



RESEARCH BRIEF #62

January 18, 2022

Latinos Report Higher Rates of Cognitive Impairment than U.S.-Born Whites, But Rates Vary Between Latino Subgroups

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Cognitive impairment, or having trouble with cognitive functions such as thinking, reasoning, memory, or attention, is a major public health issue that affects older adults' quality of life and independence.¹ Among older adults, Latinos living in the U.S. have higher rates of cognitive impairment than U.S.-born Whites,² but we know little about how rates of cognitive impairment vary across Latinos from different origin countries. There are substantial differences between Latino subgroups in terms of poverty, educational attainment, chronic health conditions, migration patterns, and other risk factors based on nativity status (U.S.-born vs. foreign-born) and country of origin.^{3,4} These differences may result in a higher risk of cognitive impairment for some Latino subgroups compared to others.⁵

This brief summarizes the results of our recent study published in *Innovation in Aging*.⁶ We used data from the 1997-2018 National Health Interview Survey to assess differences in the prevalence and age patterns of self-reported cognitive impairment between Latinos aged 60 and older living in the U.S. and U.S.-born non-Latino Whites, and within Latino subgroups (U.S.-born Mexicans, foreign-born Mexicans, island-born Puerto Ricans, and foreign-born Cubans).

KEY FINDINGS

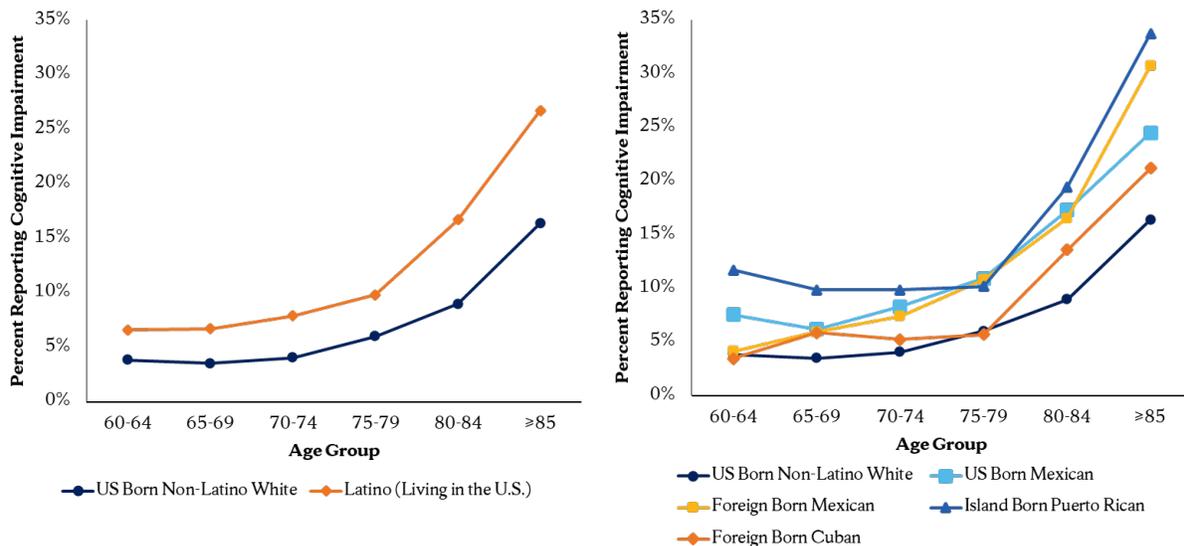
- Between 1997 and 2018, rates of self-reported cognitive impairment increased from 6% to 7.1%.
- Cognitive impairment rates increased for both U.S.-born Whites and for Latinos living in the U.S.
- All Latino subgroups (U.S.-born Mexicans, foreign-born Mexicans, island-born Puerto Ricans, and foreign-born Cubans) reported higher rates of cognitive impairment than U.S.-born Whites.
- Rates of self-reported cognitive impairment differed significantly between U.S.-born Mexicans, foreign-born Mexicans, island-born Puerto Ricans, and foreign-born Cubans.
- Public health practitioners should support culturally relevant programs aimed at promoting healthy cognitive aging among older Latino subgroups.

Cognitive Impairment is More Common among Older Latinos than Older U.S.-Born Whites

Overall, rates of self-reported cognitive impairment in the United States increased from 6% in 1997 to 7.1% in 2018. Though cognitive impairment increased with age for all groups in the study, the increase was particularly stark after age 80 for U.S.-born Whites and all Latino subgroups.

We found large differences in rates of self-reported cognitive impairment between U.S. Latinos compared to U.S.-born Whites and across different Latino subgroups. Across all age groups, U.S.-born Whites had lower rates of self-reported cognitive impairment than Latinos (see Figure 1). After accounting for known social and health risk factors, Latinos remained 59% more likely to report cognitive impairment than U.S.-born Whites.

In addition, U.S.-born Mexicans, foreign-born Mexicans, foreign-born Cubans, and island-born Puerto Ricans reported significantly higher levels of cognitive impairment than U.S.-born Whites, but rates across these Latino subgroups varied significantly. Notably, rates of cognitive impairment increased more with age for island-born Puerto Ricans and foreign-born Mexicans compared to U.S.-born Whites. In addition, rates increased more over the study period for U.S.-born and foreign-born Mexicans compared to U.S.-born Whites.



Data Source: National Health Interview Survey (NHIS), 1997-2018

Cognitive Health Policy and Prevention Must Include Older Latinos and Account for Differences across Latino Subgroups

Latinos are the largest racial/ethnic group in the United States. Reducing their disproportionate risk of cognitive impairment is an urgent public health priority to move towards health equity. Our findings highlight the need for policymakers to understand the growing diversity within the older Latino

population to address disparities in cognitive impairment.

Public health policies and health care practices must consider the unique lived experiences of different Latino subgroups when attempting to prevent and treat cognitive impairment. This includes supporting the development and implementation of data-driven and culturally relevant cognitive health treatments for older Latino subgroups.⁷ The trends and Latino subgroup differences identified here should be used to inform public health efforts to minimize the expected burden of Alzheimer's disease and related dementias as the U.S. population grows older and increasingly diverse.

Data and Methods

We used data from the 1997-2018 U.S. National Health Interview Survey (NHIS) and restricted our analyses to a sample of 139,225 U.S.-born non-Latino Whites (n=126,921), U.S.-born Mexicans (n=4,716), foreign-born Mexicans (3,802), island-born Puerto Ricans (1,779), and foreign-born Cubans (n=2,007) aged 60 and older. Full details about study methods are included in the peer-reviewed [article](#).

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Acknowledgments

The authors acknowledge David Warner, Brian Downer, and Mukaila Raji for their contributions to the peer-reviewed article summarized in this brief. We also acknowledge Shannon Monnat and Alexandra Punch for edits and feedback on a previous version of this brief.

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