Neuropsychological Impairment in Racial/Ethnic Minorities with HIV Infection and Low Literacy Levels: Effects of Education and Reading Level in Participant Characterization

Elizabeth L. Ryan
The Mount Sinai Medical Center

Reon Baird
The Mount Sinai Medical Center, The Graduate Center of the City University of New York (CUNY)

Monica Rivera-Mindt
Fordham University, The Mount Sinai Medical Center

Desiree Byrd
The Mount Sinai Medical Center

Jennifer Monzones
The Mount Sinai Medical Center

See next page for additional authors

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Neuropsychological impairment in racial/ethnic minorities with HIV infection and low literacy levels: Effects of education and reading level in participant characterization

ELIZABETH L. RYAN,1,2 REON BAIRD,2,3 MONICA RIVERA MINDT,1,2,4 DESIREE BYRD,1,2 JENNIFER MONZONES,2 and SUSAN MORGELLO2 FOR THE MANHATTAN HIV BRAIN BANK

1Department of Psychiatry, The Mount Sinai Medical Center, New York, New York
2Department of Pathology, The Mount Sinai Medical Center, New York, New York
3Department of Psychology, The Graduate Center of the City University of New York (CUNY), Queens, New York
4Department of Psychology, Fordham University, Bronx, New York

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Abstract

Educational attainment is an important factor in the interpretation of cognitive test scores but years of education are not necessarily synonymous with educational quality among racial/ethnic minority populations. This study investigated the comparability of educational attainment with reading level and examined whether discrepancies in education and reading level accounted for differences in neuropsychological test performance between HIV+ racial/ethnic minority and nonminority participants. Study participants (N = 200) were derived from the Manhattan HIV Brain Bank (MHBB) where 50% of the cohort had ≤8th grade reading level but only 5% had ≤8 years of education. Significantly lower reading ability and education was found among African Americans and Hispanics, and these participants were more likely to have discrepant reading and education levels compared to non-Hispanic Whites. Discrepancy in reading and education level was associated with worse neuropsychological performance while racial/ethnic minority status was not. As years of schooling overestimated racial/ethnic minority participants’ educational quality, standard norms based on education may inflate impairment rates among racial/ethnic minorities. Identifying appropriate normative standards is and will continue to be important in the detection of cognitive impairment in racial/ethnic minorities with HIV. (JINS, 2005, 11, 889–898.)

Keywords: Literacy, Education, Ethnicity, HIV, Neuropsychology, Premorbid IQ

INTRODUCTION

Racial/ethnic differences in neuropsychological test performance are widely observed (Miller et al., 1993; Jacobs et al., 1997 Tang et al., 2001) and without appropriate normative corrections, the potential to misclassify racial/ethnic minorities as having cognitive dysfunction exists (Adams et al., 1982; Manly et al., 1998b; Heaton et al., 2001). Racial/ethnic minorities tend to have lower education levels and lower socioeconomic status than non-Hispanic Whites, but even when groups are matched for education and socioeconomic status African Americans tend to have lower scores on verbal and nonverbal tests (Stern et al., 1992; Welsh et al., 1995; Manly et al., 1998a, 1998b, 2002). Recent research has revealed that matching racial/ethnic groups for years of education is ineffective because it falsely assumes equivalent educational quality among different ethnic/racial groups. For instance, among African American elders, years of schooling are an inadequate measure of educational quality because their reading skills tend to be below their educational level (Baker et al., 1996; Albert & Teresi, 1999; Manly et al., 2002).

Accurate interpretation of ethnic/racial minorities’ test performance is an extremely important issue in contemporary neuropsychology because of the historical neglect of these groups and our increasingly diverse multicultural soci-
The appreciation of our cultural diversity has facilitated investigating the utility of ethnically diverse normative samples. It has also led to studying variables that are proxies for ethnicity but are more precisely related to culture, education, and access. Comparing the performance of racial/ethnic minorities to demographically similar groups has led to decreases in misclassification rates (Lucas et al., 1998; Norman et al., 2000; Heaton et al., 2001; Patton et al., 2003), which is a primary benefit of norms that account for ethnicity (Manly, 2005).

Recently, the utility of ethnic/racial categories as an explanatory construct in behavioral science research has been questioned because these categories lack consensual scientific meaning in psychology (Helms et al., 2005). Replacing racial categories with conceptual constructs has been recommended. This recommendation parallels investigations of educational quality and access, factors that can differ by race/ethnicity but are due to sociopolitical forces and not endemic to race. For example, reading ability is associated with academic achievement (Wilkinson, 1993) as well as educational resources (i.e., teacher training, school district spending on students, and student/teacher ratio) (Hedges et al., 1994). Reading ability has been shown to be a proxy for educational quality that attenuates racial/ethnic differences in neuropsychological test performance in an elderly cohort (Manly et al., 2002). Thus, reading ability may be a more meaningful variable than years of education in the assessment of racial/ethnic minorities and interpretation of their performance.

