



# Moving towards Precision Public Health for Minority Health and Health Disparities Research

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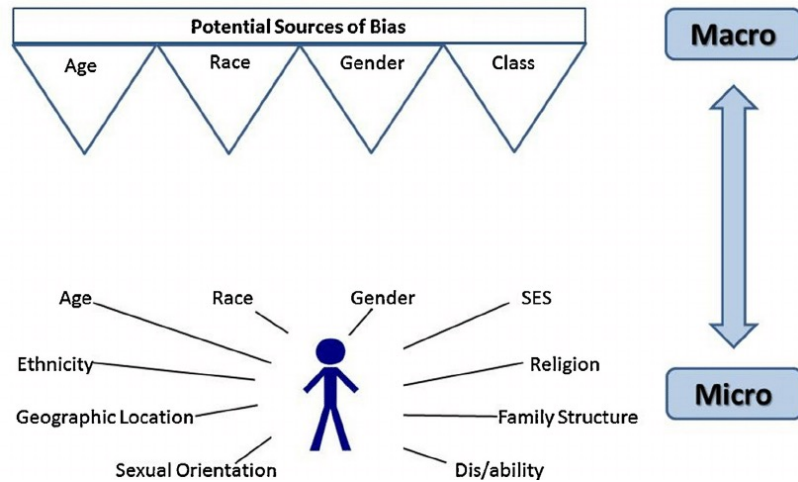


National Institute  
on Aging

# Outline

- Precision medicine, Precision Public Health and Health Disparities Framework.
- Overview of Division of Neuroscience
- Support research and research infrastructure

# Factors Influencing AD/ADRD Risk/Resilience



## Co-morbidities:

- Familial (genetics)
- Down Syndrome
- Co-morbidities (CVD, HIV-status, oral frailty, etc. )

## Ecosystems

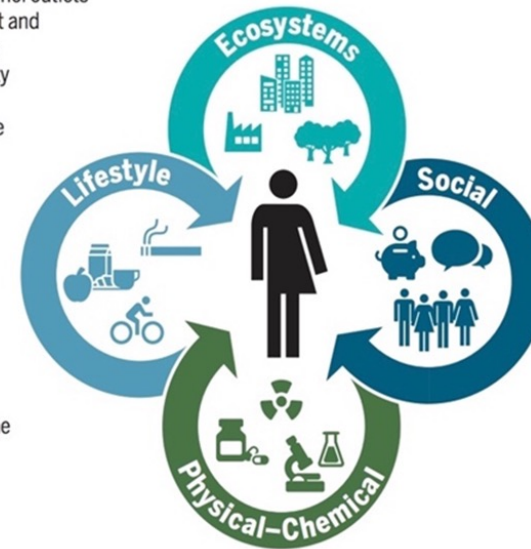
Food outlets, alcohol outlets  
Built environment and urban land uses  
Population density  
Walkability  
Green/blue space

## Lifestyle

Physical activity  
Sleep behavior  
Diet  
Drug use  
Smoking  
Alcohol use

## Social

Household income  
Inequality  
Social capital  
Social networks  
Cultural norms  
Cultural capital  
Psychological and mental stress



## Physical-Chemical

Temperature/humidity  
Electromagnetic fields  
Ambient light  
Odor and noise  
Point, line sources, e.g. factories, ports  
Outdoor and indoor air pollution  
Agricultural activities, livestock  
Pollen/mold/fungus  
Pesticides  
Fragrance products  
Flame retardants (PBDEs)  
Persistent organic pollutants  
Plastic and plasticizers  
Food contaminants  
Soil contaminants  
Drinking water contamination  
Groundwater contamination  
Surface water contamination  
Occupational exposures

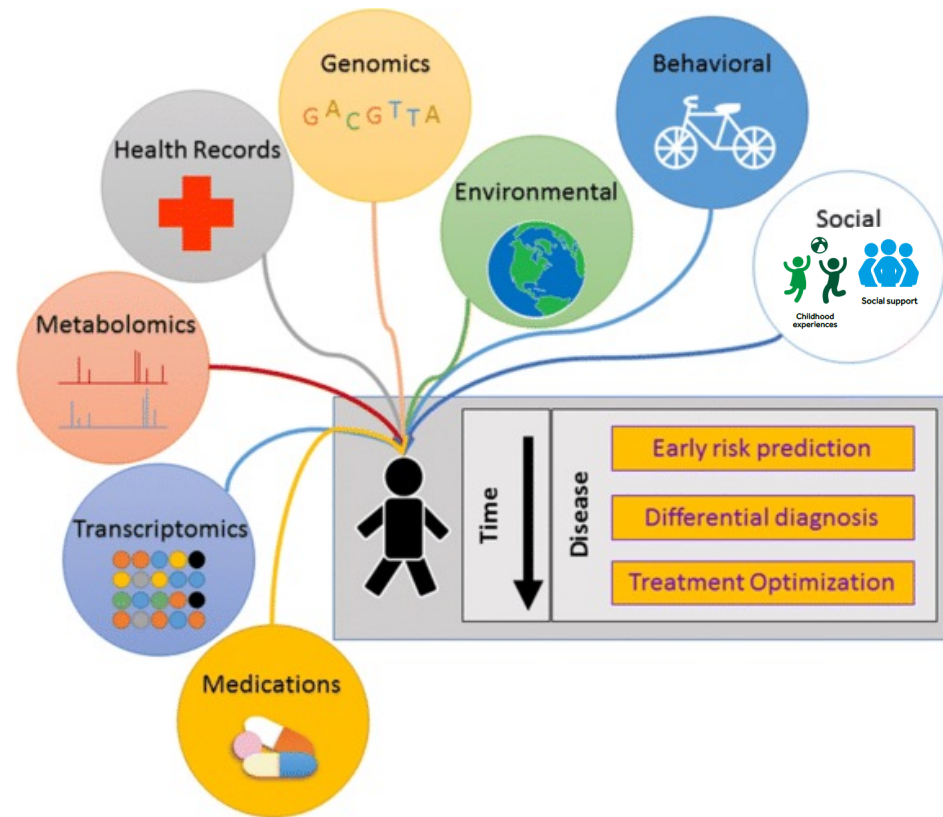
Vermeulen et al., Science, 367: 392-396, 2020.

