

A Community-Engaged Approach to Recruit the US-Brazilian Population: Initial Lessons from the First Six Months of BRAINY-NJ Study



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- 1) It is feasible to recruit the US-Brazilian population for ADRD research, a Latino group underrepresented in the USA.
- 2) Brazilian immigrants in NY/NJ present a higher level of education in comparison to the general Brazilian population and are at high risk for cardiovascular and mental health conditions.
- 3) Initially, the main source for recruitment was in-person events, but with time, participants’ referrals and social media interaction became the main recruitment source.

INTRODUCTION

- The **Brazilian-US population** is a non-Spanish speaking **Latino** group that has been growing and aging in the US but remains underrepresented in the ADRD research¹.
- The Brazilian-US immigrant population may be at **high risk for ADRD** due to a higher burden of cardiovascular disease, social determinants of health, and mental health factors¹.
- The **BRAINY-NJ Study (Brazilian Aging in New York – New Jersey Study)** is an observational cross-sectional study, investigating cardiovascular, lifestyle, and sociocultural risk factors for ADRD among US-Brazilian Immigrants.
- The study **aims** to build a **new cohort (N=120)** of Brazilian-US participants **55+ years** and increase their representation in US research.

METHODS

The **BRAINY-NJ Study** overall design:

The study adheres to the principles of CBPR - community-based participatory research to build trust and partner with Brazilian communities in **New York and New Jersey**.

Main Inclusion Criteria:

Older adults 55 years old and above → Cognitively unimpaired (MoCA) → Portuguese native speaker → Brazilian immigrants in the US

Current report: description of initial data (N= 41) and recruitment strategies based on 2025 data collection.

RESULTS

Participant flow over 6 months:

Variables	Preliminary Sample for Current Report (N=41)
Age, years (M, SD) [Range]	61.95 (5.52) [55 to 75]
Female Sex (N, %)	37 (90.2%)
Education, years (M, SD) [Range]	16.41 (3.19) [8 to 22]
Race/Ethnicity (N, %)	White 29 (70.7%) Brown/Black (26.8%) Asian 1 (2.5%)
Self-identify as Latino/a/x (N, %)	36 (87.8%)
Years in the USA (M, SD) [Range]	21.60 (9.71) [1 to 39]
English Level* (Good/ Very Good/ Native)	25 (60.9%)
Family Annual Income (N, %)	≤ \$69,000 28 (68.2%) \$70,000 to \$100,000 5 (12.1%) > \$100,000 9 (21.9%)
Global Cognition (MoCA) (M, SD)	27.27 (1.70)
Body Mass Index Mean (SD) > 30 (kg/m²) (N, %)	26.28 (6.01) 9 (21.9%)
Waist-to-Hip Ratio (N, %) > 0.85	25 (61%)
LDL-Cholesterol, mg/dL (M, SD)	115.88 (40.48)
Depression Symptoms ≥10 points on GDS (N, %)	16 (29.2%)
CAIDE dementia risk score*** (N, %)	< 7 points (low-risk) 10 (24.3%) ≥ 7 points (high-risk) 31 (75.6%)

MoCA = Montreal Cognitive Assessment; GDS = Geriatric Depression Scale

RESULTS / CONCLUSIONS

RECRUITMENT STRATEGIES

CONCLUSIONS

- It is feasible to recruit the Brazilian population for ADRD research in the USA.
- Brazilian immigrants in NY/NJ present a higher level of education in comparison to the Brazilian population, but a relatively high risk for cardiovascular and mental health conditions.
- Initially, the main source for recruitment was in-person events, but with time, participants’ referrals and social media became the main recruitment source.
- Lifestyle changes, neuropsychological profile, and socioeconomic determinants of health should be further assessed among Brazilian-US populations.
- Ongoing Study → June 2026: N= 72 participants.

REFERENCES

²Simon, Brucki et al., (2023). The(in)visible Brazilians: a perspective review on the need for brain health and dementia research with Brazilian immigrants in the United States. Alzheimer’s Dementia TRCI; 23:9(3):e12425.

²Farkas, Lazar et al., (2025). The CAIDE dementia risk score indicates elevated cognitive risk in late adulthood: a structural and functional neuroimaging study. GeroScienci 26;48(1):1399-1413.

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* Based on self-report data on “Ability to speak English” - detailed questionnaire was not reported here. ** Waist-to-hip ratio > than 0.85 for women and > 0.90 for men indicates abdominal obesity and a higher risk for cardiovascular disease. *** CAIDE Score based on: age, education, hypertension value, total cholesterol blood level, body mass index, self-report physical activity