

# EXPOSOME AS A STRESSOR

October 12, 2022

Overview of the Resilience World – State of the Science  
AGS/NIA R13 Bench-to-Bedside Conference Series

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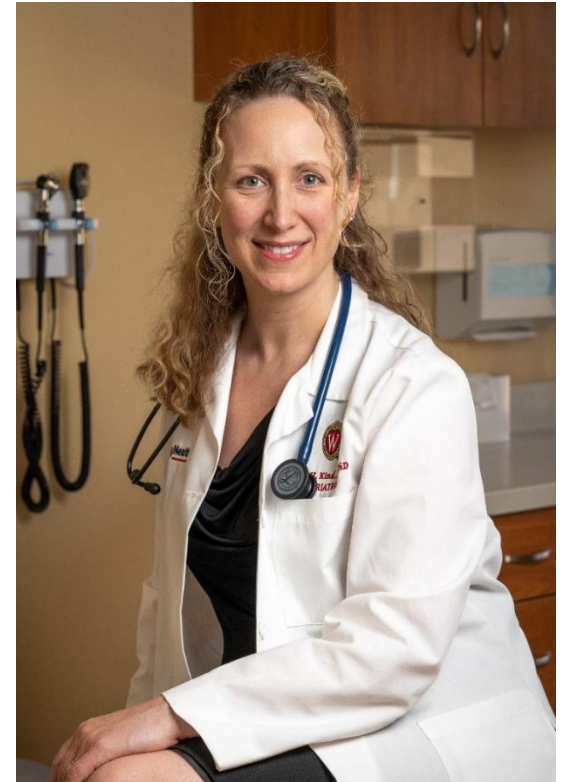


# FUNDING DISCLOSURES

NIH/National Institute on Aging

NIH/National Institute on Minority Health  
and Health Disparities

Alzheimer's Association



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# EXPOSOME

The measure of all the exposures of an individual in a lifetime and how those exposures relate to health\*

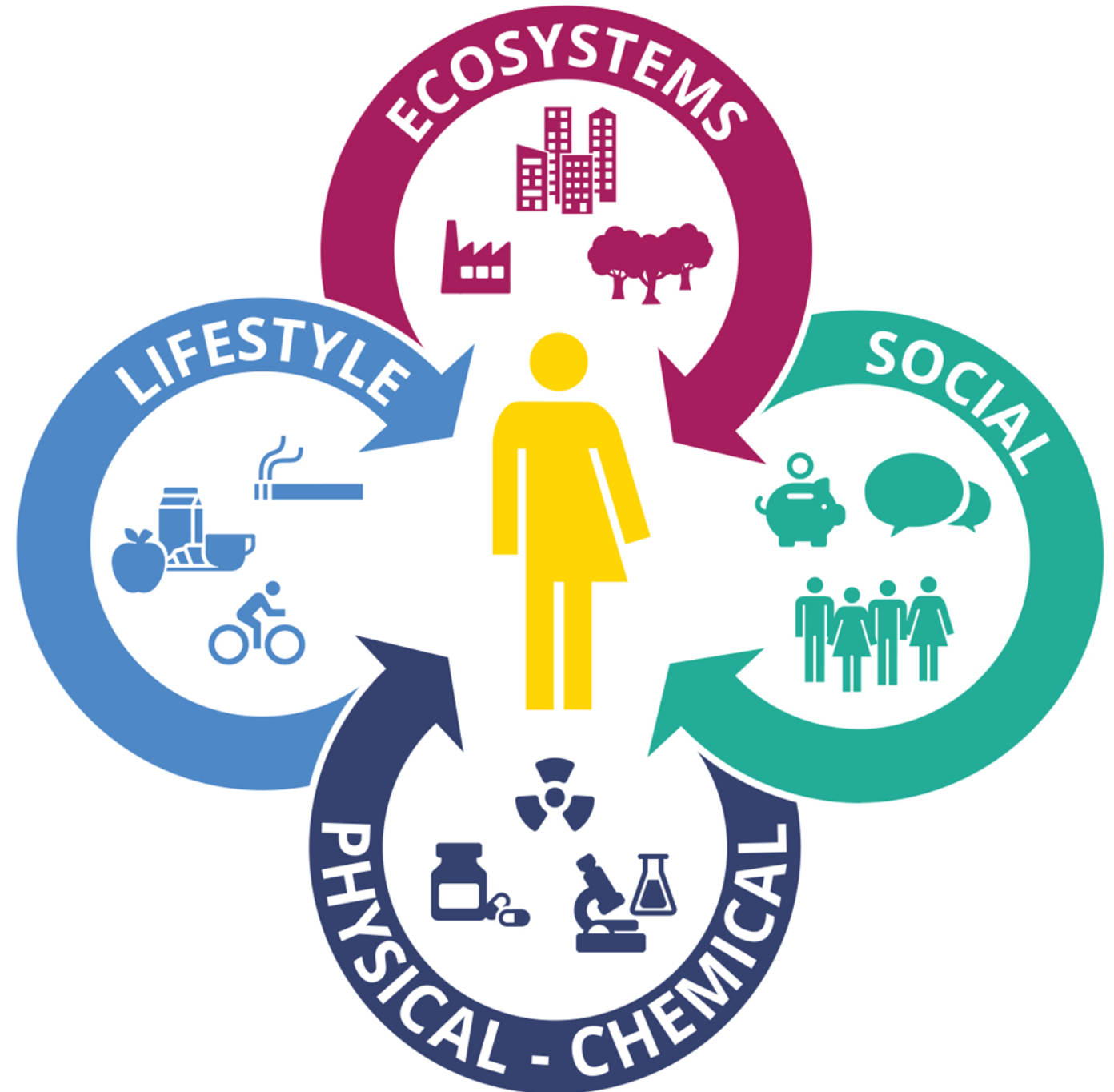
\*The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