Nadan et al., Child Abuse and Neglect, 41: 40 – 48, 2015

# Precision Medicine.

*"approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person"*

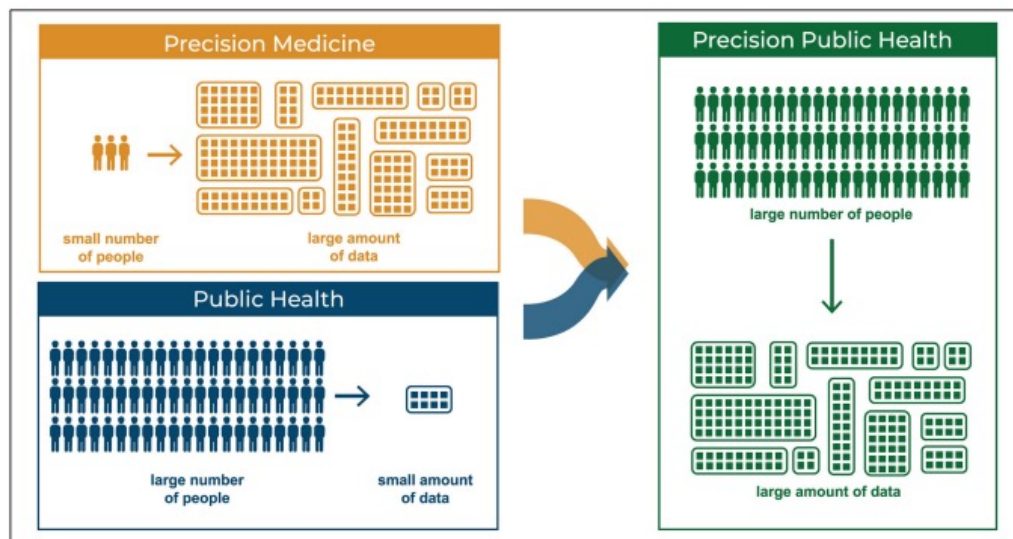
*NIH definition*



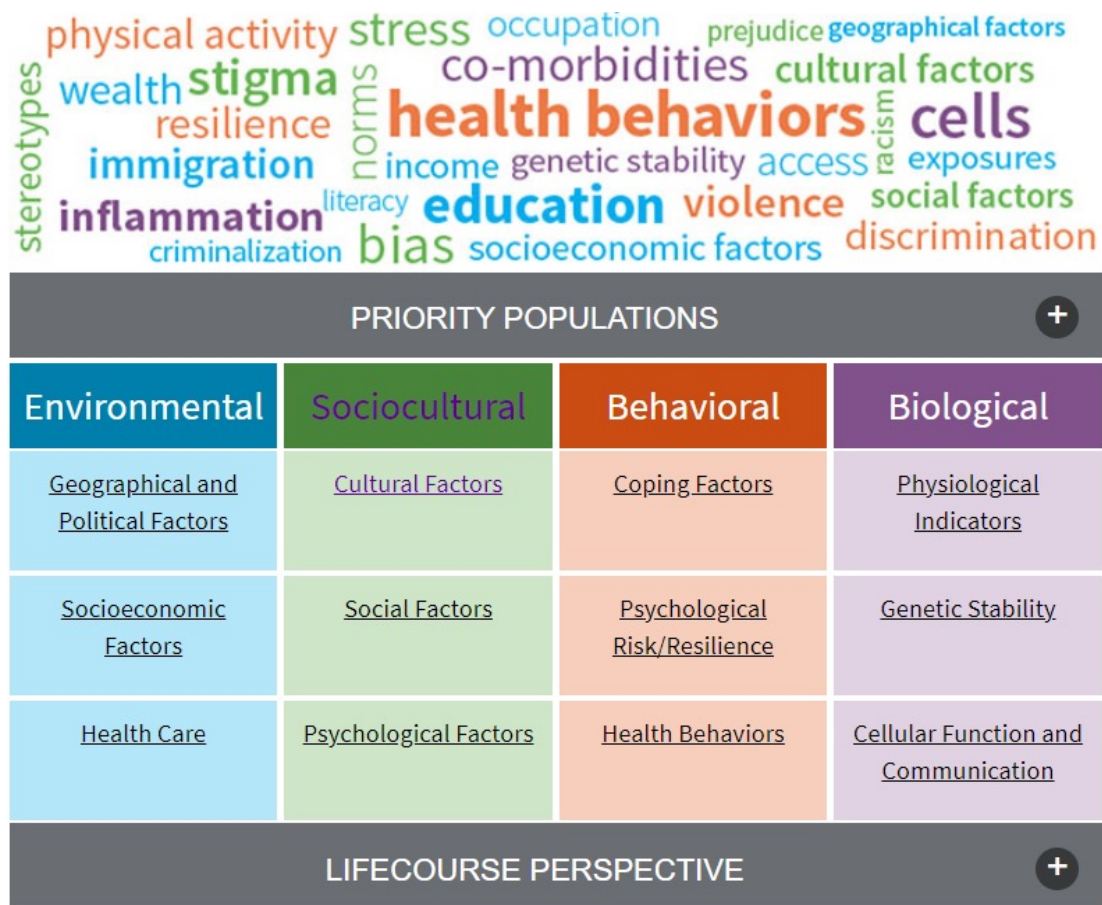
# Precision Public Health.

*"Delivering the right intervention at the right time, every time, to the right people"*

*Muin Khoury*



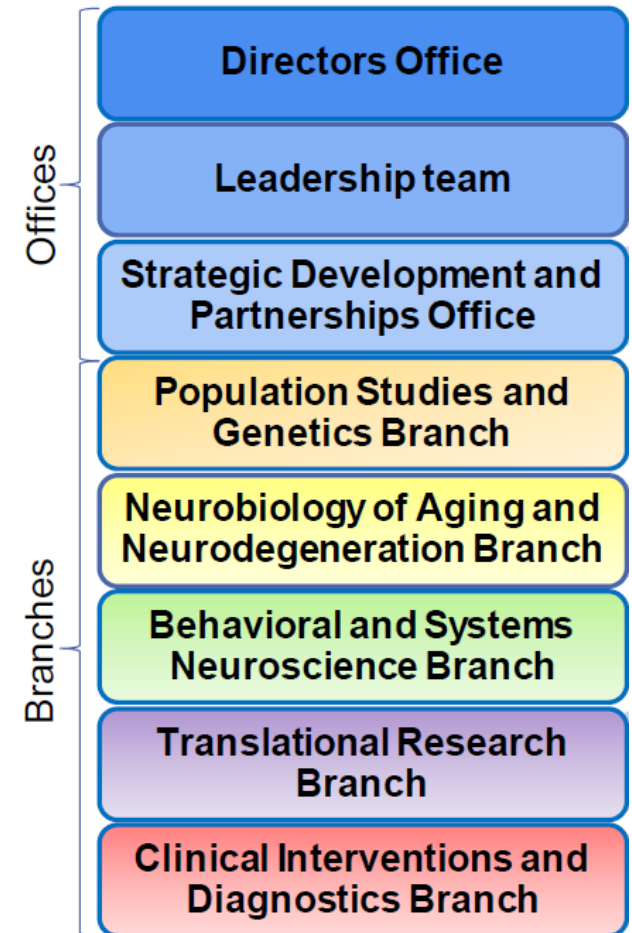
# NIA Health Disparities Framework.



