

over time amongst a linguistically diverse sample.

Categories: Cross Cultural Neuropsychology/
Clinical Cultural Neuroscience

Keyword 1: attention deficit hyperactivity disorder

Keyword 2: bilingualism/multilingualism

Keyword 3: cognitive functioning

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11 Sociodemographic, Cultural, and Linguistic Considerations for Clinical Neuropsychological Assessment with Japanese and Japanese American Patients in the United States

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Objective: Japanese-Americans are the sixth largest Asian ethnicity in the United States. They represent a highly heterogeneous population due to their history of immigration dating back to the late 19th century. In comparison to the total Japanese-American population, there are very few neuropsychologists of Japanese descent who are familiar with the culture. The Asian Neuropsychological Association lists 16 licensed members of Japanese descent, and only 7 practice outside of Hawaii or California. These numbers suggest that unless non-Japanese neuropsychologists are knowledgeable of the culture, test translations, and appropriate norms,

it would be challenging for many Japanese-Americans to receive culturally and linguistically competent neuropsychological services. The aim of the present study is to provide guidance for conducting neuropsychological assessments with Japanese-Americans with the goal of facilitating competent culturally-informed services to this population.

Participants and Methods: Pertinent facets of Japanese culture as identified in the ECLECTIC framework and demographics of the U.S. Japanese-American population, and the available literature on neuropsychological tests that are translated into Japanese and normed with Japanese samples, was reviewed by authors with knowledge of Japanese language and culture. Literature published in both English and Japanese were included for review.

Results: Psychological testing is a Western technology fraught with the behavioral expectations and values of the culture in which it was developed. Thus, these tests may be biased against persons coming from cultures that differ from the West. Recommendations for providing neuropsychological services to Japanese-Americans are presented with an aim of maximizing test fairness by addressing the following issues: comfort with the testing situation, test biases, accessibility, and validity. Given the emphasis on education, Japanese-Americans should be familiar and comfortable with cognitive testing, although they may experience undue pressure to perform well to avoid shame. Japanese-Americans may experience discomfort disclosing personal information during the interview, particularly if the evaluation is perceived to be psychiatric in nature, as there is a strong stigma associated with mental illness that could bring shame to the family. Japanese communication styles are indirect in nature, where the message is implied and what is "not said" is just as important as what is directly conveyed. Accessibility issues will primarily impact first generation Japanese-Americans who are native Japanese speakers. Another characteristic that may impact responding is hesitancy for guessing when unsure. Recommendations for providing culturally competent neuropsychological assessment given these considerations will be presented and expanded upon in detail. Finally, an online database of translated and normed neuropsychological tests by cognitive domain has been created and will be presented.

Conclusions: Providing neuropsychological services to Japanese-Americans can be

challenging as Japanese culture is significantly different from western culture. In addition, Japanese-Americans are heterogeneous with salient issues of English proficiency and acculturation. Information to individualize a conceptual understanding of Japanese-Americans, translated and normed tests, and recommendations to maximize fairness in testing are presented to assist clinical neuropsychologists provide competent services to Japanese-Americans.

Categories: Cross Cultural Neuropsychology/
Clinical Cultural Neuroscience

Keyword 1: cross-cultural issues

Keyword 2: multiculturalism

Keyword 3: assessment

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12 Do the Cognitive Effects of the Immigrant Health Paradox Vary Across the Lifespan?

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Objective: The Immigrant Health Paradox (IHP) suggests that immigrants have better health upon arrival in comparison to their U.S.-born Latinx counterparts, indicating that immigrants' unique experiences may buffer against negative health outcomes, including cognition. Some studies indicate that IHP-related cognitive health benefits diminish with increased time spent in the U.S., while others suggest that this relationship may be age-dependent such that compared to migration during earlier or later life, migration during young/middle adulthood may be related to better cognition-potentially due to higher simultaneous cognitive demands associated with this age epoch (e.g., language acquisition, acculturation). However, this literature is equivocal and has methodological

limitations (e.g., cognition typically assessed with cognitive screeners, lack of clinical populations) Thus, this study aimed to examine the role of age related to IHP and cognition within a well-characterized sample of HIV+ Latinx adults. It was hypothesized that compared to U.S.-born Latinx adults and those who immigrated earlier or later in life, the Latinx immigrant subgroup who migrated during young/middle adulthood would demonstrate better cognitive functioning.

Participants and Methods: This cross-sectional study included a HIV+ sample ($N=105$) of 34 Latinx immigrants ($M_{age}=45.56$, $SD=6.99$) and 71 U.S.-born Latinx individuals ($M_{age}=46.03$, $SD=7.63$), who completed a comprehensive sociocultural questionnaire and cognitive battery. Demographically-adjusted average T-scores were computed for each cognitive test and domain (e.g., learning, memory). A series of Welch's-corrected ANOVAS with post hoc Games-Howell tests for multiple comparisons were conducted to compare cognitive function across three groups: Latinx immigrants who migrated during earlier (<19 yrs) or later adulthood (>50 yrs), young/middle adulthood (20-49 yrs), and U.S.-born Latinx adults.

Results: Compared to the other Latinx subgroups, Latinx immigrants who migrated during middle adulthood performed worse in Verbal Fluency ($F(2,98)=8.04$, $p<.001$), Attention/Working Memory ($F(2,96)=6.10$, $p<.01$), Executive Function ($F(2,99)=5.11$, $p<.01$), and Processing Speed ($F(2,101)=3.36$, $p<.05$). Posthoc Games-Howell tests showed that the mean Verbal Fluency ($p<.01$, 95% C.I.=[-21.37, -2.66]), Attention/Working Memory ($p<.05$, 95% C.I.=[-16.82, -1.59]), Executive Function ($p<.01$, 95% C.I.=[-14.66, -2.49]) and Processing Speed ($p<.05$, 95% C.I.=[-13.60, -1.31]) T-scores were significantly lower in Latinx immigrants who migrated in young/middle adulthood compared to the U.S.-born Latinx sample. Further, there were no differences between the U.S.-born Latinx group compared to the Latinx immigrant group who migrated earlier or later in life ($ps>.05$).

Conclusions: This preliminary study is the first to examine whether the potential protective cognitive effects of the IHP vary across the lifespan among Latinx immigrants with HIV, using a comprehensive neuropsychological battery. Age-related IHP benefits were not observed in this study. Moreover, Latinx immigrants who migrated during young/middle adulthood had worse cognitive functioning