<https://www.cdc.gov/niosh/topics/exposome/default.html#:~:text=The%20exposome%20can%20be%20defined,from%20environmental%20and%20occupational%20sources..> Accessed 4/20/2021

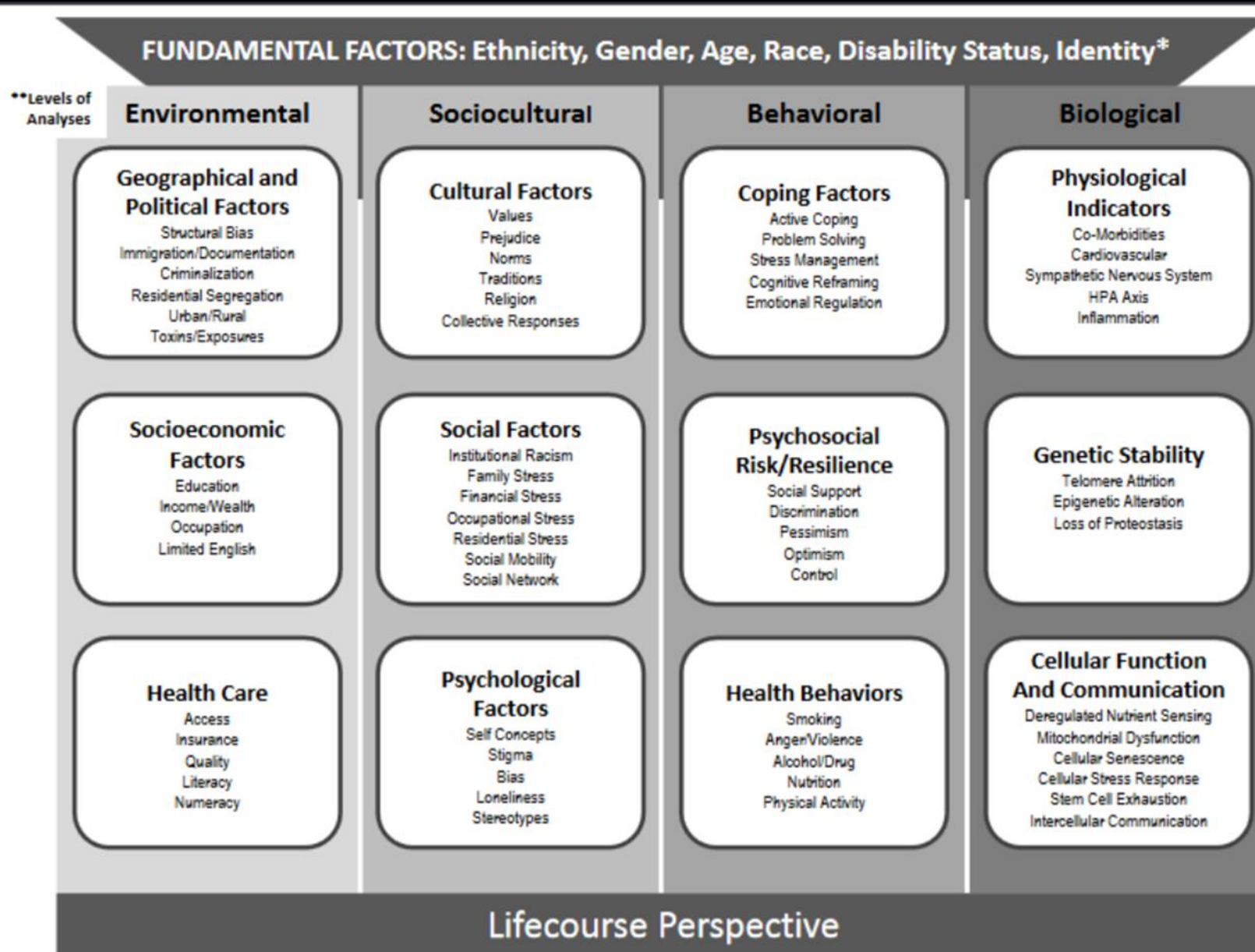


# Exposome

- Factors external to the biological individual
- Diverse factors ranging from microbiome to structural inequity



