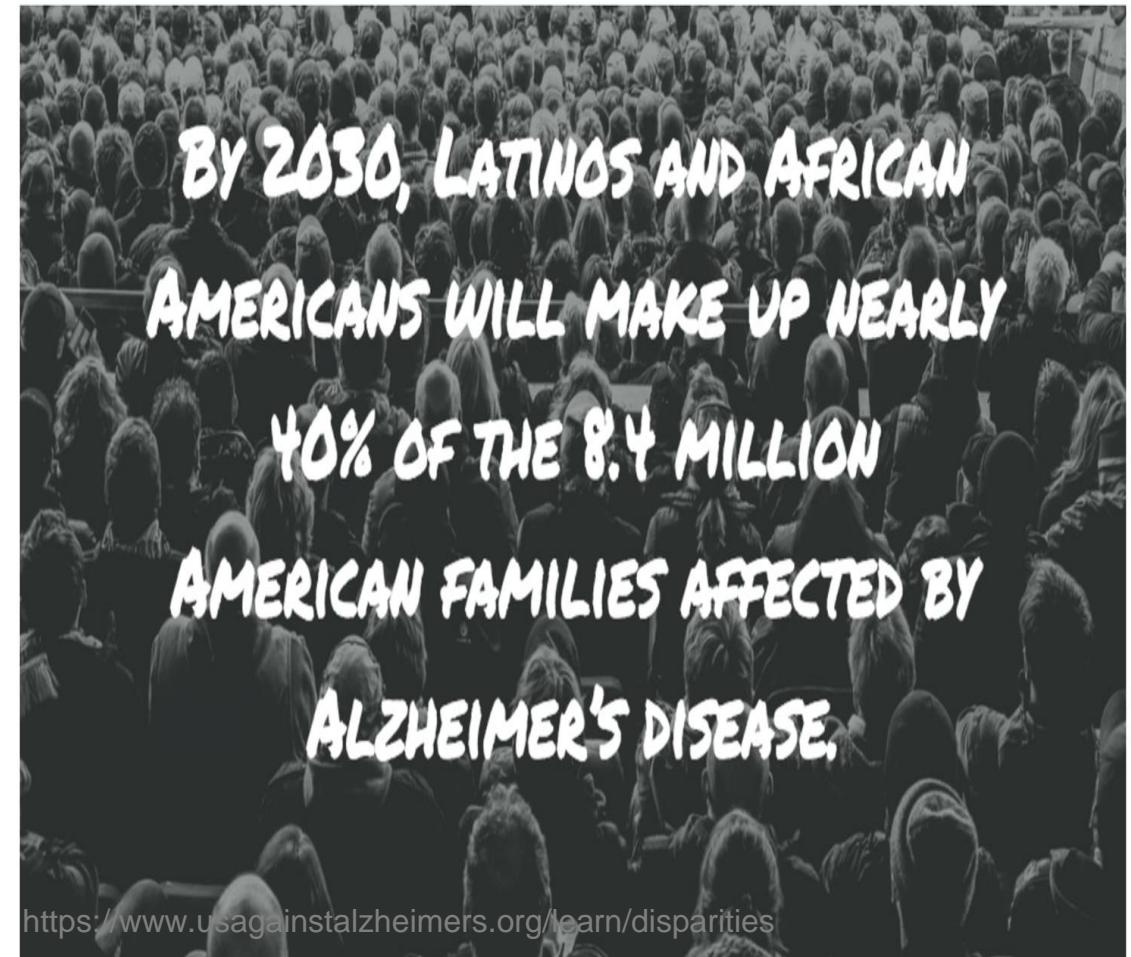
- Black & Latinx older adults are up to **3x** as likely to develop AD than non-Latinx white adults*^{2,3}
- **Younger age of onset^{2,3}**
- **Greater severity of initial AD symptoms^{2,3}**

***Note.** Research based on primarily older adults ($65\pm$ yrs).

2. Alzheimer's Association (2015)

3. Campos et al (2013)

Shifting Demographics Are Placing Communities of Color in the Crosshairs of Alzheimer's