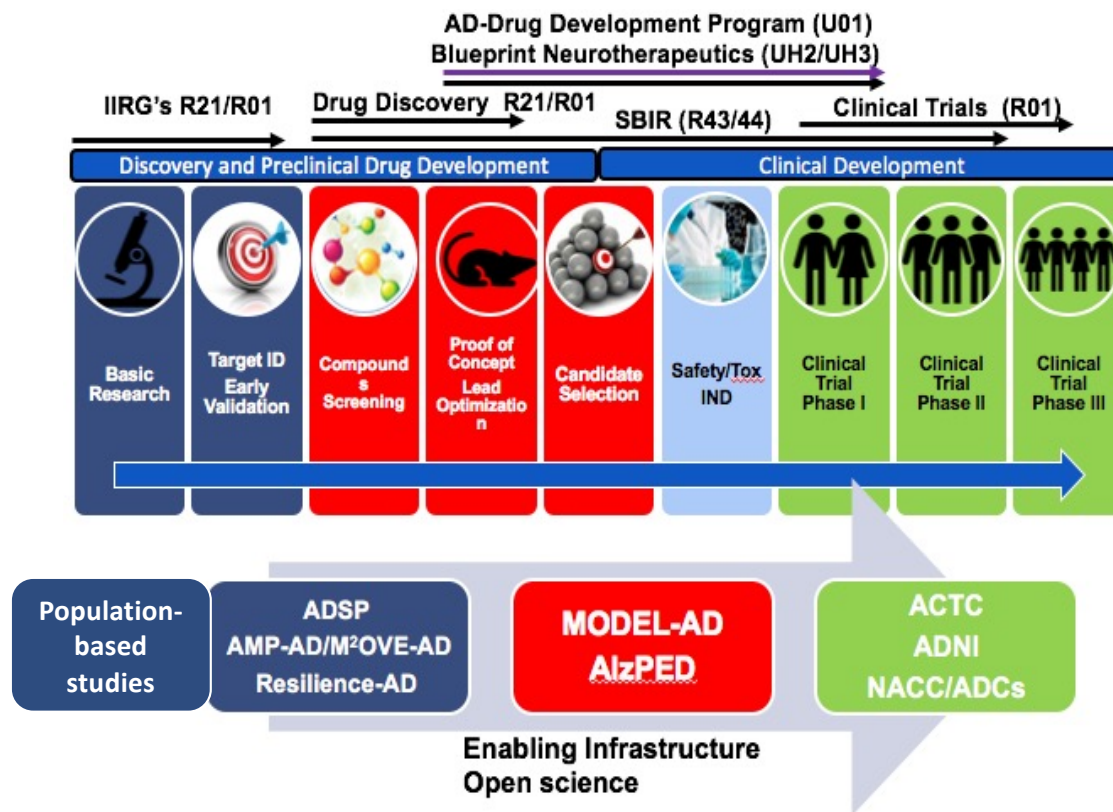
Hill CV et al., Ethnicity and Disease, 25: 245-254, 2015.

## Division of Neuroscience

- To advance research leading to better understanding of mechanisms of brain aging and Alzheimer's Disease and related dementias
- ***Minority Health, Health Disparities and Health Equity is cross-cutting.***
- DN develops and supports research infrastructure that allows precision public health approaches for minority health and health disparities research.



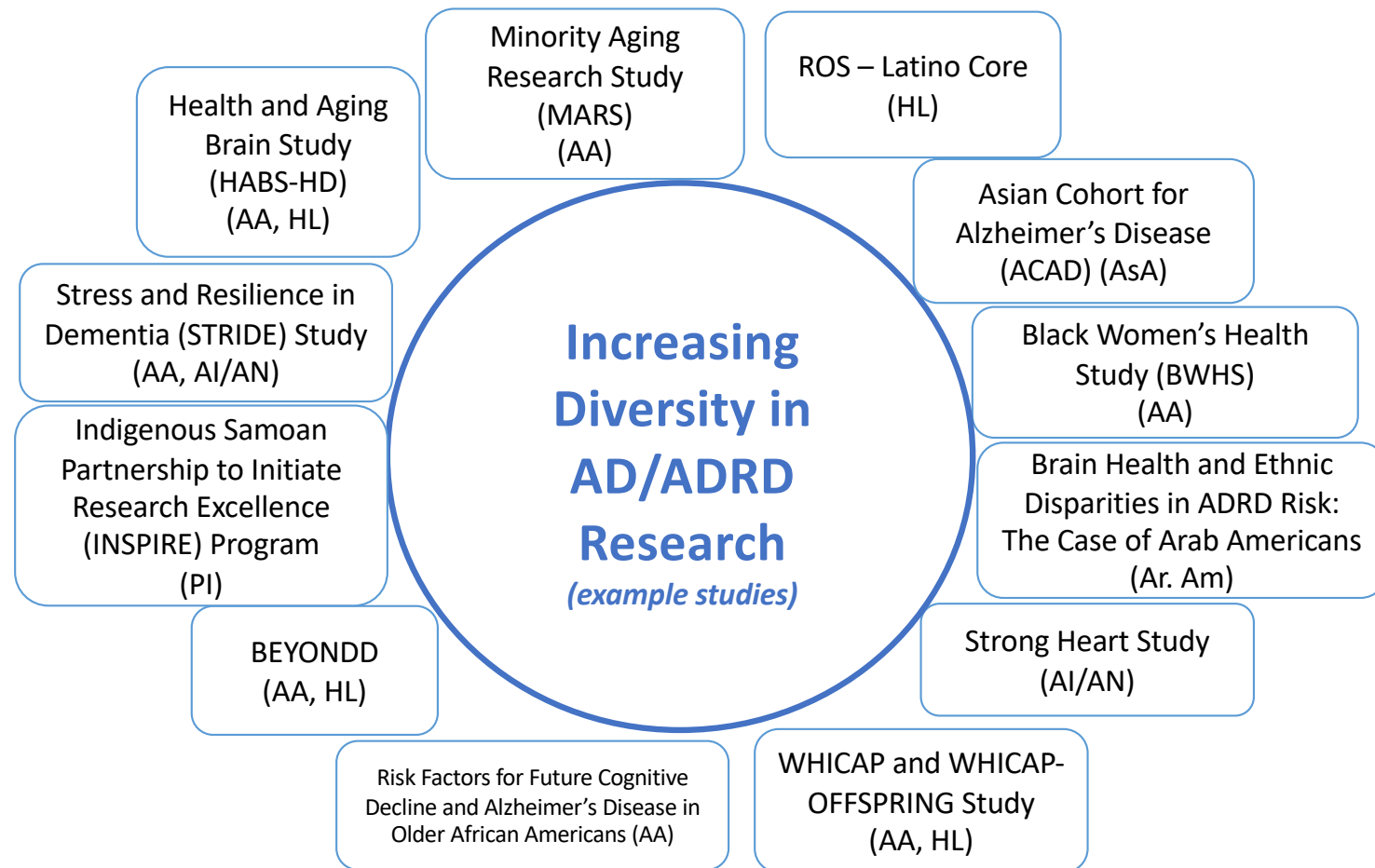
# NIA-AD programs from “bench to bedside”