# NIA HEALTH DISPARITIES FRAMEWORK



\*\*Hill, Perez-Stable, Anderson and Bernard, *Ethnicity and Disease*, 2015



# NIA HEALTH DISPARITIES FRAMEWORK



ENVIRONMENTAL



SOCIOCULTURAL



BEHAVIORAL



BIOLOGICAL

**LIFE COURSE**



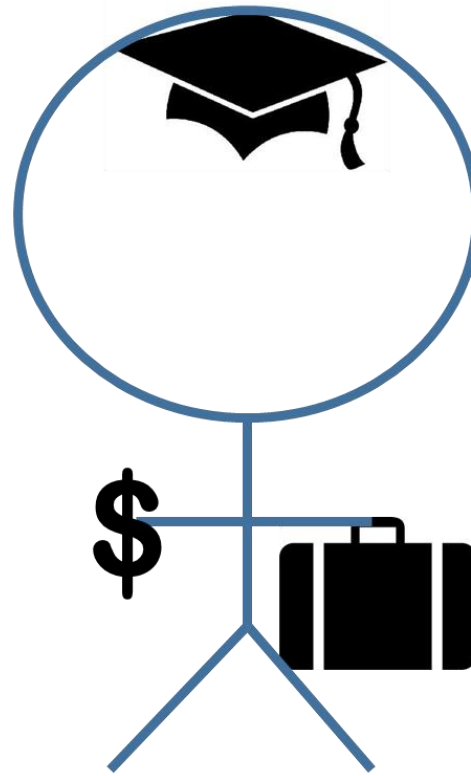


# SOCIAL DETERMINANTS OF HEALTH

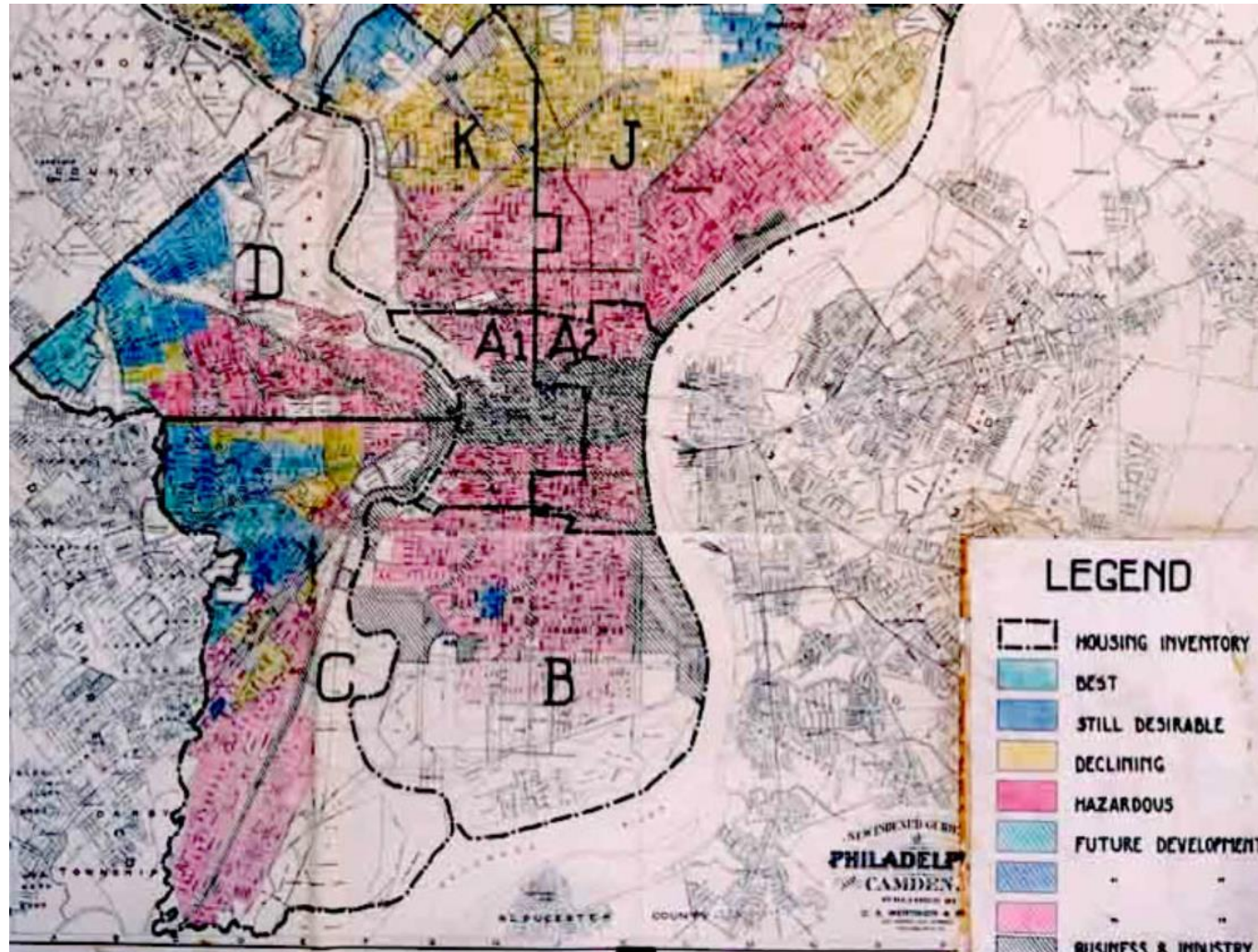
Conditions in the environments in which people are born, live, work, play, worship, and age that impact a wide array of health, functioning, quality-of-life outcomes and risks\*

\*Office of Disease Prevention and Health Promotion. Healthy People 2020: Social Determinants of Health.

