

Session 1295 (Symposium)

STRESS, COGNITION, AND MINORITY HEALTH

Chair: Toni Antonucci

Co-Chair: Laura Zahodne

Discussant: Melissa Gerald

This symposium examines the many factors influencing cognition and health among ethnically and racially diverse groups. Kindratt et al. use representative, national data to examine cognitive limitations and diabetes among foreign born Non-Hispanic Whites, Blacks, Hispanics, Asians and Arab Americans. Results indicate that prevalence of cognitive limitations was highest among non-Hispanic Whites and Arab-Americans, lowest among Blacks and Asians. Diminich et al. investigate the association of stressors and metabolic risk factors with cognitive/emotional functioning in a population of Hispanic/Latina(o) immigrants. They find a link between components of metabolic syndrome that are associated with domain specific deficits in cognition. These impairments are linked to posttraumatic stress, immigration related trauma and emotional health and wellbeing. Arevalo et al. examine cross-sectional and prospective associations of sleep duration and insomnia symptoms with measures of cognitive functioning among older Latinos from Puerto Rican ancestry with a longitudinal sample of older adults from the Boston Puerto Rican Health Study. Findings indicate that hours of sleep and insomnia symptoms are significantly associated with a number of global and specific cognitive factors. Finally, Munoz and colleagues, using a regional racially and ethnically diverse sample of people living in a large northeastern city, identified four stress profiles. These profiles (which focus on different types of stress) were differentially associated with working memory performance. In sum, these four papers document the experiences of stress and their association with cognitive functioning in diverse minority groups each of whom are disproportionately at risk for ADRD/RD. Gerald, from NIA, will serve as discussant.

DISPARITIES IN COGNITION AMONG U.S. AND FOREIGN-BORN MINORITY POPULATIONS WITH AND WITHOUT DIABETES

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Adults with cognitive limitations and diabetes may be less able to adhere to treatment recommendations. Our aims were to: 1) estimate and compare the prevalence of cognitive limitations and diabetes among foreign-born non-Hispanic whites, blacks, Hispanics, Asians, and Arab Americans to US-born non-Hispanic whites; and 2) examine associations after controlling for covariates. We linked 2002-2016 National Health Interview Survey and 2003-2017 Medical Expenditure Panel Survey data (ages ≥ 45 years, $n=122,898$). The prevalence of cognitive limitations was highest among foreign-born non-Hispanic whites (9.71%) and Arab Americans (9.40%) and lowest among foreign-born blacks

(5.19%). Foreign-born non-Hispanic whites had higher odds (OR=1.36; 95% CI=1.05-1.49) of cognitive limitations than their US-born counterparts. Foreign-born Hispanics with diabetes had greater odds of cognitive limitations (OR=1.91; 95% CI=1.63, 2.24) compared to US-born non-Hispanic whites. Additional findings will be discussed focused on stressors that may contribute to cognition disparities using the immigrant health paradox framework.

SLEEP AND COGNITION: RESULTS FROM A LONGITUDINAL COHORT OF OLDER PUERTO RICAN ADULTS

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We examined cross-sectional and prospective associations of sleep duration and insomnia symptoms with measures of cognitive function among older adults aged 45-75 y from the Boston Puerto Rican Health Study, a longitudinal cohort of 1500 participants of Puerto Rican ancestry. We found, statistically significant cross-sectional associations of sleep duration (hours) and an executive function domain before ($F=6.20$; $\text{Prob}>F=0.0001$) and after ($F=2.33$; $\text{Prob}>F=0.05$) controlling for covariates (age, sex, education, smoking, drinking, mental and health conditions and medication use); between sleep duration and global cognition before ($F=5.38$; $\text{Prob}>F=0.0003$) and a trend after controlling for covariates ($F=2.20$; $\text{Prob}>F=0.0669$). In longitudinal associations, sleep duration (time2) was significantly associated with global condition at time3 ($F=2.42$; $\text{Prob}>F=0.0475$) after controlling for time2 global cognition. In conclusion, we found hours of sleep and insomnia symptoms significantly associated with various cognitive factors. A public health focus on sleep hygiene may improve cognitive health outcomes in older Puerto Rican adults.

IMMIGRATION-RELATED TRAUMA ASSOCIATED WITH METABOLIC RISK AND COGNITION IN HISPANIC AND LATINO IMMIGRANT POPULATIONS

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Recent immigrant and undocumented Hispanic/Latino adults in the United States (U.S.) are an underserved segment of the aging population. In this cross-sectional pilot study, we examined associations between self-reported stressors metabolic syndrome, emotional reactivity, and cognitive functioning in a heterogeneous sample ($N=80$) of Hispanic/Latino adults (43.8% Central America; 43.8% South America; 7.5% Caribbean; mean years in the U.S.=18.1, $SD=12.8$). Participants (Meducation=10.2 years, $SD=5.34$; Mage=48.6 years, $SD=12.3$) underwent blood draw, anthropometrics and NIH-toolbox cognitive and behavioral measures. Linear regressions indicated that, elevated glucose was inversely associated with working memory ($r=-.30$), whereas higher HDL and controlled