

Disparities in comorbid chronic conditions among Middle Eastern and North African and non-Hispanic White Americans with cognitive impairment

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Introduction

- Cognitive impairment is characterized by difficulties with memory, learning new things, focusing, or making decisions that have an impact on daily activities.
- Following these guidelines such as controlling your high blood pressure, eating nutritious foods, being active physically, maintaining Mental Activity/Social Connections and reducing stress help lower cognitive impairment.
- Few studies have examined chronic conditions among adults with cognitive impairment and the minimal research has focused on Black, White, and Hispanic adults.
- No research has been conducted on chronic conditions among MENA adults with and without cognitive impairment because this group is masked under the White race by federal definition.

Objectives

- Describe characteristics of US-born non-Hispanic white, foreign-born non-Hispanic White, and Middle Eastern and North African (MENA) older adults (ages 45+ years)
- Calculate the age- and sex-adjusted prevalence of chronic conditions among MENA older adults **with cognitive impairment** compared to other US- and foreign-born non-Hispanic Whites
- Calculate the age- and sex-adjusted prevalence of chronic conditions among MENA older adults **without cognitive impairment** compared to other US- and foreign-born non-Hispanic Whites

Methods

- Data from 2000-2018 (NHIS) were analyzed for 213,846 respondents with a 45-year-old or older age range and were part of the US-born non-Hispanic Whites, MENA, and foreign-born White population.
- The participants responded to the cognitive impairment question and disclosed their comorbid conditions (heart diseases, diabetes, asthma, etc...).
- Bivariate analyses and age- and sex-adjusted prevalence estimates were also calculated.

Results

Table 1: Selected Characteristics of 2000-2018 NHIS Sample

	US-Born Non-Hispanic White %	Foreign-Born Non-Hispanic White %	Foreign-Born MENA %
65+ years	31.6	37.4	25.8
Female sex	54.6	56.4	52.2
Education			
Less than HS	11.2	16.2	14.9
HS/GED	31.1	26.6	21.0
Some College	27.8	22.5	17.5
Bachelors or higher	29.9	34.7	46.6
200% US Poverty Level	72.8	69.2	58.5
Employed	52.5	48.8	55.7
Live Alone	11.8	11.8	6.5
Married/Live with Partner	77.0	76.7	81.5
15+ years in US	--	85.9	76.5
US Citizen	100.0	77.6	76.4

Figure 2: Chronic Conditions of Adults Aged 45 Years Without Cognitive Impairment and Older by Nativity Status among Non-Hispanic Whites.