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed 10/5/2018



# STRUCTURAL INEQUITIES LINK TO EXPOSOME

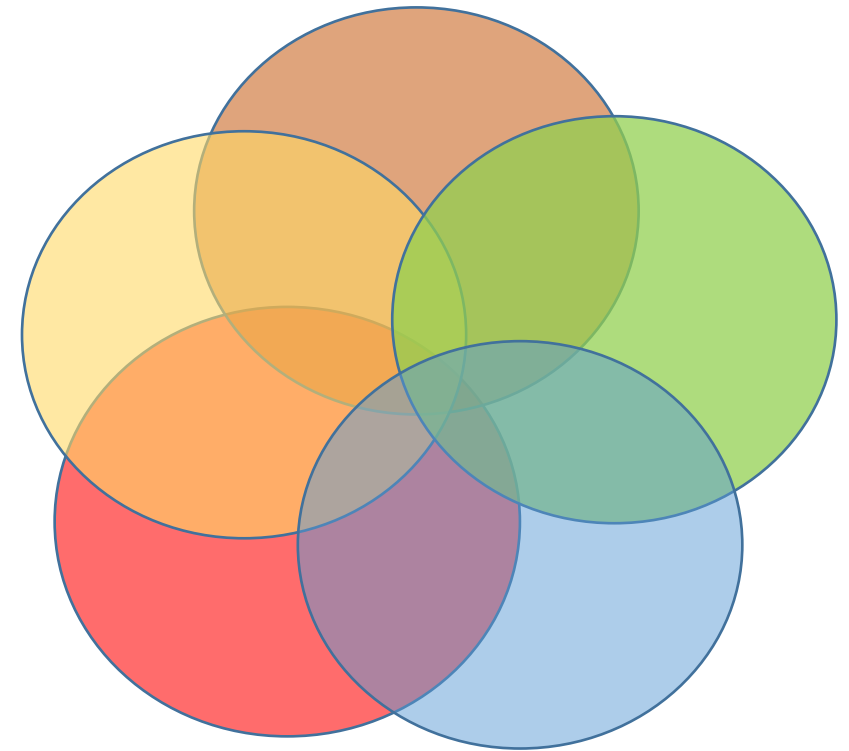


\*The HOLC maps are part of the records of the FHLBB (RG195) at the [National Archives II Archived](#) 2016-10-11 at the [Wayback Machine](#).



# NIH HEALTH DISPARITIES PRIORITY POPULATIONS

- Hispanics/Latinos
- American Indians/Alaskan Natives
- Blacks/African Americans
- Asian Americans
- Native Hawaiians and Other Pacific Islanders
- Socioeconomically Disadvantaged Populations
- Rural Populations
- Disability Populations
- Sexual and Gender Minorities
- Others



**Intersectionality**



# EXAMINING THE EXPOSOME



**1. Quantifying exposures**

**2. Linking exposome to biology**

# EXAMINING THE EXPOSOME

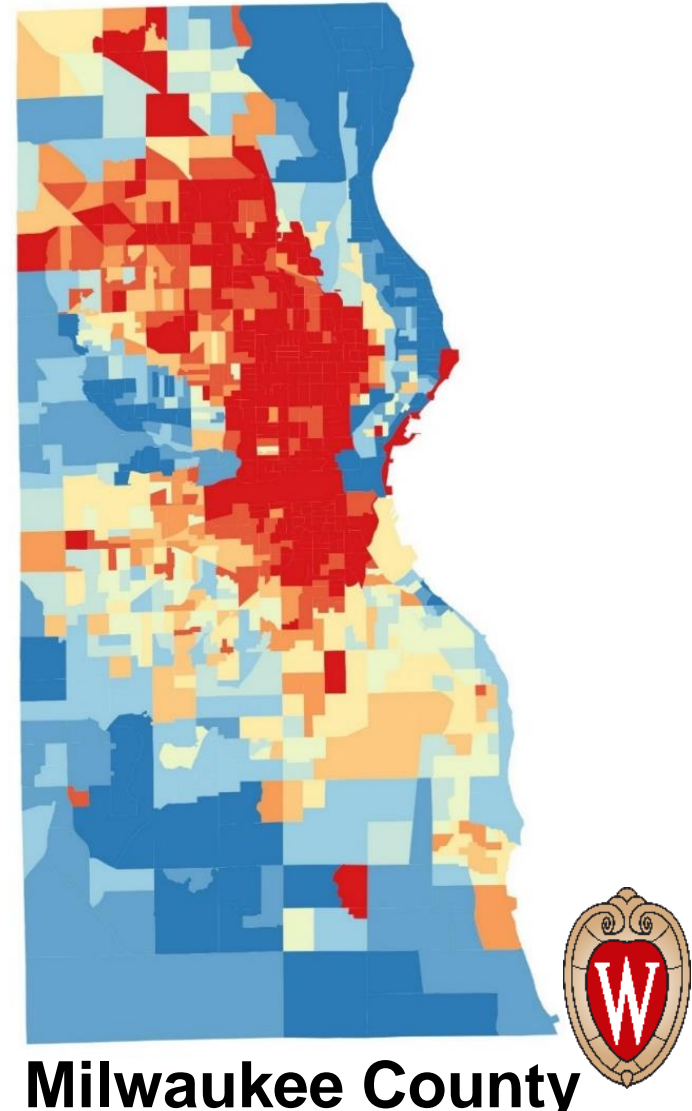


## 1. Quantifying exposures

- Rigor, reproducibility, validity, generalizability, harmonizability
- Single time point (easier)
- Life course aligned (harder)

# EXAMPLE: QUANTIFYING EXPOSOME USING THE AREA DEPRIVATION INDEX (ADI)\*

- ADI construction
  - 17 measures of social determinants of health across small, population sensitive areas
  - Ranked score
  - Time concordant
- Current ADI measures for full US available through the Neighborhood Atlas®\*
- Similar metrics available in most countries
- “Microtargeting”



\*Kind and Buckingham, *New England Journal of Medicine*, 2018





Original Investigation | Surgery

## Analysis of Delayed Surgical Treatment and Oncologic Outcomes in Clinical Stage I Non-Small Cell Lung Cancer

Brendan T. Heiden, MD; Daniel B. Eaton Jr, MPH; Kathryn E. Engelhardt, MD, MS; Su-Hsin Chang, PhD, SM; Yan Yan, MD, PhD; Mayank R. Patel, MD; Daniel Kreisel, MD, PhD; Ruben G. Nava, MD; Bryan F. Meyers, MD, MPH; Benjamin D. Kozower, MD, MPH; Varun Puri, MD, MSCI