Core principles: *data sharing, transparency, rigor in science*



## DN-supported research: Population-based studies

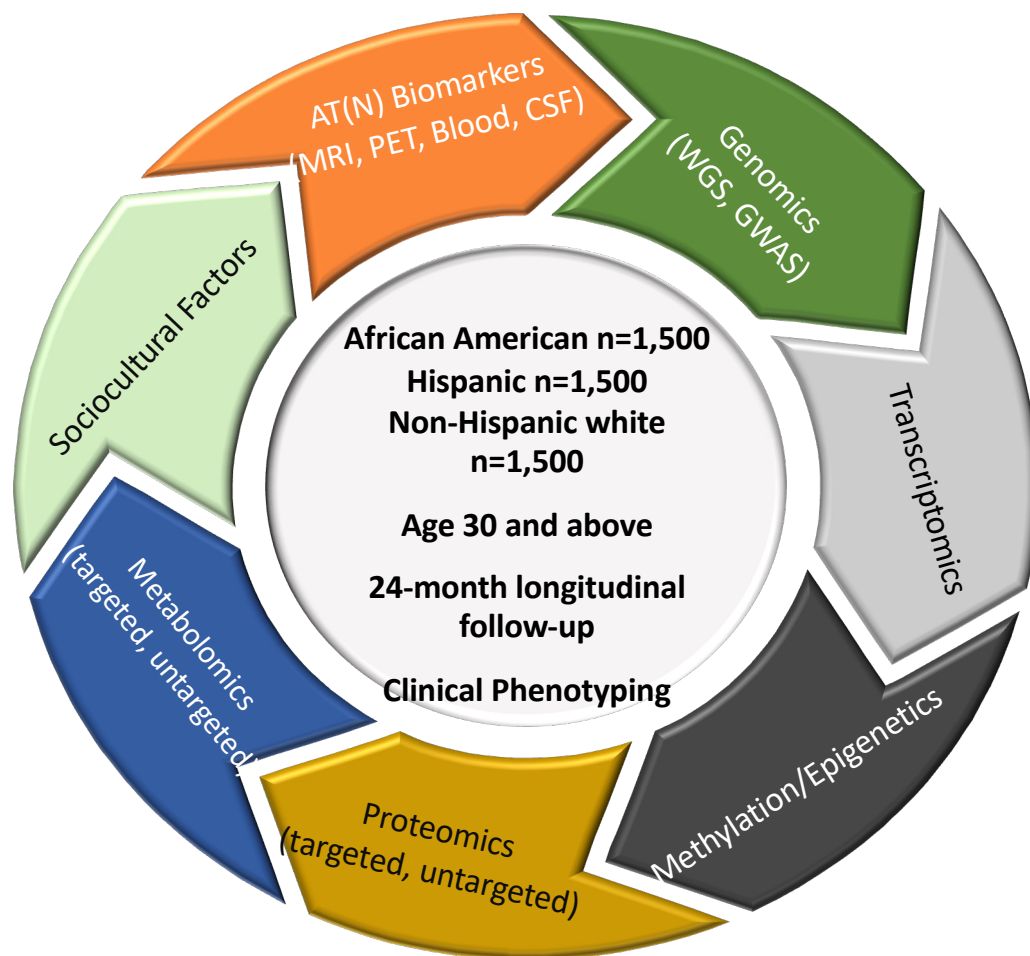


PI: O'Bryant, Sid



U19: The Health & Aging Brain Study - Health Disparities (HABS-HD)  
MPI: **O'Bryant**, Toga, Yaffe, Rissman, Johnson.

- 1,500 Mexican Americans (>1,000 enrolled)
- 1,500 Blacks/African Americans (>600 enrolled)
- 1,500 non-Hispanic whites (>1,000 enrolled)
- 24-month follow-up intervals (>1,000 V2 completed)
- Ages 30+ (enrollment of 1,500 age 30-49 to begin soon)
  
- HABS-HD data currently readily available



## RFA-AG-23-020: Building Infrastructure for Precision Medicine Research on Minority Health and Disparities in Alzheimer's Disease (AD) and AD-Related Dementias (UH2/UH3)

