

mean age of 19.45 (SD = 1.43). Participants were broken into three groups: English first language monolingual (EFLM), English first language bilingual (EFLB), and English second language bilingual (ESLB). The Comalli Stroop part A and B, Trail Making Test part A, and Symbol Digit Modalities Test written and oral parts were used to evaluate speed attention and the Zimbardo Time Perspective Inventory was used to evaluate time orientation in our sample.

Results: ANOVAs revealed the EFLM group outperformed the ESLB group on the Comalli Stroop part B, $p = .020$, $\eta^2 = .07$. Next, we also found on the Symbol Digit Modalities Test written part the EFLB group outperformed both bilingual groups, $p = .025$, $\eta^2 = .06$. Regarding TP, the EFLB group reported higher past negative orientation compared to the EFLM group, $p = .033$, $\eta^2 = .06$. Additionally, we found the bilingual groups reported higher present-fatalistic compared to the EFLM group, $p = .023$, $\eta^2 = .06$. Pearson's correlation revealed no significant correlations between TP and speed attention tasks on any of our language groups.

Conclusions: As expected, the EFLM group outperformed the ESLB group on several speed attention tasks, but the EFLM group only outperformed the EFLB group on the Symbol Digit Modalities Test written part. Additionally, we found that our EFLB sample reported higher orientation of the past and present compared to monolinguals. Our sample level of acculturation could have been a factor influencing the relationship between TP and speed attention. Future studies using larger representative samples should include measures of acculturation and examine if TP influences other cognitive domains (e.g., executive function) in Hispanic-American monolingual and bilingual speakers.

Categories: Inclusion and Diversity/Multiculturalism

Keyword 1: information processing speed

Keyword 2: language: second/foreign

Keyword 3: attention

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36 Disparities in General Mental Status Between Lower and Higher SES Ethnically Diverse Older Adults

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Objective: To investigate differences in performance on a widely used cognitive screener between community-dwelling older adults from two disparate socioeconomic groups.

Participants and Methods: Participants were part of a larger study of cognitive screening in healthy older adults. The total sample (N=79, 69.6% female, 19% White/Caucasian, 12.7% Asian, 43% Latino/a, 25.3% Black/African-American) consisted of community-dwelling adults (Mage=73.1 years [SD=7.2] and Meducation=14.3 years [SD=2.6]) who were initially recruited via social media, flyers, and general community announcements. A lack of ethnic minority participants resulted in a two-year commitment to reach communities of color via visits and provision of health literacy to local religious and community programs. Continuous contact with leaders/gatekeepers helped establish research study credibility and forge a stronger sense of trust among ethnically diverse participants in the greater Houston, TX, area. Testing was initially conducted at the clinical study site. Due to low participation rates among people of color, greater effort was placed on tailored strategies to overcome economic and time constraints (i.e., schedule/time conflicts, lack of transportation, inability to pay for parking). To fit the priorities and needs of the participants, testing was also conducted at their homes (25.3%) and nearby religious and community centers (22.8%). Participants identifying as Latino/a or Black were predominantly recruited and tested at their local community center (as requested by gatekeepers/participants) to increase access to the study, in contrast to Caucasian participants. Median income estimates were used to stratify participants by socioeconomic status (SES) based on zip codes into low SES (L-SES) or high SES (H-SES) groups.

Results: Participants from the L-SES group had significantly lower total scores on the MoCA than their H-SES counterparts, $t(77)=2.837$, $p=0.003$, $g=0.696$. The average MoCA total score for participants from the L-SES group was 2.64 points lower. The observed differences in MoCA total score when stratifying by ethnicity may be

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

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

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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 equipercenile 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