Rachel Marsh<sup>1</sup> a

## Area Deprivation Index Predicts Readmission Risk at an Urban Teaching Hospital

and, Roe Gutman, Kristina Monteiro, William R. Buckingham,

DOI: 10.1377/hlthaff.2017.1509  
HEALTH AFFAIRS 37,  
NO. 7 (2018): –  
© 2018 BMJ and JAMA

American Journal of  
Transplantation

AST

AMERICAN SOCIETY OF  
TRANSPLANTATIONASTS  
AMERICAN SOCIETY OF TRANSPLANT SURGEONS

ORIGINAL ARTICLE

## Neighborhood socioeconomic deprivation is associated with worse patient and graft survival following pediatric liver transplantation

Sharad I. Wadhvani, Andrew F. Beck, John Bucuvalas, Laura Gottlieb, Uma Kotagal, Jennifer C. Lai

January 2020 | <https://doi.org/10.1111/ajt.15786> | Citations: 4

SPECIAL ISSUE: HEALTH AFFAIRS

Neighborhood

Annals

LATEST ISSUES

PREV ARTICLE | THIS ISSUE

ORIGINAL RESEARCH

## Safety-Net Hospitals, Under Maryland's All-

Stephen F. Jencks, MD, MPH; Alyson Schuchman, MD, MSPH; Amy J.H. Kind, MD, PhD

Article, Author, and Disclosure Information

JAMA Cardiology | Original Investigation

## Association of Socioeconomic Disadvantage With Long-term Mortality After Myocardial Infarction The Mass General Brigham YOUNG-MI Registry

Adam N. Berman, MD; David W. Biery, AB; Curtis Ginder, MD; Avininder Singh, MBBS, MMSc; Jonggyu Baek, PhD; Rishi K. Wadhwa, MD, MPP, MPhil; Wanda Y. Wu, BA; Sanjay Divakaran, MD; Ersilia M. DeFilippis, MD; Jon Hainer, BS; Christopher P. Cannon, MD; Jorge Plutsky, MD; Donna M. Polk, MD, MPH; Khurram Nasir, MD, MPH; Marcelo F. Di Carli, MD; Arlene S. Ash, PhD; Deepak L. Bhatt, MD, MPH; Ron Blankstein, MD

JAMA Network Open

Original Investigation | Infectious Diseases

## Racial Disparities in Incidence and Outcomes Among Patients With COVID-19

L. Silvia Muñoz-Price, MD, PhD; Ann B. Nattinger, MD, MPH; Frida Rivera, MD, PhD; Ryan Hanson, MS; Cameron G. Gmehlin, BA; Adriana Perez, MS; Siddhartha Singh, MD, MS, MBA; Blake W. Buchan, PhD; Nathan A. Ledebroer, PhD; Liliana E. Pezzin, PhD, JD



ELSEVIER

Developmental  
Neuroscience  
Volume 45, October

Cognitive  
Science  
100811



## Brain connectivity and socioeconomic status at birth and externalizing symptoms at age 2 years

Bruce Ramphal<sup>a</sup>, Diana J. Whalen<sup>b</sup>, Jeanette K. Kenley<sup>c</sup>, Qiongru Yu<sup>b</sup>, Christopher D. Smyser<sup>c,d,e</sup>, Cynthia E. Rogers<sup>b,e</sup>, Chad M. Sylvester<sup>b</sup>

# ACTIONABILITY OF THE EXPOSOME

## Ethical Allocation of COVID Therapies

- Example: Pennsylvania

## COVID Vaccine Resource Targeting

- Example: Alaska

## Efficiently Aligning Health System Resources to Needs

- Example: US Centers for Medicare and Medicaid Services (CMS)
  - 2022 ACO Realizing Equity, Access, and Community Health (REACH) Model



### Ethical Allocation Framework for Emerging Treatments of COVID-19

#### Introduction

The foundational goal of this document is to develop a broad, fair, and equitable framework for how to allocate scarce, emerging COVID-19 treatments. This document addresses remdesivir (RDV) in particular, but the ethical goals of this allocation framework should inform allocation of other scarce treatments as they become available, including monoclonal antibodies, convalescent plasma, and other emerging treatments. Information in this document (such as the clinical criteria for eligibility and dosage) that apply specifically to RDV are subject to change as more data emerges on its use and effectiveness.

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/Ethical-Allocation-Framework.aspx>

# Health Equity Benchmark Adjustment

ACO REACH includes a benchmark adjustment that increases benchmarks for ACOs serving higher proportions of underserved beneficiaries

CMS will stratify all beneficiaries aligned to ACO REACH using a composite measure of underservice that incorporates a combination of<sup>1</sup>:

## Area Deprivation Index

*Area-level measure of **local socioeconomic factors** correlated with medical disparities and underservice*

Percentile Score from 1-100

## Dual Medicaid Status

*Beneficiary-level measure of **economic challenges** affecting individuals' ability to access high quality care*

25 Point Adjustment for Full or Partial Dual Eligibility



91<sup>st</sup> – 100<sup>th</sup> Percentile  
(Top Decile)

**+\$30 PBPM Adjustment**

51<sup>st</sup> – 90<sup>th</sup> Percentile  
(Middle 4 Deciles)

*No Adjustment*

1<sup>st</sup> – 50<sup>th</sup> Percentile  
(Bottom 5 Deciles)

**-\$6 PBPM Adjustment**

1. CMS may explore other variables to include in this assessment and will notify applicants prior to the start of PY2023 if any other variables are included.