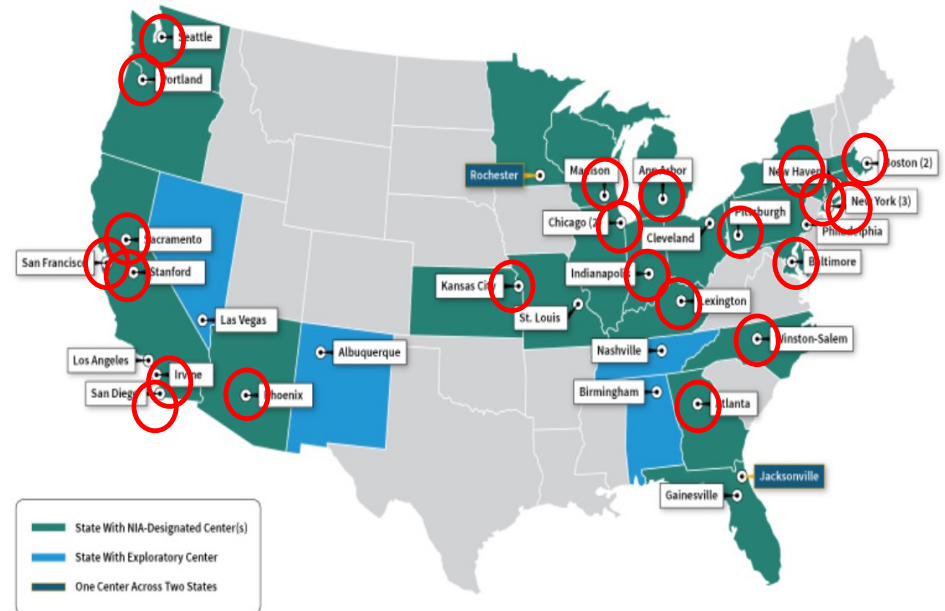
- Focus on ***understudied populations with AD/ADRD***.
- Develop or scale up ***research infrastructure*** and resources for studies of AD/ADRD in understudied populations.
- Bring together ***transformative, multi-disciplinary teams*** to address disparities in health outcomes, disease burden, and/or resilience among understudied populations with AD/ADRD.
- Pilot projects that incorporate ***multi-level assessments and approaches*** to elucidate intersecting behavioral, social, environmental, neural, and physiological pathways affecting or mitigating AD/ADRD outcomes in these populations.

# The Neighborhoods Study (MPI: Kind and Bendlin)

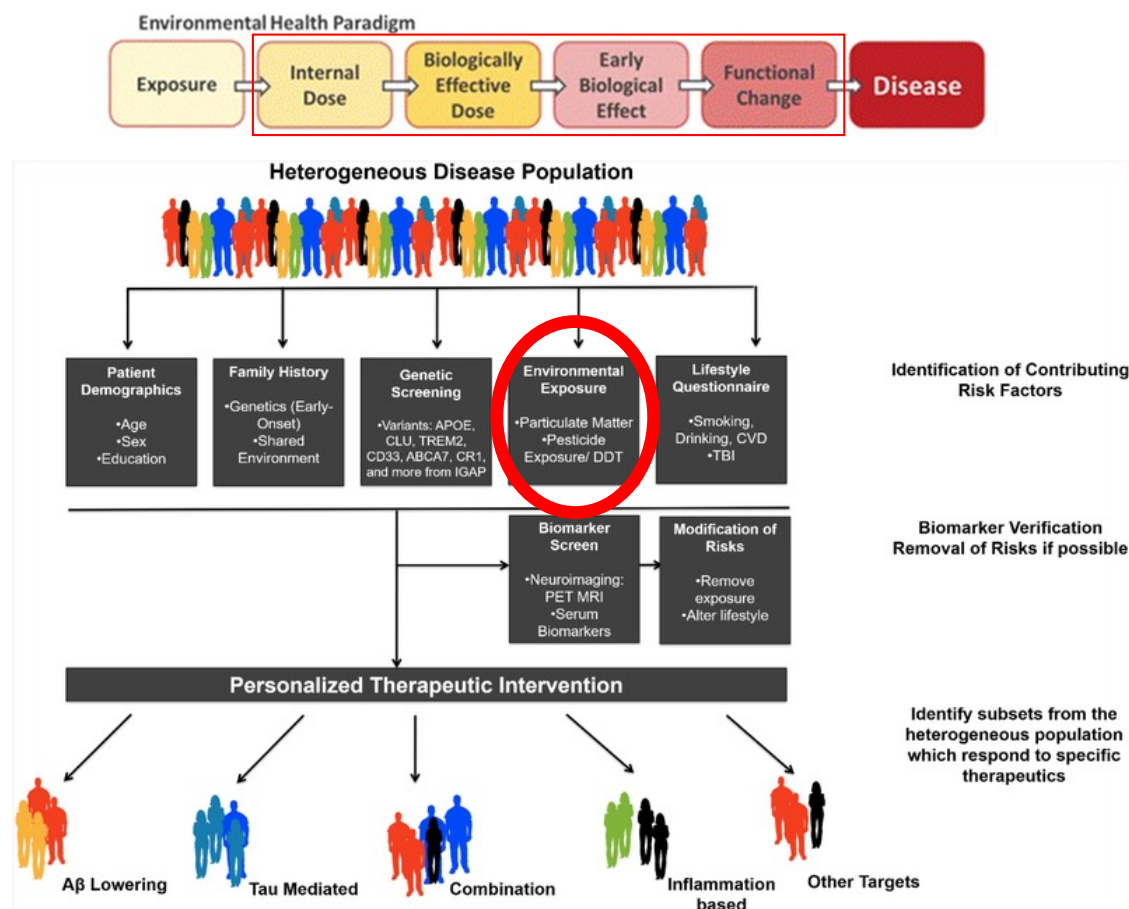
Multi-site initiative to examine the impact, mediators and moderators of life-course exposome on AD-specific pathologic features, vascular burden and cognitive decline.

- ADRC clinical core participants (n= 9,234)
- ADRC brain bank decedents (n= 10,469)