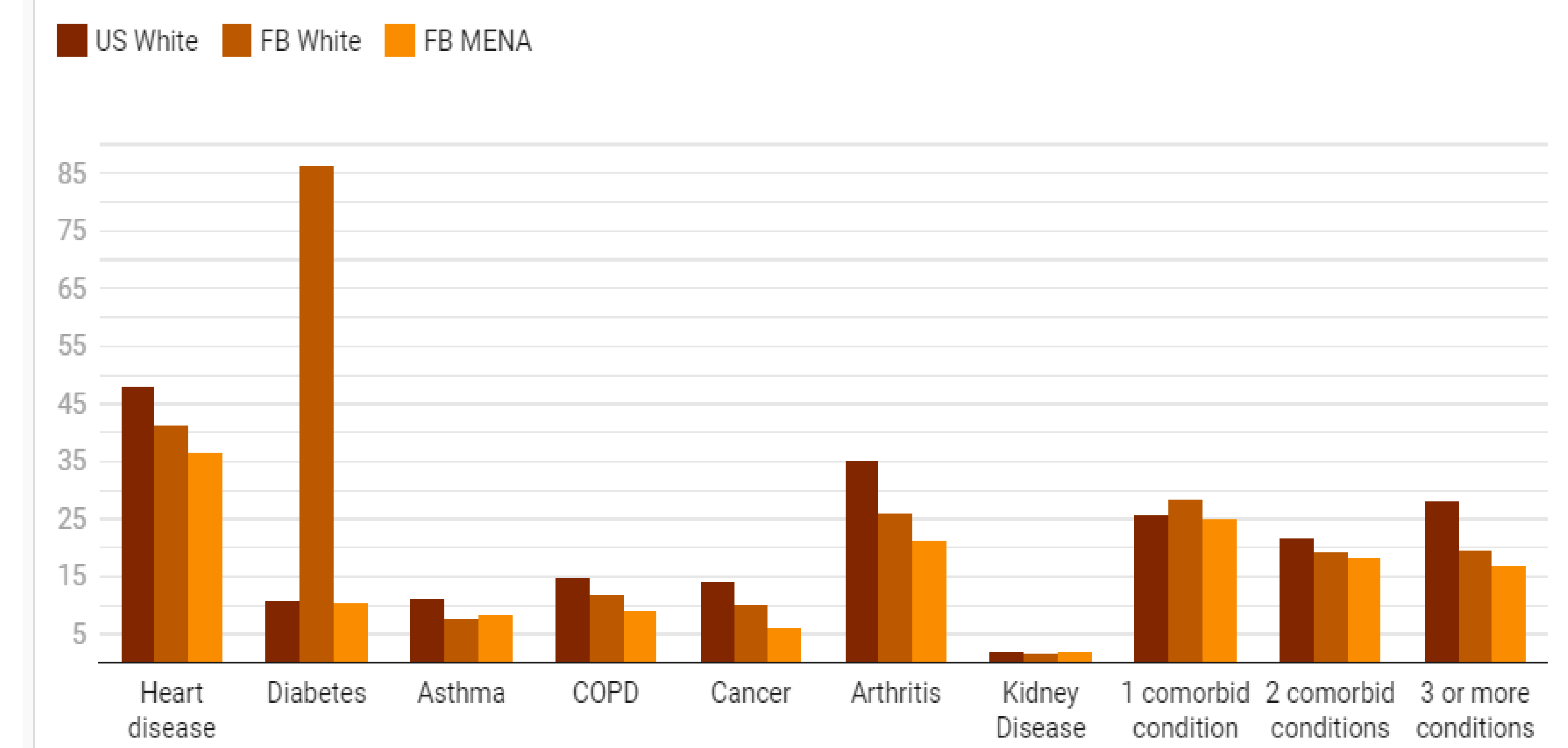
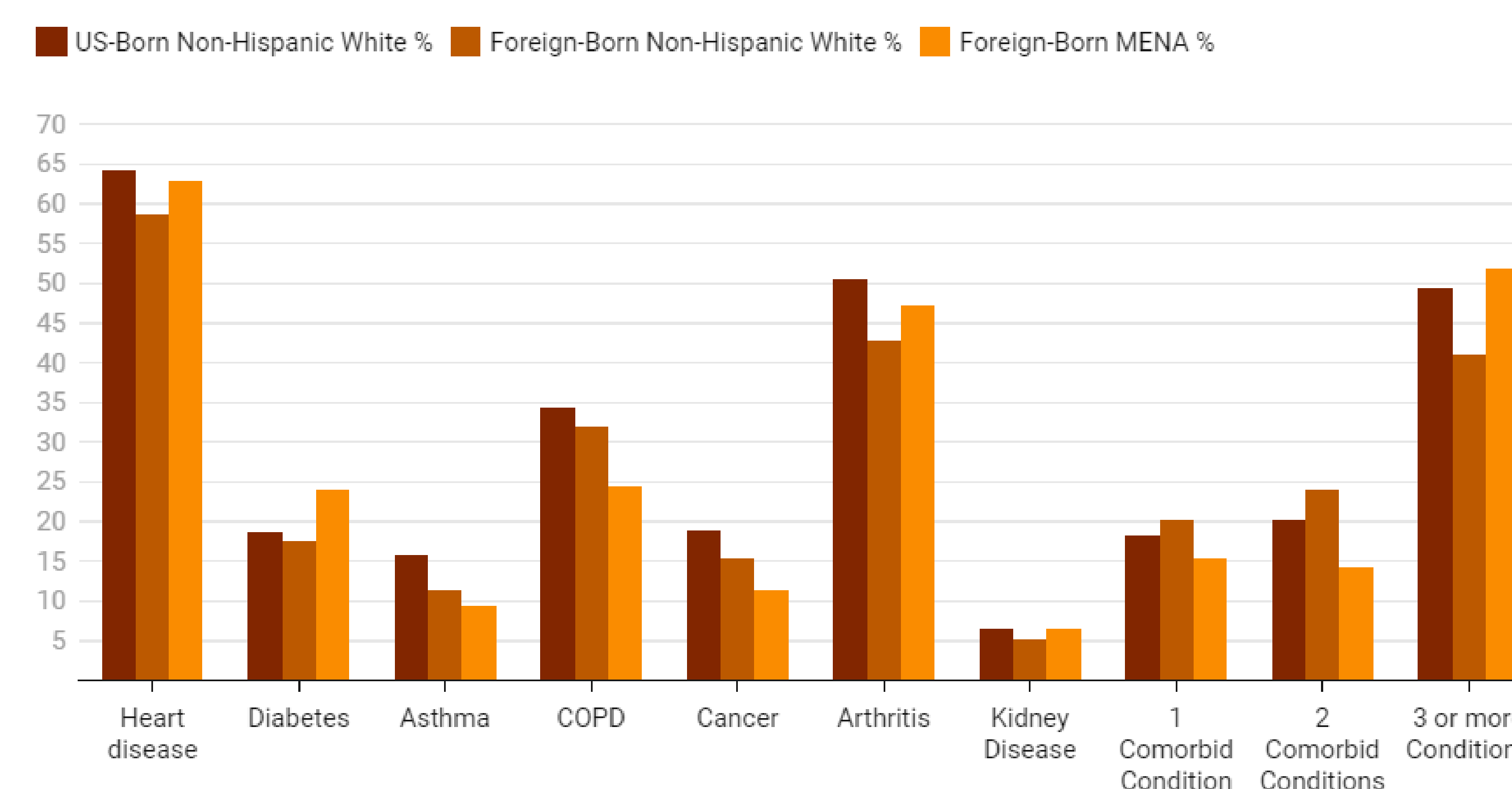


Figure 1 : Chronic Conditions of Adults Aged 45 years with Cognitive Impairment and Older by Nativity Status Among Non-Hispanic Whites.



Discussion

- More comorbid conditions were associated with cognitive impairment amongst all populations who reported within the survey.
- Individuals **with cognitive impairment** reported a higher significance of having heart disease, diabetes, asthma, COPD, cancer, arthritis, and kidney diseases.
- In **every ethnicity group**, people with cognitive impairment were more likely to have at least 3 comorbid conditions than adults without cognitive impairment (49.41 % vs. 27.97% for the US-born White population; 41.05% vs. 19.50% for the foreign-Born white population; 51.73% vs. 16.98% for the MENA population).
- The US-born White population indicated a higher rate of comorbid conditions with cognitive impairment compared to other Whites. This means that health professionals will have to investigate whether their older patients' cognitive abilities become impaired alongside co-existing comorbid conditions.