

and 32% of participants reported never completing LGBTQ+ specific education. Participants described using affirmative clinical practice behaviors either “always/often” or “never/rarely.” Factors predicting those practice behaviors were LGBTQ+ education/training, prior experience with LGBTQ+ patients, primary patient population (child vs. adult), and personal background (sexual minority status, female gender, and years since degree). When in need of consultation, the current sample consulted with their colleagues most often (n = 95) followed by academic literature (n = 90) and professional organizations (n = 80). Qualitative responses indicated varying attitudes and knowledge regarding collection of LGBTQ+ information and modification of clinical practice.

Conclusions: Consistent with the broader clinical psychology literature, neuropsychologists have limited education/training on LGBTQ+ concepts. Neuropsychologists underutilize affirming practices as evidenced by low rates of querying pronouns, knowing whether LGBTQ+ health information is available at their institutions, and adjusting evaluation and feedback approaches. Our findings imply a great need to expand continuing education trainings to address providers’ gaps and limitations, including opportunities for inclusive neuropsychological services throughout the assessment process (interview, testing, feedback). We present additional recommendations for future research as well as resources.

Categories: Career

Development/Education/Training

Keyword 1: inclusion

Keyword 2: neuropsychological assessment

Keyword 3: minority issues

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2 Neurocognition and Functional Status Among Ethnoculturally Diverse Older Adults: Support for the External Validity of the ADAS-Cog

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Objective: Alzheimer’s Disease (AD) and dementia present major and escalating public health concerns for the U.S., especially among ethnoculturally diverse (e.g., Latinx, non-Latinx Black [NLB]) populations who represent an increasing percentage of the older adult population in the US and bear greater AD burden compared to non-Latinx Whites (NLWs). Notably, neurocognition and functional status are highly correlated in those with AD. However, little has been done to understand these associations and validate functional measures across geographically diverse, multiethnic samples. The aims of this study were to characterize the neurocognition and functional status of a large, multiethnic sample and subsequently examine any associations between neurocognition and functional status among Latinx, NLB, and NLW older adults.

Participants and Methods: This cross-sectional, retrospective study utilized archival data drawn from the Alzheimer’s Disease Neuroimaging Initiative (ADNI). ADNI is a national, longitudinal, multi-site, observational study aiming to measure the progression of AD (see <https://adni-info.org>). Study measures included the: 1) *Alzheimer’s Disease Assessment Scale Cognitive subscale* (ADAS-cog; 13-items), a global neurocognitive battery evaluating neurocognition in people with AD; 2) *Functional Activities Questionnaire* (FAQ; 10-item questionnaire) to assess functional status; 3) *Geriatric Depression Scale* (GDS; 15-item questionnaire) for depression; and 4) *American National Adult Reading Test* (ANART; 50-word test) for reading level. The sample included 1537 older adults who completed baseline visits for the ADNI study, 1333 of whom were NLW, 123 NLB, and 81 Latinx. The average age of the sample was 73 years, average 16 years of education, and 53% male. Compared to the NLW group, the NLB and Latinx groups were significantly younger and had a higher percentage of female participants. Compared to NLW and Latinx groups, the NLB group also had significantly fewer years of education and lower reading scores. Potential confounds (i.e., demographic variables, depression) were identified a priori based on the literature and subsequently analyzed for inclusion as covariates in the primary analyses. Analyses

revealed variables were non-normally distributed, therefore Independent Samples Kruskal-Wallis tests and Spearman's Correlations were computed to examine differences and correlations between ethnocultural groups.

Results: After controlling for age and education, Latinx and NLB groups had significantly higher ADAS-cog and FAQ scores than the NLW group ($H_s = 9.50-21.53$, $p_s < .05$). Spearman's partial correlations controlling for age, education, gender, and depression revealed that higher ADAS-cog scores were associated with higher FAQ scores within Latinx ($\rho = .49$, $p < .001$), NLB ($\rho = .66$, $p < .001$), and NLW ($\rho = .60$, $p < .001$) groups.

Conclusions: Findings indicate that neurocognition is positively associated with functional status and support the ecological and external validity of the ADAS-cog and FAQ for use with NLB and Latinx older adults, in addition to previously established work with more homogenous samples. Study strengths include the overall sample size, geographic diversity, and standardization of research approaches. Study limitations include high education level and low comorbidity rates present in the sample, limiting the generalizability of the results, in addition to the unbalanced ethnocultural groups, further emphasizing the need for increased inclusion efforts of ethnoculturally diverse older adults into brain health research studies.

Categories: Cross Cultural Neuropsychology/
Clinical Cultural Neuroscience

Keyword 1: ethnicity

Keyword 2: dementia - Alzheimer's disease

Keyword 3: everyday functioning

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3 Harmonized Memory and Language Function in the Harmonized Cognitive Assessment Protocol (HCAP) Across the United States and Mexico

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Objective: Cross-national neuropsychological research is needed to understand the social, economic, and cultural factors associated with cognitive risk and resilience across global aging populations. Memory and language have been shown to be sensitive to age-related cognitive decline and pathological cognitive aging processes and may be more sensitive to subtle cognitive decline than measures of global cognitive function. Thus, we aimed to derive and validate harmonized cognitive domain scores for memory and language across population-based studies in the US and Mexico.

Participants and Methods: Data came from the Health and Retirement Study (HRS) Harmonized Cognitive Assessment Protocol (HCAP) and the Mexican Health and Aging Study (MHAS) Ancillary Study on Cognitive Aging (Mex-Cog). We used confirmatory factor analysis methodology to create statistically co-calibrated cognitive domains of memory and language. We performed differential item functioning (DIF) analysis to evaluate measurement differences across studies, using a cultural neuropsychological approach to identify comparable items across studies (i.e., cross-study anchors). We evaluated harmonized scores by examining their relationship to age and education in each study.

Results: We included 3347 participants from the HRS-HCAP study [Mean Age=76.6(7.5), 60% female] and 2042 participants from the Mex-Cog study [Mean Age=68.1(9.0), 59% female]. Education was classified according to the International Standard Classification of Education in the following categories (HRS-HCAP and Mex-Cog, respectively): none or early childhood education: (0.7%; 50.5%), primary education (4.1%; 22.3%), lower secondary education (7.1%; 15.7%), upper secondary education (41.1%; 3.0%), and any college (47.1%; 8.5%). DIF analyses revealed that 5 out of the 7 memory items and 1 out of the 12 language items demonstrated statistical evidence of measurement differences across studies, meaning that these items measured each