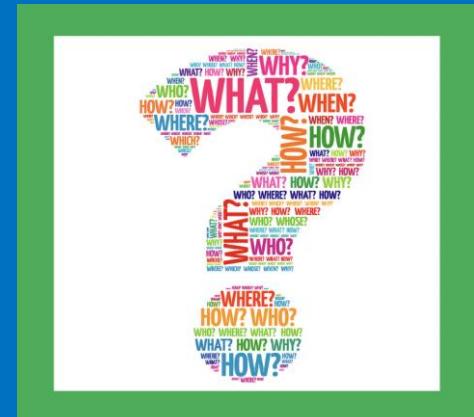


Context of Disadvantage: Inequities in Dementia Care

Older Black and Latinx Adults 65+ yrs

- 30-40% *less likely* to access outpatient neurology care than non-Latinx whites^{4,5}
- *More likely* to receive care in the ER, with longer hospital stays and higher inpatient costs, after neurologic diagnosis. ^{4,5}

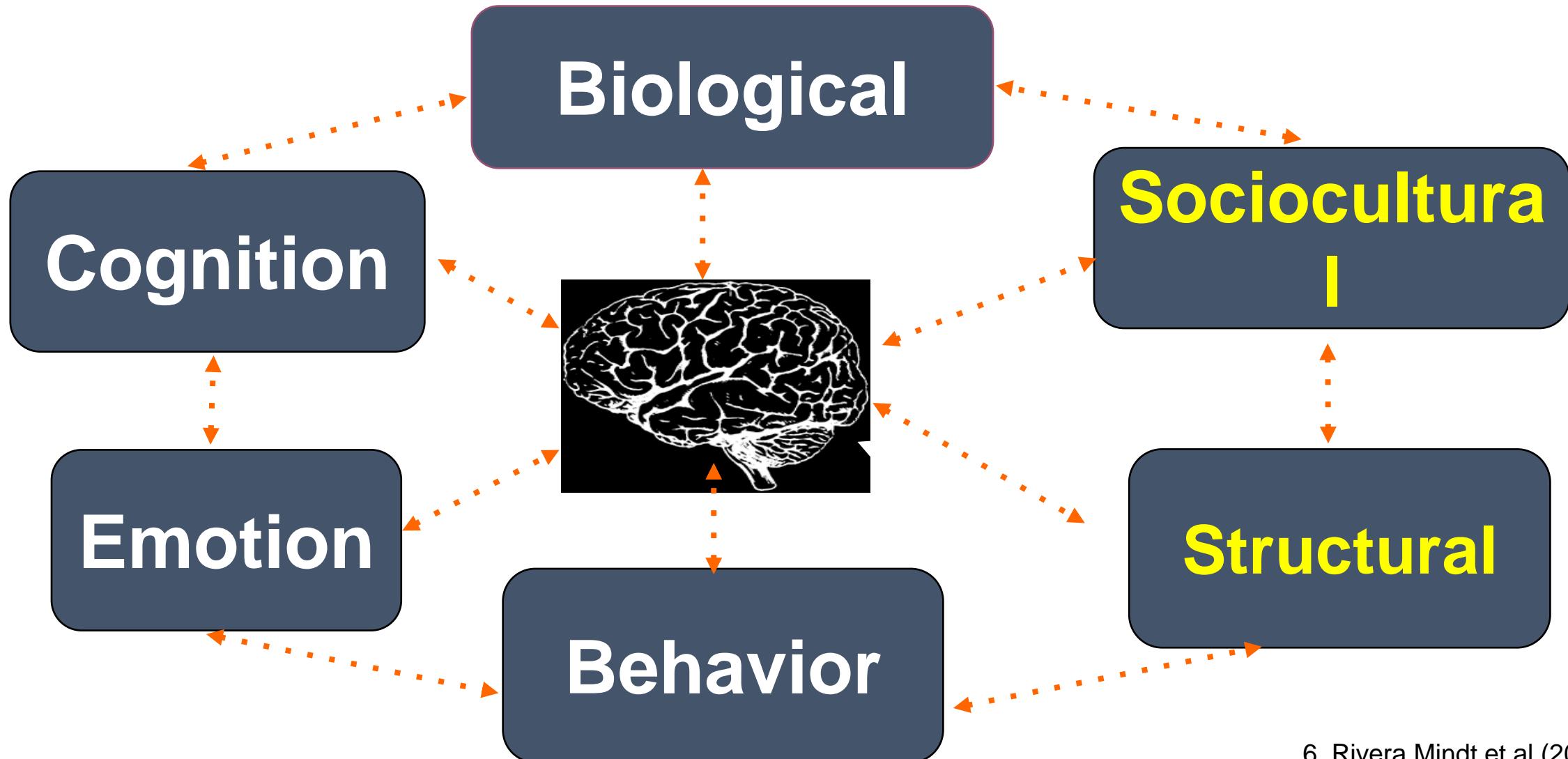
Older Black and Latinx Adults < 65 yrs



4. Mehta et al (2017)

5. Saadi et al (2017)

Resilience in a Biopsychosociocultural Framework



Risk Factors for Cognitive Impairment (CI) & Dementia in Older Black & Latinx Adults (65± yrs)

Biological Risk Factors

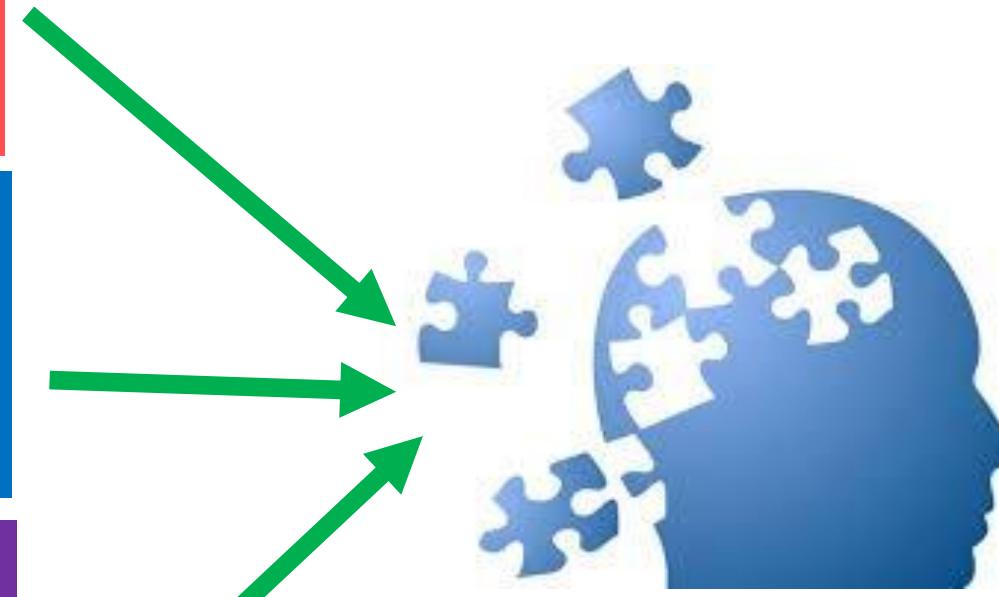
Diabetes⁸
Hypertension⁸
Comorbid Conditions (e.g., TBI, HIV)^{9,10}

Psychological Risk Factors

Depression (Cultural diffs)¹¹
Stress (Early life, current)¹²
Social Isolation¹³

Sociocultural & Structural Risk Factors

Racism/Discrimination¹⁴
Cultural Exposures¹⁵
SES & Healthcare Barriers^{16,17}
Quality of Ed/Literacy^{18,6}
Environmental Exposures¹⁹



**Increased Risk
for CI/Dementia**

8. Shiekh et al (2021); 9. Bailey et al (2020); 10. Rivera Mindt et al (2014);
11. Morris et al (2021); 12. Pechtel & Pizzagalli (2011); 13. Hold-Lunstad et al (2015); 14. Thames et al (2013); 15. Arentoft et al (2012); 16. Kind et al (2014);
17. Alzheimer's Association (2021); 18. Manly (2006); 19. Liu & Lewis (2014)

Resilience Factors for Cognitive Impairment (CI) & Dementia within the Context of Disadvantage in Minoritized Populations?

