attributable to differences in education level and SES, which are known risk factors for cognitive impairment and will be further examined upon recruitment completion.
**Conclusions:** Studies have found that ethnically diverse older adults not only encounter more barriers to accessing quality health care but also experience disparities in brain health research. Communities of color comprise a sizeable portion of our older adults but have been traditionally underrepresented in clinical research, limiting the generalizability of research findings to clinical treatment. Socioeconomic deprivation has been identified as one of several barriers to research engagement for people of color, placing ethnic communities at increased risk for under- or misdiagnosis and limited access to medical intervention.
Preliminary findings have implications for the recruitment of ethnically diverse groups in clinical research. Given the growing racial and ethnic diversity among the United States population, we must do our due diligence to increase understanding of participation and recruitment barriers for racial/ethnic individuals. Tailored community outreach and engagement strategies may be effective in improving the inclusion of ethnically diverse populations and facilitating recruitment and retention in clinical research studies.

**Categories:** Inclusion and Diversity/Multiculturalism
**Keyword 1:** cognitive screening
**Keyword 2:** diversity
**Keyword 3:** inclusion
**Correspondence:** Donna Maria Talavari, Baylor College of Medicine, Donna.Talavari@bcm.edu

## 37 Bilingualism does not modify the association between stroke and cognitive performance in Mexican American older adults

Emily M Briceno[1], Wen Chang[2], Steven G Heeringa[2], Chris Becker[2], Nelda Garcia[2], Ruth Longoria[2], Lewis B Morgenstern[2]
[1]University of Michigan Medical School, Ann Arbor, MI, USA. [2]University of Michigan, Ann Arbor, MI, USA

**Objective:** The Latinx population is rapidly aging and growing in the US and is at increased risk for stroke and dementia. We examined whether bilingualism confers cognitive resilience following stroke in a community-based sample of Mexican American (MA) older adults.
**Participants and Methods:** Participants included predominantly urban, non-immigrant MAs aged 65+ from the Brain Attack Surveillance in Corpus Christi- Cognitive study. Participants were recruited using a two-stage area probability sample with door-to-door recruitment until the onset of the COVID-19 pandemic; sampling and recruitment were then completed via telephone. Cognition was assessed with the Montreal Cognitive Assessment (MoCA; 30-item in-person, 22-item via telephone) in English or Spanish. Bilingualism was assessed via a questionnaire and degree of bilingualism was calculated (range 0%-100% bilingual). Stroke history was collected via self-report. We harmonized the 22-item to the 30-item MoCA using published equipercentile equating. We conducted a series of regressions with the harmonized MoCA score as the dependent variable, stroke history and degree of bilingualism as independent variables, and age, sex/gender, education, assessment language, assessment mode (in-person vs. phone), and self-reported vascular risk factors (hypertension, diabetes, heart disease) as covariates. We included a stroke history by bilingualism interaction to examine whether bilingualism modifies the association between stroke history and MoCA performance.
**Results:** Participants included 841 MA older adults (59% women; age M(SE) = 73.5(0.2); 44% less than high school education). Most (77%) of the sample completed the MoCA in English. 93 of 841 participants reported a history of stroke. In an unadjusted model, degree of bilingualism ($b = 3.41$, $p < .0001$) and stroke history ($b = -1.98$, $p = .003$) were associated with MoCA performance. In a fully adjusted model, stroke history ($b = -1.79$, $p = .0007$) but not bilingualism ($b = 0.78$, $p = .21$) was associated with MoCA performance. When an interaction term was added to the fully adjusted model, the interaction between stroke history and bilingualism was not significant ($b= -0.47$, $p = .78$).
**Conclusions:** Degree of bilingualism does not modify the association between stroke history and MoCA performance in Mexican American older adults. These results should be replicated in samples of validated strokes, more

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comprehensive bilingualism and cognitive assessments, and in other bilingual populations.

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**Keyword 3:** diversity
**Correspondence:** Emily M. Briceno University of Michigan Medical School emilande@med.umich.edu

## 38 ¿Gustaría participar? – Recruitment of Spanish-speaking families for a pediatric neuropsychology study in North Texas

Monica Garza Saenz[1,2], Jéssica Orobio[1,2], Joy Neumann[2,1], Ana Hernandez[2]
[1]UT Southwestern, Dallas, TX, USA. [2]Children's Medical Center, Dallas, TX, USA

**Objective:** Hispanics account for approximately 19% of the US population and are the second largest ethnic group in the United States, yet they remain underrepresented in neuropsychology research. Common recruitment barriers include language, fear/mistrust, and unfamiliarity with neuropsychology. These recruitment challenges then interfere with the development of measures normed on Spanish-speaking Hispanics. The research team for a Spanish-based neuropsychological study at a pediatric medical setting in North Texas utilized several methods to maximize recruitment of Hispanics and identify the most successful strategies. It was hypothesized that internal recruitment efforts would have the best outcome.
**Participants and Methods:** Recruitment of healthy Spanish-speaking children between 6.0 and 17.11 years old began in October 2021 and continues to date. Participants have been recruited within the Dallas Fort-Worth (DFW) metroplex using internal efforts within the pediatric medical center and external efforts in the community-at-large. Internal recruitment efforts have included: 1) setting up flyers at 19 different ambulatory clinics, 2) emailing study flyer to several internal groups, and 3) sharing information during a Hispanic workgroup meeting. Community-based efforts have included collaborating with: 1) a Spanish-immersion private elementary school (i.e., shared information with parents via email and sent flyers home with students), 2) three mental health colleagues (i.e., displayed study flyers within their clinic space and promoted study through word-of-mouth), 3) a local city council (i.e., featured flyer in electronic newsletter), and 4) a non-profit community organization (i.e., shared information and flyer through mass-text messages, social media post, and mass email to subscribers).
**Results:** To date, 74 parent-child pairs have made one-time contact with the research team to inquire about the study and 55 have completed a second contact with initial screener by phone (19 lost to follow up). Of the screened families, 58% heard of the study through the non-profit organization, 31% through the Spanish-immersion private school, and 11% from internal recruitment efforts.
**Conclusions:** Although we hypothesized that internal -based recruitment within the medical institution would be most fruitful, our findings did not support this hypothesis. A possible explanation could be that children recruited from medical clinics may not meet criteria for participation in our study (i.e., healthy children). Another possible reason may be that flyer-based recruitment in a medical clinic is too passive or impersonal. Recruitment through community organizations with sources known and trusted by participants was found to be the most successful method to recruit potential participants. Considering these findings, our approach to recruitment will move away from passive and indirect methods of recruitment (i.e., flyers in clinics) and emphasize alliance with community-based organizations to promote trust building and collaborative relationships between researchers, community organizations, and Hispanic research participants.

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**Correspondence:** Jéssica Orobio, UT Southwestern Jessica.Orobio@utsouthwestern.edu

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