Includes 22 ADRCs across the US



## New RFA-AG24-022: Quantifying the Impact of Environmental Toxicants on AD/ADRD Risk in Cohort Studies



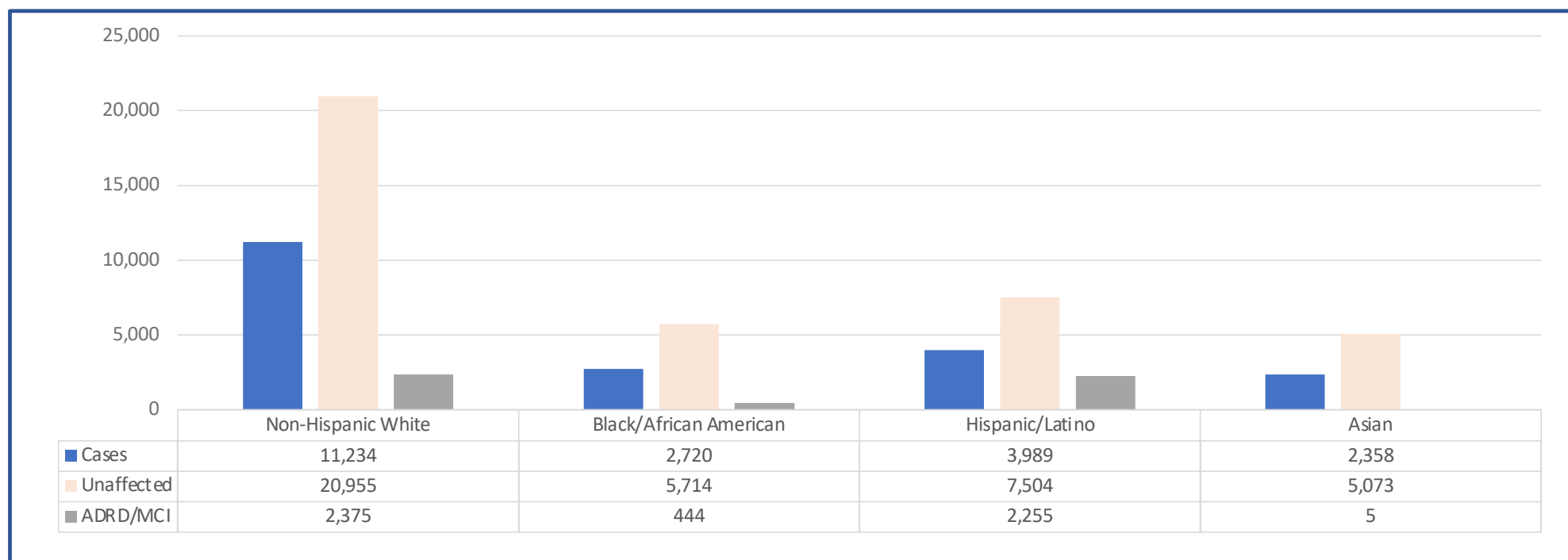
Quantifying toxicants in biological samples

Enrich existing longitudinal cohorts with:

1. Measures of exposures to individual toxicants or combinations of toxicants
2. Multi-omic molecular profiling that reflects the body's response to exposure(s).


# Alzheimer's Sequencing Disease Project (ADSP)

## Currently Funded WGS by Race/ethnicity (thru 2023)



 Cases

 Unaffected

 Other Dementia/  
Mild Cognitive Impairment (MCI)

## AMP AD 1.0 Biomarkers in Clinical Trials Project

AMP AD 1.0 Project A supplemented the NIA-supported secondary prevention trials (A4 & DIAN-TU) testing several anti-amyloid therapies with tau PET imaging (AV1451).

**A4 Trial:** One of the largest collections of longitudinal Tau PET in the world (>1,000 scans to date). The first trial ever to make screening data and biosamples available prior to trial completion (GWAS data, plasma samples, raw PET and MR imaging data made available via [LONI](#) within 12 months after enrollment)

- Over 600 data requests to date
- Multiple manuscripts published, many more in review, including several independent site papers:

Original Investigation | Neurology

July 6, 2021

### Disparities by Race and Ethnicity Among Adults Recruited for a Preclinical Alzheimer Disease Trial

Rema Raman, PhD<sup>1</sup>; Yakeel T. Quiroz, PhD<sup>2,3</sup>; Oliver Langford, MS<sup>1</sup>; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

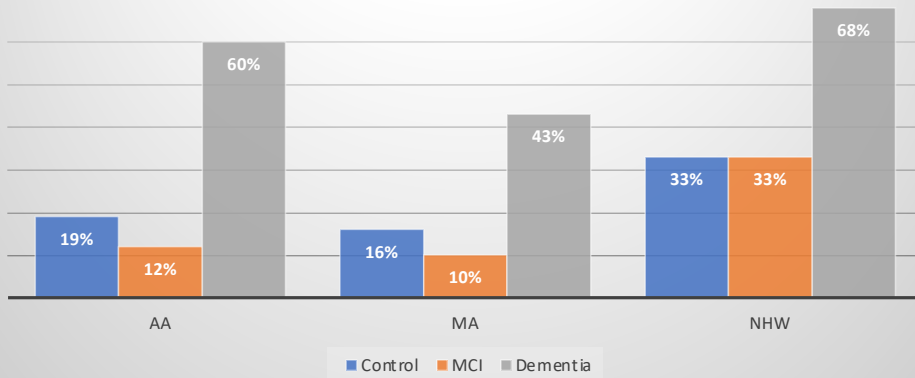
*JAMA Netw Open.* 2021;4(7):e2114364. doi:10.1001/jamanetworkopen.2021.14364



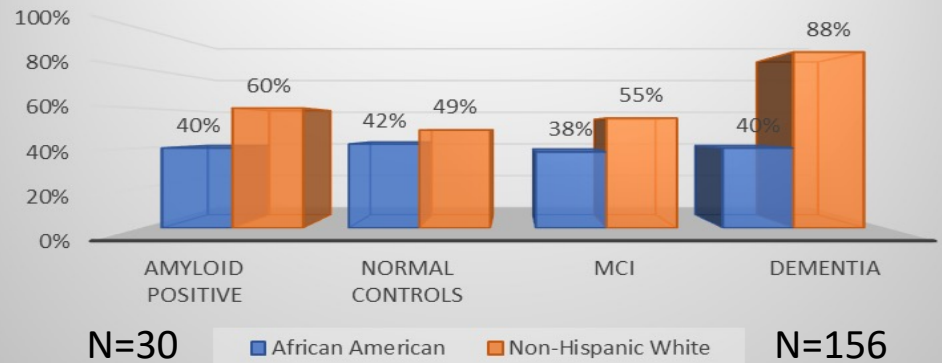
- ❖ Nearly 1/3 of participants were excluded based on screening results at screening visit 1 – most frequent: CDR (20.9%) and Logical Memory II scores (42.7%)
- ❖ Non-White participants were excluded more frequently than were White participants based on cognitive/clinical scores
- ❖ Among 3937 participants undergoing amyloid imaging, 69.0% were excluded because they did not demonstrate elevated amyloid
- ❖ Black and Asian participants were less likely to demonstrate elevated amyloid compared with White participants when controlling for covariates; Hispanic participants also showed a trend toward less frequently demonstrating elevated amyloid.

