

Unique, but Not Interactive, Effects of Adverse Childhood Experiences and Race on Cognitive Decline

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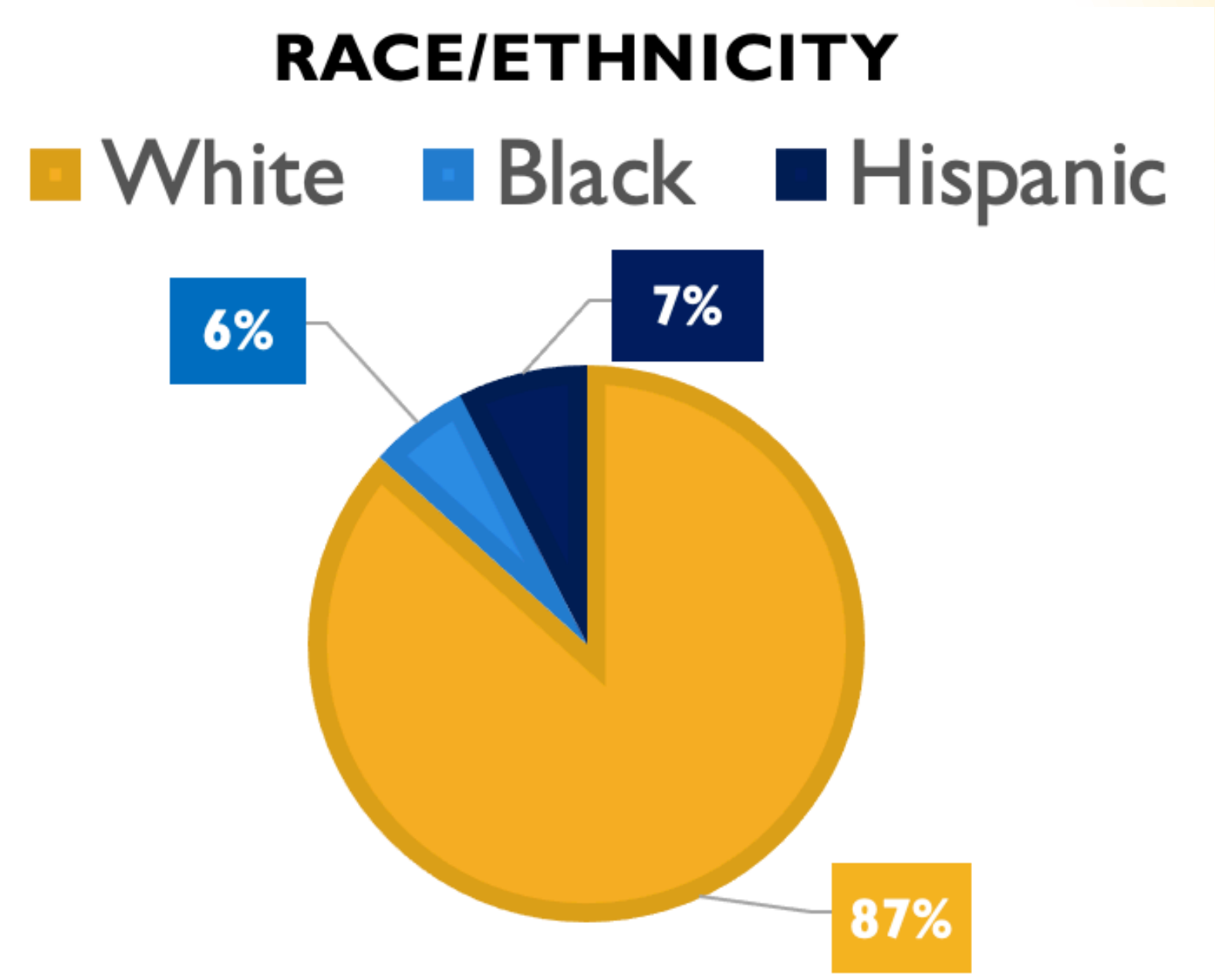
BACKGROUND

- ❖ Across the United States, there has been a rapid growth in population among older adults, along with different racial and ethnic backgrounds (Vega et al., 2015).
- ❖ Along with race/ethnicity, the effects of **Adverse Childhood Experiences (ACEs)** may persist, influencing cognitive decline in late life.
- ❖ **Subjective Cognitive Decline (SCD)** is defined as a self-report where one determines persistent or exacerbated memory loss or confusion (“Subjective Cognitive,” 2019).
- ❖ **ACEs** are traumatic events in childhood that occur before the age of 18 and share similar risk factors with neurodegenerative disorders, such as dementia (Lor et al., 2023).