Biological Resilience Factors

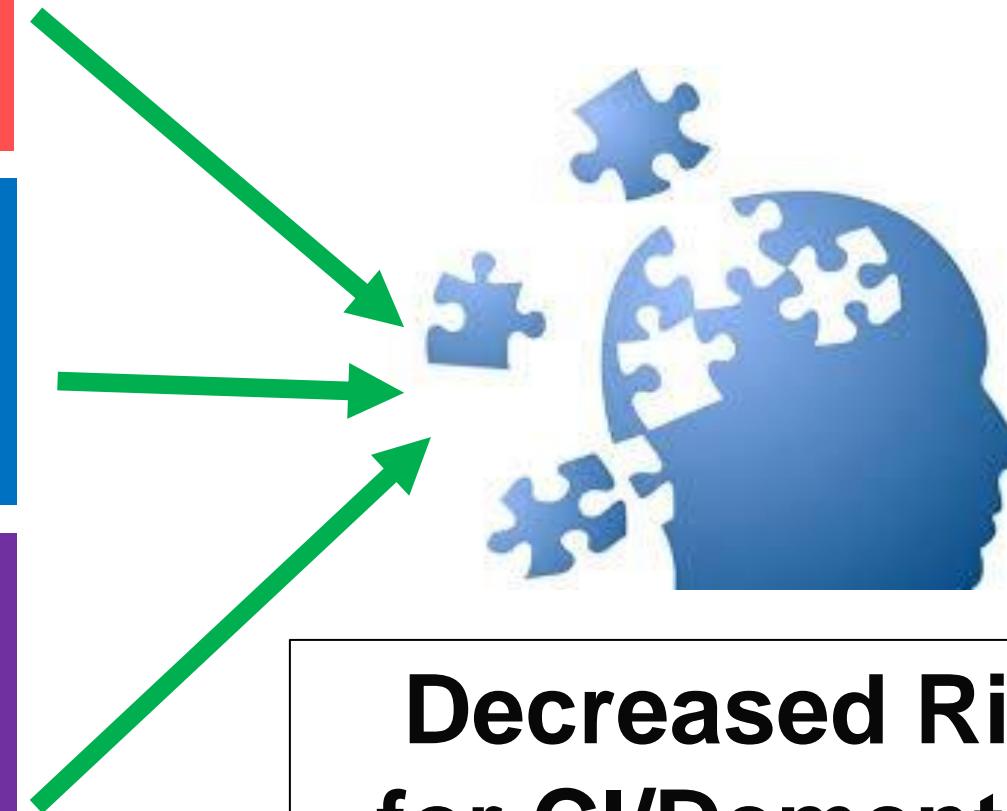
- Genetics (APOE-4 diffs)?^{3,20}
- Physical Activity (dancing, sports)²¹
- Addressing Food Insecurity²²

Psychological Resilience Factors

- Familismo?²³

Sociocultural & Structural Resilience Factors

- Acculturation?¹⁵
- Bilingualism?²⁴
- Social & Health Policies?
(Discrimination, Educ., Medicaid)^{17,25}



**Decreased Risk
for CI/Dementia?**

20. Chan et al (2022); 21. Fausto et al (2022); 22. Zenk et al (2022); 23. Rote et al (2019); 24. Calvo et al (2016); 25. CDC (2022)

Gaps & Key Next Steps

Gaps:

- **Sociocultural level factors**
 - *Cultural Factors*
 - Acculturation, within-group variance, culturally-mediated health beliefs/attitudes
 - *Intersectionality*
 - Dimensions of diversity; e.g., ethnocultural status, religion, gender/gender identity, rurality, poverty, immigration status, region, ability status
 - *Discrimination/Persecution* due to any individual- or contextual-level factor (see above)
 - *Social Support and Engagement* vs. Isolation or Loneliness

Key Next Steps:

- Flipping our lens from a **Deficit Model** to an **Empowerment & Resilience Model** of **Brain Health**
- Authentic community-engagement & inclusion in dementia research
- Moving beyond pan-ethnicity to mechanisms of resilience & change
- Implementation through public health settings and policies

Towards Brain Health Equity

The Alzheimer's Association recommends the following actions to address discrimination and bias:

- ✓ Prepare providers to care for a racially and ethnically diverse population of older adults
- ✓ Increase diversity in dementia care
- ✓ Increase diversity of participants for research and clinical trials

The report stresses that health care providers and researchers must remain committed to addressing these disparities for older adults. It recommends actions be taken to ensure the burden of Alzheimer's disease and dementia is not made worse by discrimination and unequal access to health care.

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Gratitude



National Institute on Aging



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Thank you!

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¡Muchas Gracias!

Questions?



@DrRiveraMindt