### HABS-HD Amyloid Positivity Rates

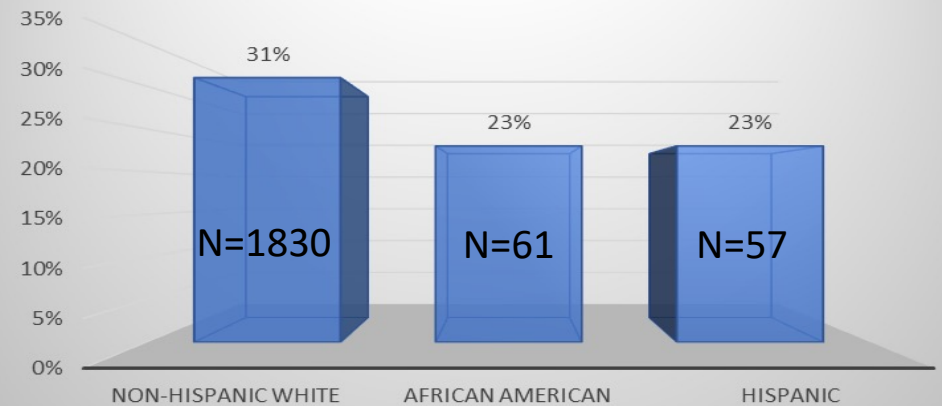
N>300 per group



### African American Pilot Data ADPC



### A4 Data Amyloid positive

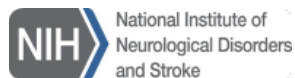
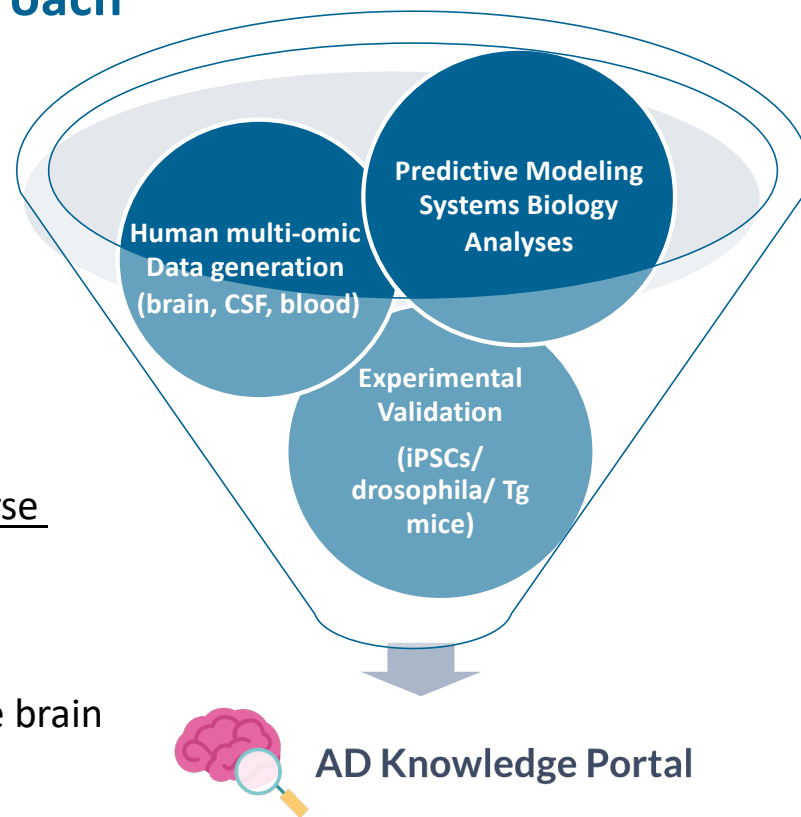


- All  $p < 0.05$
- HABS-HD currently scheduling approximately 45 new amyloid PET scans weekly
- N>600 participants already awaiting consent process
- O'Bryant et al 2021 DADM Special Collection



## AMP AD 2.0: Enabling a Precision Medicine Approach to Target and Biomarker Discovery

- Expand multi-omic profiling in samples (brain, CSF, blood) from diverse cohorts (African American and Latin American)
- Generate longitudinal immunologic profiling data across diverse cohorts (Caucasian, African American, and Latin American)
- Expand the existing sn/sc molecular profiling efforts to multiple brain regions and in samples from diverse cohorts



# Examining Diversity, Recruitment and Retention in Aging Research

## **Projects:**

Fifteen projects

Covers several minoritized and medically underserved populations

- Race: African Americans, Asian Americans, Pacific Islanders
- Ethnicity: Caribbean immigrants, Hispanic/Latino,
- Languages: English, Spanish, Mandarin, Cantonese, Vietnamese, Korean
- Medically underserved: Elderly, Hearing-, Vision-, and Mobility-impaired; Sexual Gender Minorities; Rural populations; Under-resourced populations.

Launched in October 2020 to improve representation of AANHPI groups in ADRD, aging, and caregiving research.

- Enrolled 9,277 AANHPI adults.
- 61.5% (n=32) of 53 investigators' requests for registry participant referrals were for ADRD-related research;
- Referred >5,500 participants to 27 studies that are in various stages of recruitment and study completion.

CARE 2.0 will:

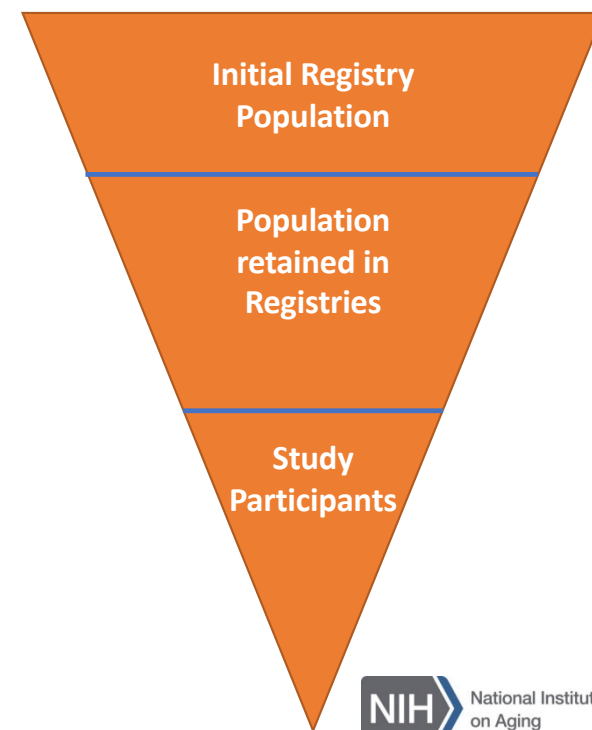
- Examine factors associated with attitudes and willingness to participate in health research
- Employ innovative approaches (e.g., the Lightning Report Method) to identify registry retention strategies
- Develop and test the effectiveness of new retention strategies to advance retention science
- Target efforts to promote CARE registry participants in aging studies
- Assess to factors associated with actual research enrollment decisions