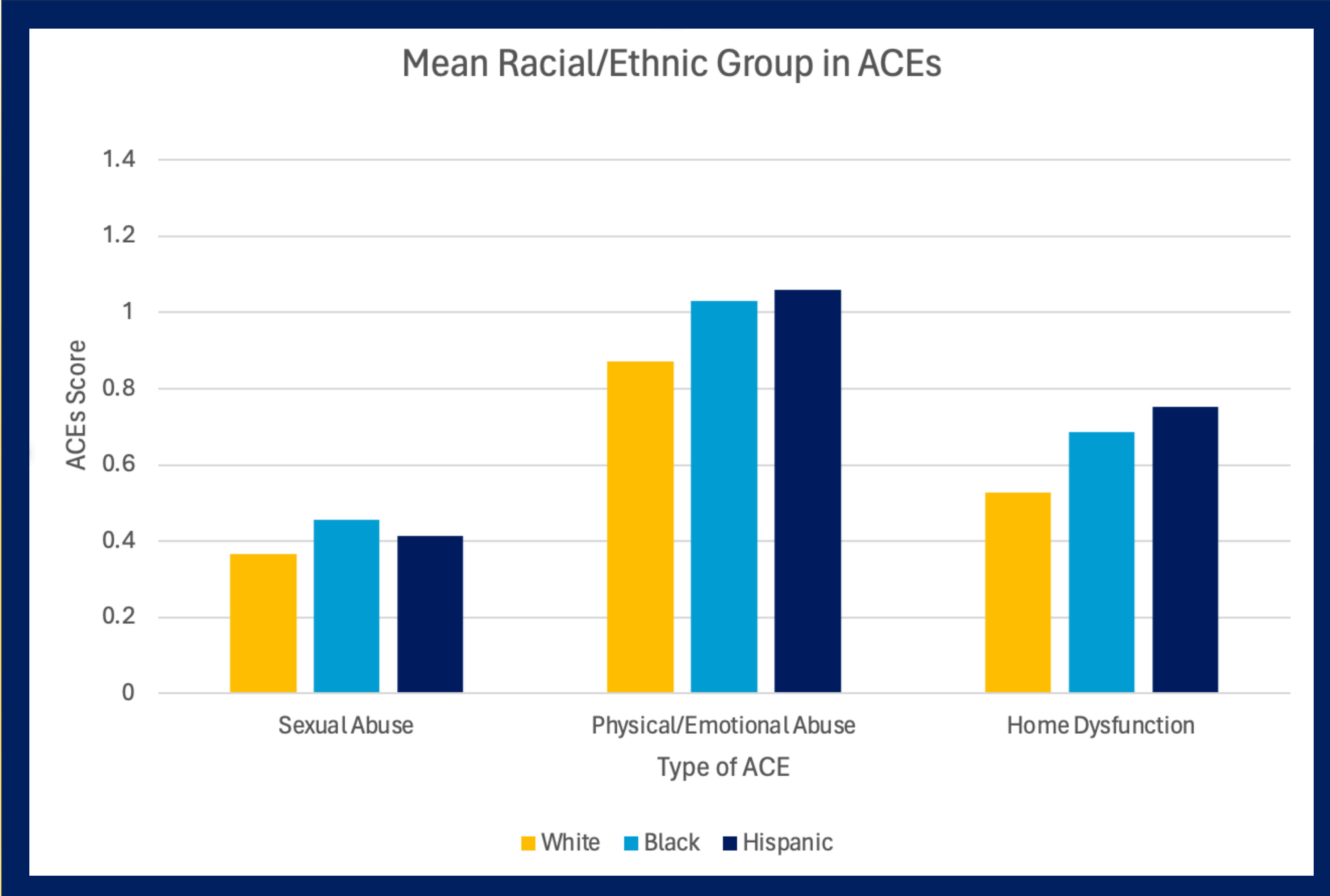
METHODS

- ❖ The current study used the **2020 Behavioral Risk Factor Surveillance System (BRFSS)**.
- ❖ The data examined **1,916** adults (M age ~ 67).
- ❖ Between **25% to 56.6%** of the sample reported some form of each ACE.
- ❖ A total of **9 moderated regression analysis** were run in which the effects of **race** on the relation among **3 ACEs** to **cognitive decline** were examined.
- ❖ The forms of ACEs used in this study include:
 - Sexual
 - Physical & Emotional abuse
 - Dysfunctional Home

