Resilience & Health Equity: Role of Societal Disadvantage in Resilience

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Leadership/Advisory
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- 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 of Interest
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

1. Administration on Aging (2009)
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 onset2,3

- Greater severity of initial AD symptoms2,3

*Note. Research based on primarily older adults (65+ yrs).

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
- More likely to receive care in the ER, with longer hospital stays and higher inpatient costs, after neurologic diagnosis.

Older Black and Latinx Adults < 65 yrs

Resilience in a Biopsychosociocultural Framework

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

<table>
<thead>
<tr>
<th>Biological Risk Factors</th>
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</thead>
<tbody>
<tr>
<td>Diabetes(^8)</td>
</tr>
<tr>
<td>Hypertension(^8)</td>
</tr>
<tr>
<td>Comorbid Conditions (e.g., TBI, HIV)(^9,10)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Psychological Risk Factors</th>
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<tbody>
<tr>
<td>Depression (Cultural diffs)(^11)</td>
</tr>
<tr>
<td>Stress (Early life, current)(^12)</td>
</tr>
<tr>
<td>Social Isolation(^13)</td>
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<table>
<thead>
<tr>
<th>Sociocultural &amp; Structural Risk Factors</th>
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</thead>
<tbody>
<tr>
<td>Racism/Discrimination(^14)</td>
</tr>
<tr>
<td>Cultural Exposures(^15)</td>
</tr>
<tr>
<td>SES &amp; Healthcare Barriers(^16,17)</td>
</tr>
<tr>
<td>Quality of Ed/Literacy(^18,6)</td>
</tr>
<tr>
<td>Environmental Exposures(^19)</td>
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Increased Risk for CI/Dementia

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 Insecurity?\(^22\)

**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?

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.
NYC Collaborators & Lab Members

( AA, MAR, FA, AF, KF, VG, EPM, JPO, PS, RR, TSS, ACS, KT & more!)

National Collaborators

*Gratitude*

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alz.org® alzheimer's association

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ADNI
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OUR PARTICIPANTS!

ALANIZ
References


Thank you!

¡Muchas Gracias!

Questions?

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