PI: Park, Van



**CARE**

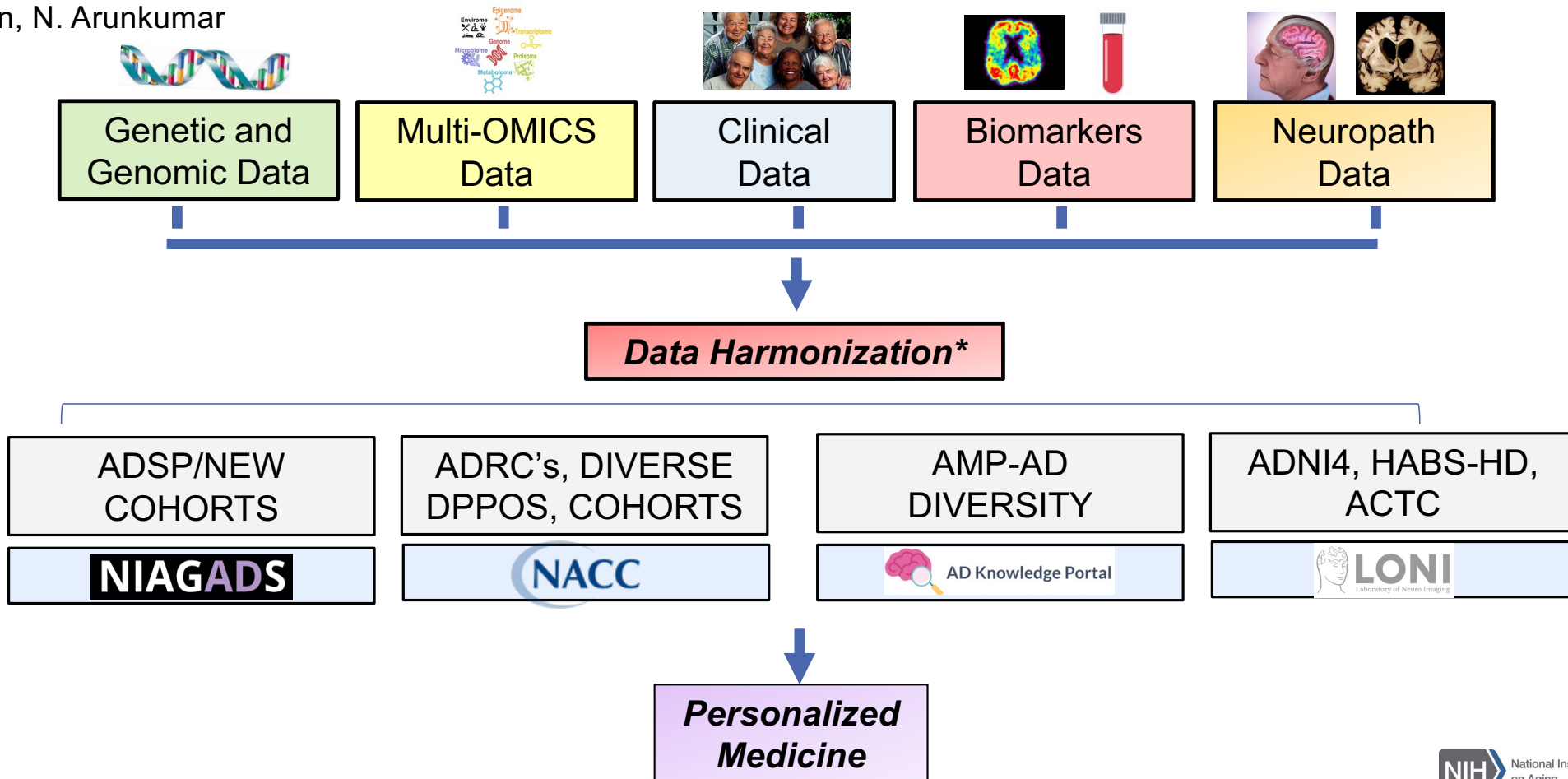
COLLABORATIVE APPROACH FOR  
ASIAN AMERICANS, NATIVE HAWAIIANS &  
PACIFIC ISLANDERS RESEARCH & EDUCATION



**NIH** National Institute  
on Aging

# Translating AD/ADRD studies in diverse populations to personalized medicine

NIA Program Directors: N. Silverberg, C. Elliot, M. Miller, A. Yao, J. Larkin, D. Martin, D. Anderson, S. Petanceska, L. Ryan, N. Arunkumar





## Stay Connected:


NIA Funding Opportunities: <https://www.nia.nih.gov/research/grants-funding/how-find-nia-funding-opportunities>

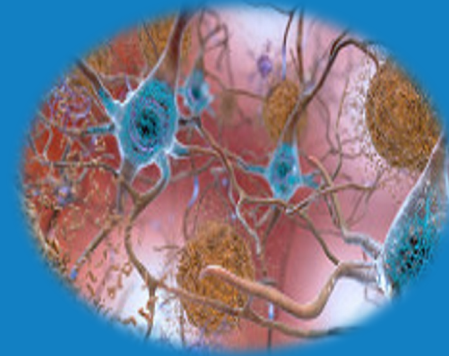
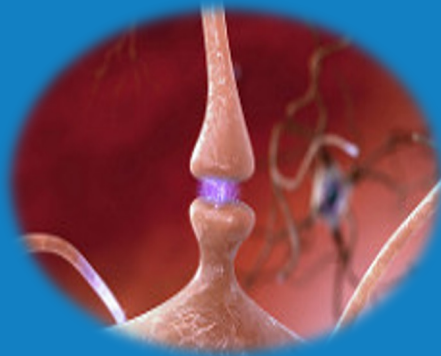
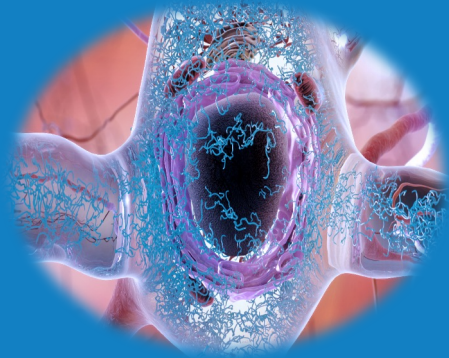
Inside NIA (NIA's blog page to investigators): <https://www.nia.nih.gov/research/blog>

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