DEMOGRAPHICS



Race/Ethnicity	N
White	1661
Black	112
Hispanic	143



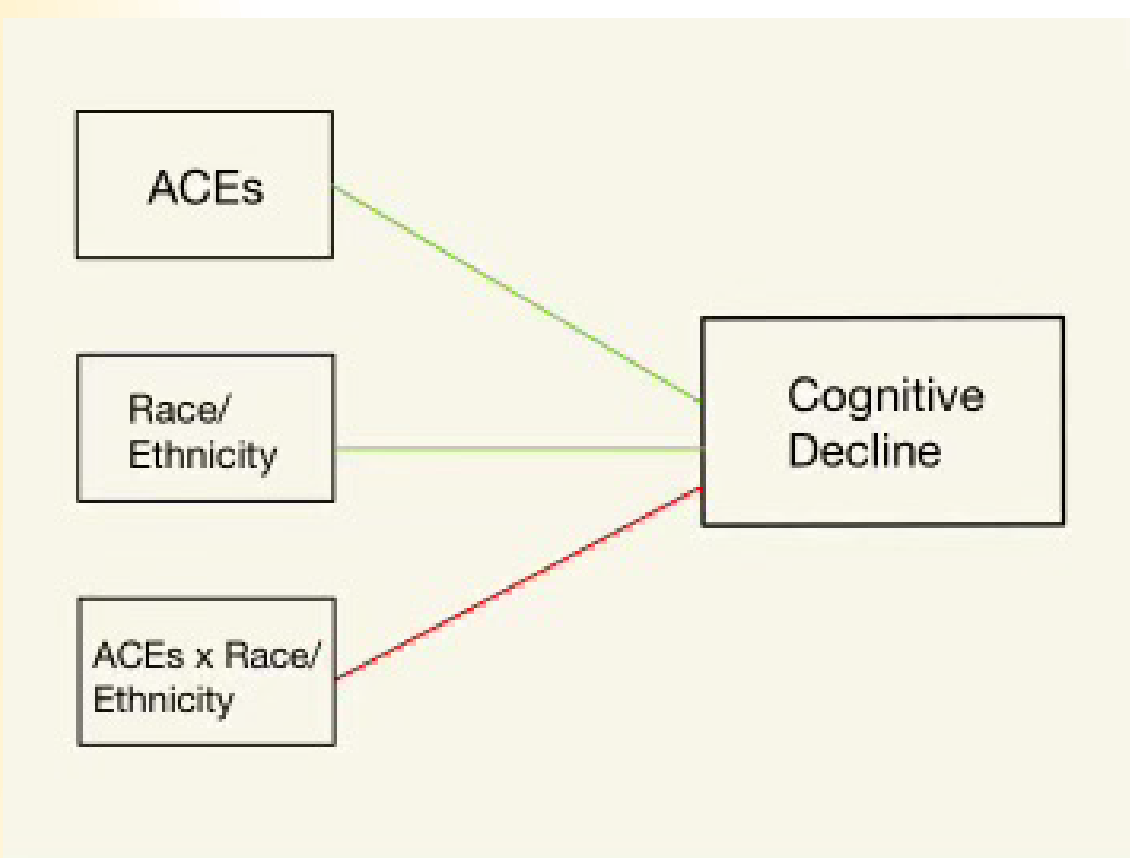
ACEs, but not race, consistently influence cognitive decline.

RESULTS

X Variable	b (x variable)	Race/Ethnic moderator	b (mod)	b (interaction)	Interaction F (1, 2018)	Model F (3, 2018)	Model R ²
Sexual	.156 (.066)	White	-1.033 (.187)	.036 (.073)	.23, p = .63	24.96***	.038
Physical	.205 (.051)	White	-.813 (.232)	-.042 (.058)	.51, p = .47	28.12***	.043
Home	.352 (.112)	White	-.997 (.224)	.062 (.128)	.23, p = .63	29.76***	.045
Sexual	.192 (.031)	Hispanic	1.419 (.291)	-.160 (.105)	2.32, p = .13	21.42***	.033
Physical	.170 (.026)	Hispanic	.960 (.373)	.055 (.086)	.409, p = .523	24.21***	.037
Home	.410 (.058)	Hispanic	1.246 (.360)	-.102 (.182)	.316, p = .574	25.64***	.039
Sexual	.178 (.030)	Black	.429 (.335)	.115 (.125)	.83, p = .36	14.74***	.023
Physical	.174 (.026)	Black	.250 (.415)	.089 (.099)	.81, p = .37	19.05***	.029
Home	.403 (.057)	Black	.242 (.429)	.117 (.213)	.30, p = .58	20.19***	.031

Notes: *** p < .001; bolded beta weights p < .05 + Model df F (3, 1901) and Interaction F (1, 1901)

- ❖ The table above displays the current study’s findings. Race/ethnicity only significantly influence cognitive decline in Non-Whites and Hispanics, but not in those who identify as Black. However, each of the three ACEs always influence cognitive decline.



- ❖ The figure above simplifies the significant relationship between cognitive decline with ACEs and race/ethnicity, individually. The insignificant relationship between cognitive decline and ACEs with race/ethnicity, interactively, is also displayed.

DISCUSSION

- ❖ In terms of cognitive decline, the current study demonstrates that individually, race/ethnicity (Non-Whites and Hispanics) and each of the three types of ACEs, impact cognitive decline in later life.
- ❖ However, race/ethnicity and type of ACE, **do not** interact **together** to influence cognitive decline.
- ❖ It is important to examine areas in which race does and does not serve as a moderator of health disparities. Thus, future research may further investigate the independent and dependent relations of being a part of a minority group with individualized health dispositions.
- ❖ Race/ethnicity itself is not causal and cognitive decline may differ among races due to unique factors such as systemic racism, limited access to medical care, or other limitations. Future research may focus on further investigating these influential differences.

For further questions, email Ana Jimenez-Tadlock at acj00007@mix.wvu.edu

REFERENCES:



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