\*2022 ACO Realizing Equity, Access, and Community Health (REACH) Model  
[<https://innovation.cms.gov/media/document/aco-reach-fin-meth-webinar-slides>]



# EXAMINING THE EXPOSOME



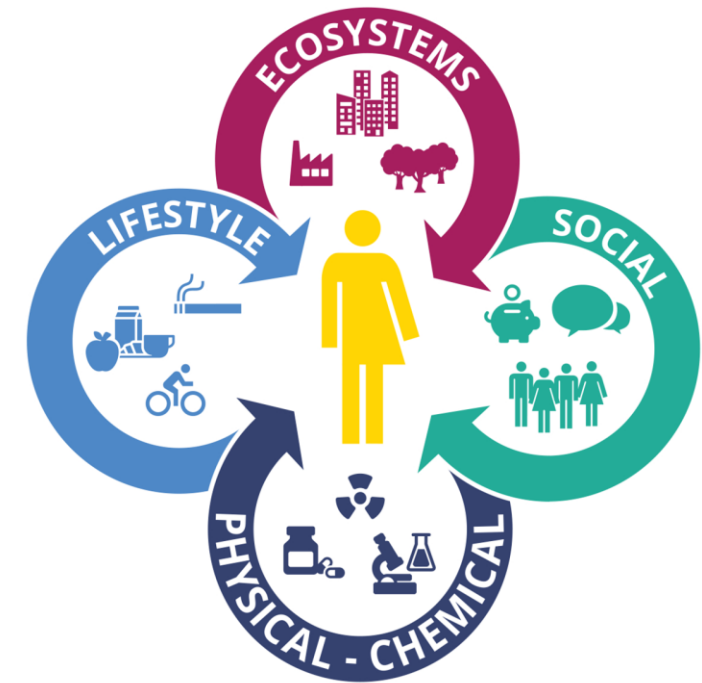
**1. Quantifying exposures**

**2. Linking exposome to biology**



# SOCIAL-BIOLOGICAL PHENOTYPING

- Facilitate mechanistic health disparities research
- Link exposures to biological process
- Expand the potential of existing programs in completely new ways



## Exposome

Science. 2020. 367(6476): 392–396.

# EXAMINING THE EXPOSOME

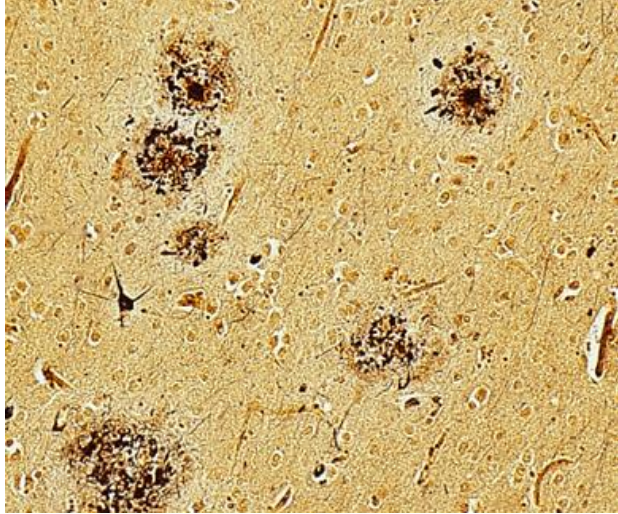


## 1. Quantifying exposures

## 2. Linking exposome to biology

- Methodological considerations
- Infrastructure (technical, legal, administrative)
- Multi-disciplinary expertise

# EXAMPLE: LINKING EXPOSOME TO BIOLOGY



- N=453 decedents who donated their brain to Wisconsin or University California San Diego ADRC brain banks, 1993-2016
- No social factor characterization available
- Residential address at death geocoded, linked to neighborhood disadvantage by ADI
- Neuropathologic features drawn from National Alzheimer's Coordinating Center and autopsy reports



Source: www.Pixabay.com-- All images are released free of copyrights under Creative Commons CC0





Original Investigation | Public Health

# Association of Neighborhood-Level Disadvantage With Alzheimer Disease Neuropathology

W. Ryan Powell, PhD; William R. Buckingham, PhD; Jamie L. Larson, PhD; Leigha Vilen, BS; Menggang Yu, PhD; M. Shahriar Salamat, MD, PhD; Barbara B. Bendlin, PhD; Robert A. Rissman, PhD; Amy J. H. Kind, MD, PhD

## Abstract

**IMPORTANCE** Social determinants of health, such as income, education, housing quality, and employment, are associated with disparities in Alzheimer disease and health generally, yet these determinants are rarely incorporated within neuropathology research.

**OBJECTIVE** To establish the feasibility of linking neuropathology data to social determinants of health exposures using neighborhood disadvantage metrics (the validated Area Deprivation Index)

## Key Points

**Question** Can neighborhood disadvantage, a social determinant of health, be incorporated into existing brain bank data to evaluate the risk of biological outcomes, such as Alzheimer disease neuropathology?

Living in the most disadvantaged neighborhood decile was associated increased odds of AD neuropathology





# EXAMPLE: THE NEIGHBORHOODS STUDY

(R01AG070883; PI KIND, MPI BENDLIN)



**Aim 1:** Determine the impact of the **cumulative dose and timing** of neighborhood disadvantage exposure (indexed by ADI), on **cognitive function and change** over time

**Aim 2:** on AD-specific markers indexed by neuroimaging (**amyloid and tau PET**) and the secondary outcomes of vascular burden and volumetric MRI; and

