correspondence between sound and grapheme in Japanese and the use of both phonographic and logographic systems in written Japanese. Neuropsychologists should also be careful to use tests that are translated for cultural equivalence rather than direct translations, and that have been normed for use with Japanese speakers. Finally, general cross-cultural considerations in assessment such as the evaluation of bilingualism, familiarity with the testing environment, and other factors remain essential.

Categories: Cross Cultural Neuropsychology/ Clinical Cultural Neuroscience
Keyword 1: cross-cultural issues
Keyword 2: language: second/foreign
Keyword 3: verbal abilities
Correspondence: Erin T. Kaseda, Rosalind Franklin University of Medicine and Science, Erin.Kaseda@my.rfums.org

14 A Culturally and Linguistically Informed Approach to the Development of a Cognitive Screener for Deaf Adults using American Sign Language

Erin C Timperlake[1], Lawrence Pick[1], Pamela Dean[2], Donna Morere[1]
[1]Gallaudet University, Washington, DC, USA. [2]Cleveland Clinic, Cleveland, OH, USA

Objective: When assessing individuals from diverse backgrounds, APA ethical principles emphasize the consideration of language and culture when selecting appropriate measures. Research among hearing, English-speaking individuals has shown the effects in identifying cognitive deficits when language, culture, and educational background are not considered in the selection and administration of measures (Ardilla, 2007). Among the Deaf community in the US, a minority group with a unique culture and language (American Sign Language: ASL), there have been few attempts to adapt existing English cognitive measures. Factors complicating this include research resources given the limited number of neuropsychologists and researchers who understand both the complexities of the measures as well as the linguistic and cultural factors within the Deaf population. The goal of the current project is to develop a culturally informed interpretation of a cognitive screening tool for appropriate use with older Deaf adults.
Participants and Methods: Item selection was informed by MMSE data from Dean et al. (2009) and methods utilized by Atkinson et al. (2015). Items selection occurred through consultation with three neuropsychologists and graduate peers with either native signing abilities or demonstrated ASL fluency, as well as Deaf identities, cultural affiliation and or community engagement. Selection considered the potential for translation errors, particularly related to equivalence of translation from a spoken modality to a signed. Items were categorized into the following domains: Orientation, Attention, Memory, Language, Executive Functioning, Visuospatial, and Performance Validity. Two native signers (Deaf interpreters) provided formal translation of the items. The measure was piloted with 20 deaf and hard of hearing (DHH) adult signers (ages M=41.10, SD=5.50, Range=31-48). Items were prerecorded to standardize the administration, which was shown to participants through the screenshare function of Zoom software.
Results: The average performance was 100.80 (SD=3.91)/ 105 possible points. Within the memory domain, some errors, especially for word selection on delayed recall, were noted which may be related to sign choice and dialect. Additionally, with culture-specific episodic memory items, participants 35% of participants were unable to provide a correct answer with qualitative responses indicating this information may be more familiar to a subset of the Deaf community that had attended Gallaudet University in Washington, D.C. There was a significant positive relationship between ASL fluency, determined by the ASL-Comprehension Test, and performance on the cognitive screener ($r(18)=.54$, $p=.01$) while age of onset of deafness ($r(18)=-.16$, $p=.51$) and age of ASL acquisition ($r(18)= .21$, $p=.37$), were not significant.
Conclusions: Results of this preliminary project yielded a measure that benefited from inclusion of content experts in the field during the process of interpretation and translation. It appears appropriate for Deaf signers who are proficient in ASL. The pattern of correlations suggests the measure may be appropriate for use with fluent signers with experience in ASL acquisition. Further development of the measure should focus on appropriate items that address the diversity of the Deaf experience as well as

https://doi.org/10.1017/S1355617723005659 Published online by Cambridge University Press

continue to explore inclusive translation approaches.

Categories: Cross Cultural Neuropsychology/ Clinical Cultural Neuroscience
Keyword 1: diversity
Keyword 2: inclusion
Keyword 3: cognitive screening
Correspondence: Erin Timperlake, Gallaudet University, Erin.Timperlake@gallaudet.edu

15 Does Subjective Socioeconomic Status Mediate the Relationship Between Objective Socioeconomic Status and Neuropsychological Test Performance Across Race and Ethnicity?

Foysal B Uddin, Justina F Avila-Rieger, Dominika Seblova, Adam Brickman, Jennifer J Manly
Columbia University Irving Medical Center, New York, NY, USA

Objective: Socioeconomic disadvantage is a chronic stressor associated with several biological markers of health (e.g., inflammation) as well as early-onset cognitive aging. Studies examining socioeconomic status (SES) and its link with health outcomes exhibit no uniformity in the way in which SES is measured and defined. Also, studies have found that subjective socioeconomic status (SSES), defined by a subjective SES scale, was more consistently and strongly related to psychological functioning and health-related outcomes than objective socioeconomic status (OSES), defined by a composite score of education, household income, and occupation. The goal of the current study was to assess whether SSES mediates the relationship between OSES and neuropsychological test performance similarly across racial and ethnic groups.
Participants and Methods: Participants were 1,912 middle-aged older adults (13% non-Hispanic white, 17% non-Hispanic Black, 69% Hispanic/Latinx) from the Offspring study. Participants are the adult children of participants in the Washington Heights Inwood Columbia Aging Project, a community-based cohort study of aging and dementia representing the ethnic/racial diversity of upper Manhattan. Participants on average were 56.5 years of age and 67% were women. Measures of verbal learning and memory (SRT immediate and delayed recall), verbal fluency (animal and letter fluency), and attention/working memory (digit span forward and backward) were administered. OSES was characterized by years of formal education completed. SSES was measured by the MacArthur Scale of Subjective Social Status. The scale measures perceptions of one's social standing relative to others. We conducted separate stratified mediation analyses for each neuropsychological outcome across each racial and ethnic group. All models were adjusted for age.
Results: Participants with higher OSES demonstrated higher neuropsychological test scores (effect size associations ranged from .29 to .45) and reported higher SSES (b=.109 95% CI: .08, .14). Lower SSES was associated with lower neuropsychological test scores (effect-size range .06 to .13). In stratified analyses, the relationship between OSES and SSES was strongest for White participants (b=.13 [.01, .24]) compared with Latinx (b=.06 [.02, .11]) and Black (b=.06 [-.03, .16]) participants. Associations between SSES and neuropsychological outcomes were only reliable for White participants on SRT Immediate and Delayed Recall and Animal Fluency and for Black participants on Digit Span Forward. In mediation analyses, SSES mediated the relationship between OSES and Immediate Recall (indirect effect b=.18 [.001, .45]; 39% mediated), Delayed Recall (indirect effect b=.05 [.004, .09]; 44% mediated), and Animal Fluency (indirect effect b=.09 [.01, .20]; 22% mediated) for White participants. There was no evidence of mediation in Black or Latinx participants.
Conclusions: The relationship between OSES and SSES was strongest for White participants compared to Black and Latinx participants. Even though perception of social status predicted lower cognitive test scores among Black and Latinx adults, it is only a part of the indirect pathway linking OSES to cognitive function among White adults. It is likely that mechanisms related to tangible resources that benefit health (as opposed to perceived inequity) are in the pathway linking education to cognition among Black and Latinx, and thus intervening on systems of inequality throughout the life course has the most promise for improving brain health in those communities.

Categories: Cross Cultural Neuropsychology/ Clinical Cultural Neuroscience

https://doi.org/10.1017/S1355617723005659 Published online by Cambridge University Press