



# Health Disparities & Dementia



Friday, April 5 2024

**Minority Health Month draws attention to health disparities that affect people from racial and ethnic minority groups, with a goal of advancing health equity. This month, we take a closer look at findings about dementia among two groups in particular: Hispanic individuals and Black women in the U.S. While it's well understood that dementia is on the rise in the U.S. population and globally, certain demographics suffer a disproportionate burden.**

## Hispanics/Latinos – higher incidence of dementia

Hispanics or Latinos are about 1.5X more likely than White Americans to have Alzheimer's and other dementias ([Dementia Among Minority Groups](#)). Expert participants in a recent [Latinos & Alzheimer's Symposium](#) predicted that U.S. Latinos will have "the steepest increase in Alzheimer's disease and related dementias (ADRD) in the next 40 years compared to other ethnic groups." The Symposium participants chose the term "Latinos," recognizing a racially and ethnically diverse group that reflects "a mix of culture, environment, and genetic ancestries drawn from African, Amerindian, and European source populations".

A wide array of social determinants of health, including socioeconomic factors, educational attainment, environmental factors, and access to healthcare, likely play roles in the disparities noted. Symposium participants also highlighted cultural factors: fewer than half of Latinos experiencing symptoms of cognitive decline would discuss their symptoms with a healthcare professional.

This could be because almost 6 in 10 believe that a significant loss of memory or cognitive abilities is simply a normal part of aging, according to the [Alzheimer's Association](#). Furthermore, one-third of Hispanic Americans report that they have experienced discrimination when seeking healthcare, says the Alzheimer's Association.

Incidence of dementia in the age 65+ Latino population (U.S.) is 13%, says the Association. However, border counties in Texas are seeing rates of up to 18%, reports the [Texas Tribune](#). Alzheimer's' Association executive director Greg Scuito, quoted in the story, observed that cultural factors play a role in dementia diagnosis and care. Cultural respect for elders and fear of stigma can prevent people from coming forward with concerns. Language barriers can also play a role, making it difficult to relate symptoms and to understand the language of medical professionals, added professor of Latino studies Gloria Martinez.

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## Health Disparities & Dementia *continued*

Recently published findings from a [study funded by the National Institute on Aging](#) indicate that “aging in a more disadvantaged neighborhood may worsen a person’s performance on cognitive tests, particularly if that individual is Mexican American.” A disadvantaged neighborhood was defined based on indicators of poverty, education, housing, and employment, which are all recognized as social determinants of health.

Symposium participants also addressed the impact of isolation. “Many U.S. Latinos live and work far from home, which can create stress and loneliness, and might ultimately lower their cognitive function,” they comment.

The Symposium participants call for heightened understanding of how bilingualism affects cognitive functioning, which is not yet well understood. They urge addressing knowledge gaps related to the Latino population and dementia, as well as ensuring higher representation in clinical trials. They also advocate for enhanced outreach efforts and culturally competent care models to better serve Latinos across the continuum of care.

### **Black women face compound disadvantages**

A confluence of factors that can increase the risk of dementias and compromise quality of care disproportionately affect Black women, suggest [Findley and colleagues](#). “Black women live at the crossroads of the most vulnerable populations for Alzheimer’s and related dementias,” they comment.

Black adults face twice the likelihood of dementia as compared with White adults, according to the [Alzheimer’s Association](#). In addition, two-thirds of Americans living with Alzheimer’s disease are women. This is likely a reflection of the fact that women, on average, live longer—and advancing age is a major risk factor for Alzheimer’s disease.

Black women tend to experience more risk factors for dementia, along with disparities in access to care. They are less likely to receive a dementia diagnosis in the first place, suggest Findley et al., which can affect ongoing support and management of symptoms. Underlying risk factors such as obesity, diabetes, and hypertension, are less likely to be diagnosed and managed among Black women, say the researchers. Black women are also less likely to have access to healthcare and to place trust in the healthcare system. In addition, some of the factors that can increase risk of dementia—low socioeconomic status, reduced level of education, and psychological stress—can also go hand-in-hand with reduced care utilization, the authors note.

About 4 out of 5 Black Americans feel they have encountered barriers to quality healthcare for dementias, note Findley et al. Much as seen with the Latino population, Blacks are “twice as likely not to seek out healthcare when experiencing thinking or memory problems,” as compared with White Americans, they point out.

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## Health Disparities & Dementia *continued*

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### **Culturally competent care**

Comments the [Alzheimer's Association](#), “research suggests that the historic and continued marginalization of Black and Hispanic people in the U.S. has produced disparities between older Black and Hispanic populations and older White populations in life experiences, socioeconomic indicators and, ultimately, health conditions.”

This year, Minority Health Month is focusing on “Improving Health Outcomes Through Our Cultures, Communities, and Connections”. Along with broader issues related to research priorities and inclusion, quality dementia care focuses on providing culturally competent care that honors each individual’s life-course experiences, cultural heritage, values, attitudes, beliefs, language, and personal priorities, while engaging families and communities.

***These are essential steps in improving dementia-related health outcomes for all.***

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