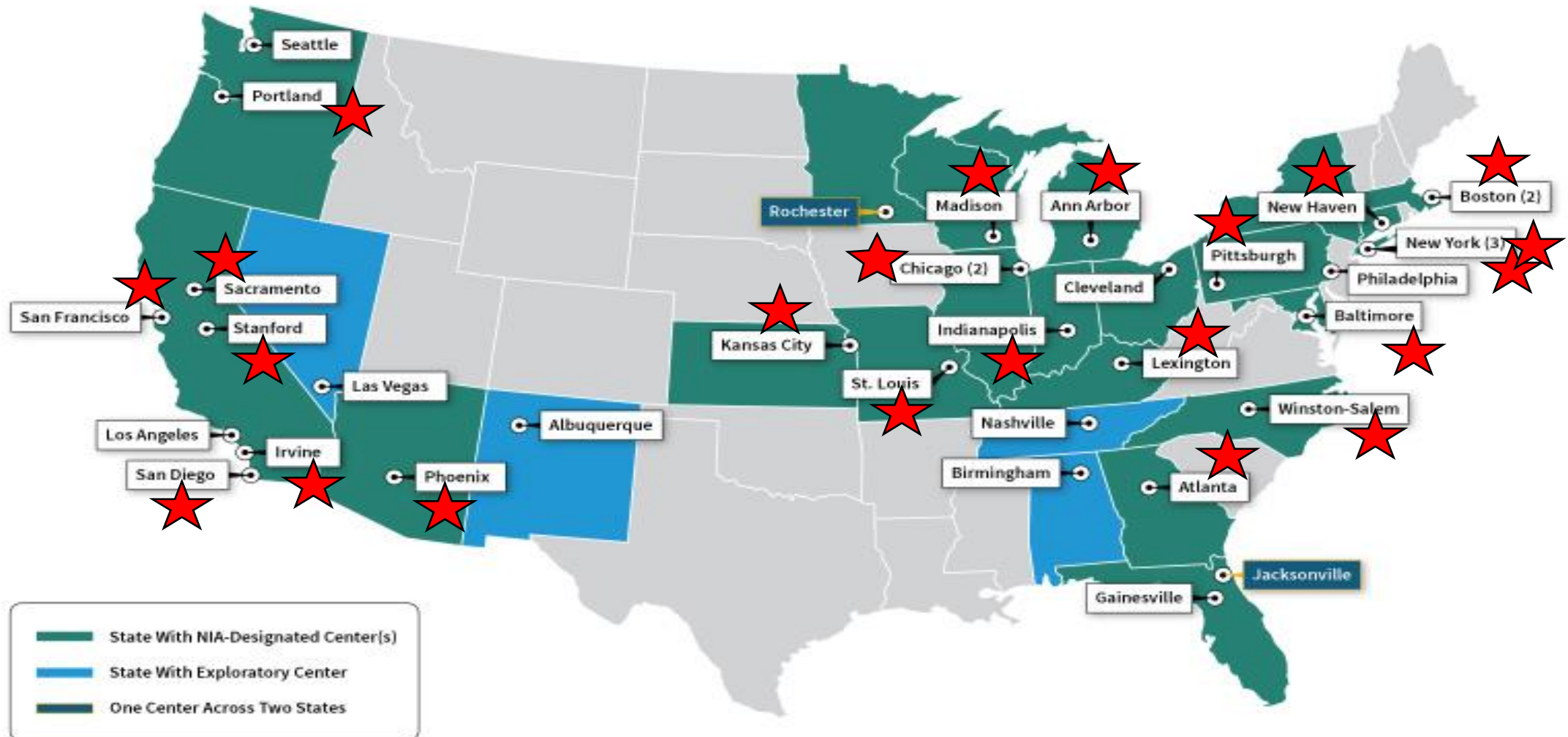
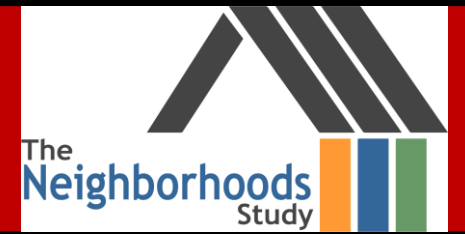
**Aim 3:** on **neuropathologic tissue features and diagnosis**.

**Aim 4:** Using existing ADRC data and newly collected survey data, define the extent to which individual race/ethnicity, age, sex, income, education, comorbidity and health-behaviors mediate these relationships.



# THE NEIGHBORHOODS STUDY

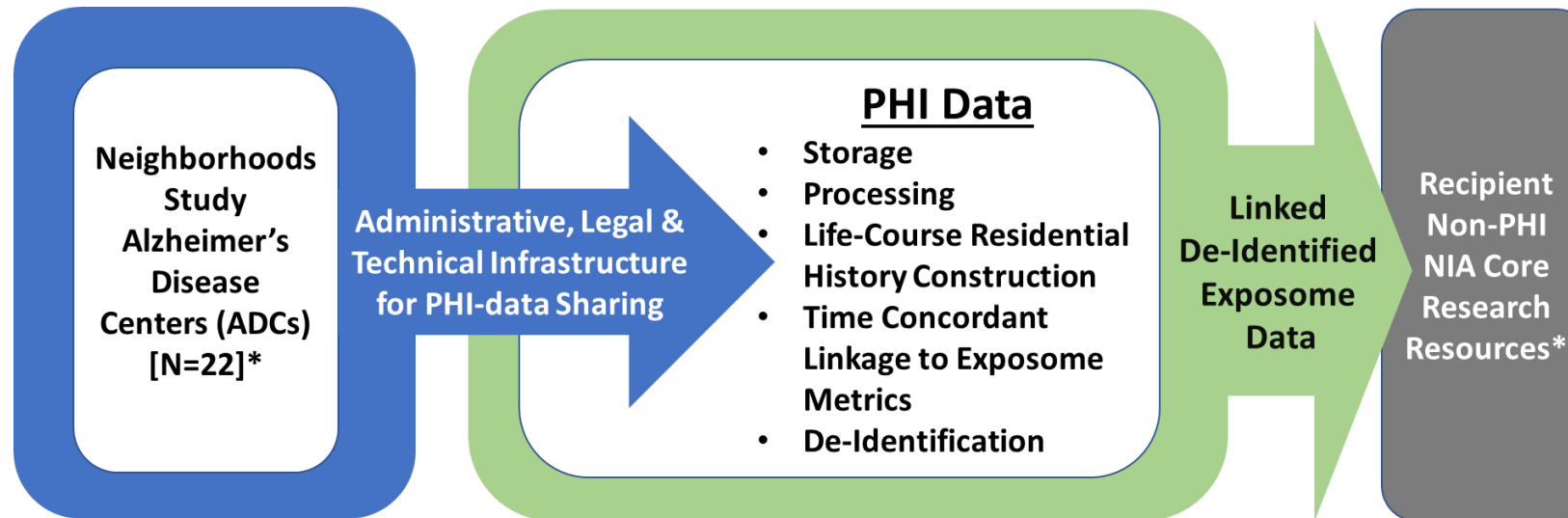
(R01AG070883; PI KIND, MPI BENDLIN)



