

FACTSHEET

MARCH 2023

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Race, Ethnicity, and Alzheimer's

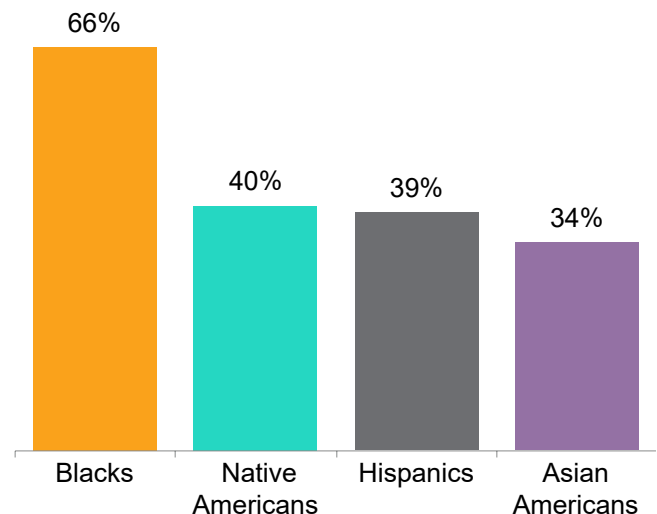
The burden of Alzheimer's is not equally shared — Blacks and Hispanics are at higher risk.

- Of the 6.7 million people in the United States with Alzheimer's, a majority are White. However, combined evidence from available studies shows that Blacks and Hispanics are at higher risk.
- Black Americans are about two times more likely than Whites to have Alzheimer's and other dementias.
- Hispanics are about one and one-half times more likely than Whites to have Alzheimer's and other dementias.

In addition to having higher risk, non-White populations experience barriers when accessing dementia care.

- Two-thirds of Blacks believe that it is harder for them to get excellent care for Alzheimer's, as do 40% of Native Americans and 39% of Hispanics.
- Less than half of Blacks and Native Americans feel confident they have access to providers who understand their ethnic or racial backgrounds.
- Additionally, 62% of Blacks believe that medical research is biased against people of color. This belief is also held by more than a third of Asian Americans, Hispanics and Native Americans.

Percentage of Adults Who Believe Their Race/Ethnicity Will Affect the Quality of Dementia Care



In addition to these barriers, Blacks and Hispanics are less likely than Whites to have a diagnosis of dementia despite being at higher risk for the condition.

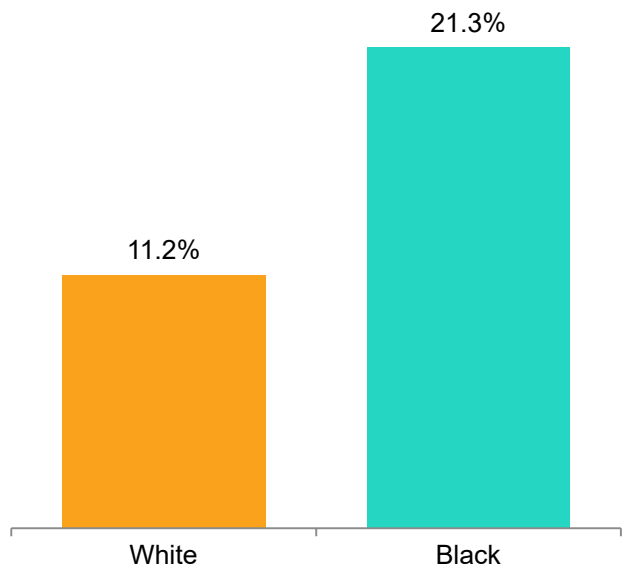
- While Blacks are about two times more likely than Whites to have Alzheimer's and other dementias, they are only 34 percent more likely to have a diagnosis.
- Hispanics are about one and one-half times more likely than Whites to have Alzheimer's and other dementias, but they are only 18 percent more likely to be diagnosed.

When they are diagnosed, Blacks and Hispanics are typically diagnosed in the later stages of the disease when they are more cognitively and physically impaired — and therefore in need of more medical care.

- As a result, Blacks and Hispanics diagnosed with Alzheimer’s use substantially more health care services — and incur substantially higher costs for those services, especially for hospital care — than Whites with Alzheimer’s.
- In 2019, average per-person Medicare payments for Blacks with Alzheimer’s and other dementias were 25% higher than those for Whites with Alzheimer’s and other dementias. Medicare payments for Hispanics with Alzheimer’s and other dementias were 8% higher than those for their White counterparts.

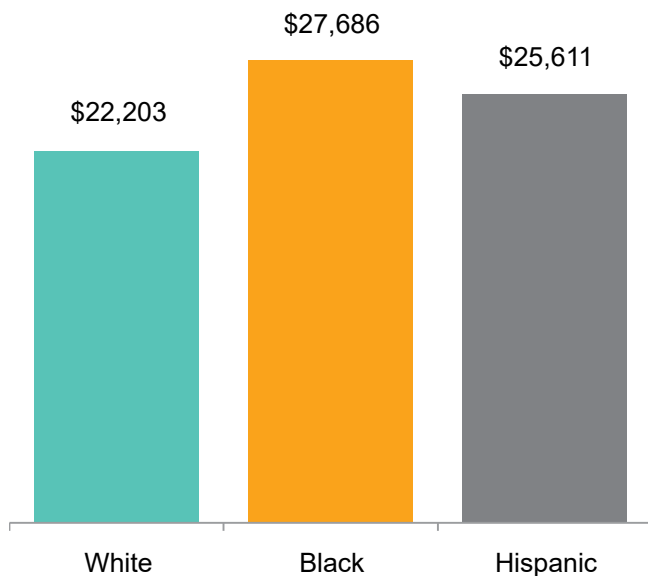
Proportion of Americans Aged 71 and Older with Alzheimer’s and Other Dementias

Aging, Demographics, And Memory Study (ADAMS)



Total Average Annual Medicare Spending per Beneficiary 65 and Older with a Dementia Diagnosis, 2019

(in 2022 dollars)



Genetic factors do not account for the greater prevalence of — or the greater risk for developing — Alzheimer’s.

- High blood pressure and diabetes — suspected risk factors for Alzheimer’s and other dementias — are more prevalent in the Black community. These conditions, among others, may contribute to the greater prevalence of Alzheimer’s.
- The differences in prevalence are also likely explained by disparities produced by the historic and continued marginalization of Black and Hispanic people — disparities in life experiences, socioeconomic indicators, and ultimately health conditions.
- Some studies suggest that after adjusting for health and socioeconomic risk factors, no differences in Alzheimer’s prevalence exist.