# EXAMPLE: NOVEL ADMINISTRATIVE INFRASTRUCTURE

(R01AG070883; PI KIND, MPI BENDLIN)

- **Multi-site Protected Health Information (PHI)** is required for many disparities aligned life-course exposome assessments
- Requires **high-security, HIPPA compliant administrative, legal and cyber infrastructure**
- **Substantial undertaking**



# EXPOSOME: GAPS AND OPPORTUNITIES



## **Gap: Exposome Measurement**

- Promote development and availability of rigorous, harmonizable life-course aligned exposome measures

## **Gap: Standardizing Social-Biological Phenotyping**

- Develop processes and infrastructure to promote more routine inclusion of exposome in traditional biological-focused assessments
- Increase scientific capacity to perform this work - multi-disciplinary teams

## **Gap: Health Resilience in Adverse Exposome**

- Identifying factors, interventions that promote health in adverse exposome

## **Many Other Gaps: Exposome as an Emerging Field**



# ACKNOWLEDGMENTS



ADRC	Participating Components <sup>+</sup>	Site PI	Site Co-I
University of Wisconsin	BB/CC	Amy Kind/Barb Bendlin (MPI)	Vikas Singh, Menggang Yu
Banner Alzheimer's Institute	BB/CC	Eric Reiman	Thomas Beach, Kewei Chen
Boston University	BB/CC	Maureen O'Connor	Jonathan Jackson
Emory University	BB/CC	Felicia Goldstein	
Indiana University	BB/CC	Shannon Risacher	Andrew Saykin, Liana Apostolova
Johns Hopkins University	BB/CC	Corrine Pettigrew	
Mount Sinai	BB/CC	Mary Sano	Carolyn Zhu, Judith Neugroschi
New York University	BB/CC	Josh Chodosh, Thomas Wisniewski	Karyn Marsh
Oregon Health & Science University	BB/CC	Aimee Pierce	Randall Woltjer, Raina Croff
Rush University	BB only	Melissa Lamar	David Bennett, Lisa Barnes
Stanford University	BB/CC	Victor Henderson	
UC-Davis*	BB/CC	Oanh Meyer	Rachel Whitmer, Sarah Farias
UC-Irvine	BB/CC	David Sultzer	
UC-San Diego	BB/CC	Robert Rissman	James Brewer
UC-San Francisco	BB/CC	Bruce Miller	Serggio Lanata
University of Kansas	BB/CC	Jonathan Mahnken	Jill Morris, Rebecca Lepping
University of Kentucky	BB only	Erin Abner	Anna Kucharska-Newton
University of Michigan	BB/CC	Henry Paulson	Kelly Bakulski
University of Pittsburgh	BB/CC	Jennifer Lingler	Julia Kofler, Anthony Fabio
Wake Forest University	BB/CC	James Bateman	Suzanne Craft, Samuel Lockhart
Washington University	BB only	Cyrus Raji	Richard Perrin
Yale University	BB/CC	Christopher Van Dyck	

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M. Shahriar Salamat, MD, PhD  
Sanjay Asthana, MD  
Sterling Johnson, PhD

ADRC participants  
Neighborhoods Study Collaborators

Robert Golden, MD  
Jon Audhya, PhD  
Rick Moss, PhD

## NIA Leadership, Program Officers and Staff

And many, many others . . .

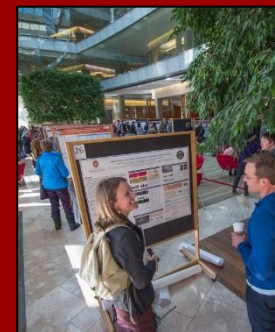
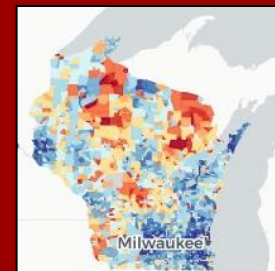
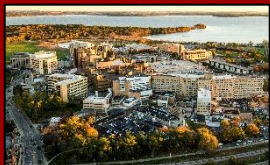
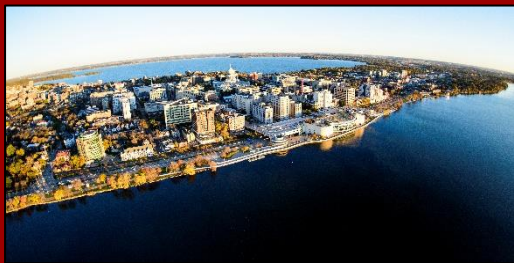
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