Identifying superior assessment methods is especially important in neurodegenerative research where the primary objective is the detection of disease-related cognitive deficits and thus, diagnostic accuracy is paramount. The HIV epidemic disproportionately affects African Americans and Hispanics (CDC, 2003). There have been a few studies reporting that HIV+ African Americans tend to have lower neuropsychological scores than HIV+ non-Hispanic Whites (Miller et al., 1997; Manly et al., 1998a) and Hispanics (Richardson et al., 2002). However, HIV+ and HIV− African Americans’ scores do not differ from each other until an AIDS diagnosis (Mason et al., 1998). Understanding how best to measure neurocognitive abilities in racial/ethnic minorities will help elucidate the prevalence of HIV-related neuropsychological impairment in these groups and minimize potential confounds in the interpretation of impaired scores due to measurement error. While HIV infection can occur throughout the lifespan, the majority of infected individuals are ages 35–44 (CDC, 2003). Previous work assessing the contribution of reading to neuropsychological performance in racial/ethnic minorities has been conducted with elderly cohorts (Manly et al., 2002, 2003), thus, whether these results generalize to younger cohorts is unknown.

Using a cross-sectional design, the present study examined the utility of reading ability as a proxy for education in a middle-aged cohort. We investigated the magnitude of discrepancies in years of education versus reading grade level among a predominantly racial/ethnic minority cohort with advanced HIV disease. Using published norms we compared rates of neuropsychological impairment based on education-corrected and reading-grade-adjusted normative data. For education-corrected normative data, participants’ reported education levels were used. For reading-grade-adjusted normative data, we substituted participants’ reading-grade levels for their education. We tested the hypothesis that a discrepancy in reading level versus years of education and not ethnicity/race would account for differences in neuropsychological test performance among a diverse cohort.

METHODS

Research Participants

Two hundred study participants were derived from the Manhattan HIV Brain Bank (MHBB), a longitudinal observational study that includes biannual neurologic, neuropsychologic, and psychiatric examinations. The MHBB participants were HIV-positive and gave consent for postmortem organ donation for research purposes. All participants were English-speaking. Participants were excluded from this study analysis if they had dyslexia or another condition (i.e., blindness) that confounded or prevented their reading. The present analyses utilized baseline data.

Further MHBB participation eligibility criteria include: (1) presence of a condition indicative of advanced HIV without effective therapy, or (2) a CD4 count ≤ 50 cells/mm³ for at least a 3-month period of time or (3) substantive risk for imminent mortality in the judgment of the participant’s primary physician. Indicator conditions for criterion 1 are progressive multifocal leukoencephalopathy, systemic or CNS lymphoma, disseminated mycobacterium avium-intracellulare, wasting (>30% lean body mass), AIDS Dementia Complex, CMV end organ disease, visceral Kaposi’s sarcoma, congestive heart failure, hemoglobin less than 10 mg/dl, or serum albumin <3.2 g/dl.

Procedure

Reading level

The Reading Recognition subtest of the Wide Range Achievement Test–Version 3 (WRAT-3, Wilkinson, 1993) was administered to assess reading level. Participants were asked to pronounce words and if they were unable to correctly pronounce ten consecutive words, to name letters. Words are listed in order of decreasing familiarity and increasing phonological complexity. Grade equivalent scores were derived by age-based normative values from the WRAT-3 manual. The WRAT-3 reading grades were quantified from prekindergarten through 8th grade. Beyond an 8th grade reading level, participants were assigned either “high school” or “post high school” reading levels. These qualitative descriptors were used because test development revealed little variance within the high school or within the post high school reading levels (G. Wilkinson, personal communication, November, 2003). Thus, we assigned any par-
participant with a “high school” reading ability a 12th grade reading level and participants with a “post high school” reading level were arbitrarily assigned 13 years.

We classified participants into two groups by comparing their education level and reading grade. In the first group, reading grade and education were either equivalent or within 1 year. This Reading/Education Equivalent Group included participants whose reading and education were equivalent by grade level. For instance, it included participants with a 9th grade education and 12th grade reading level, as these are both at the high school grade level. Similarly, participants with 16 years education and a college reading level who were arbitrarily assigned 13 years were classified in this group. The second group was comprised of participants whose reading grade score was at least two years less than their education level (Reading/Education Discrepant). This group included participants who had a college education but a high school reading level.

Given that a ≥ 2 year discrepancy in reading level versus reading grade would lead to a participant’s stated years of education potentially overestimating the quality of education he or she received, the Reading/Education Discrepant group was the primary interest of our study and as such we subjected this group to further analyses. We obtained a sample of alphabet writing and measured reported histories of learning problems in a subset of this group.

Neuropsychological battery

Participants were administered a battery of neuropsychological tests that assessed a broad range of cognitive abilities sensitive to HIV impairment (Woods et al., 2004). Specific tests included the Trail Making Test–Parts A and B (TMT-A and TMT-B, respectively), Grooved Pegboard Test–Dominant and Nondominant Hands (GPDH and GPNDH, respectively); Hopkins Verbal Learning Test (HVLT), Brief Visuospatial Memory Test–Revised (BVMT-R), WAIS-III Digit Symbol, WAIS-III Symbol Search, WAIS-III Letter Number Sequencing, Controlled Oral Word Association Test (COWA-FAS), Paced Auditory Serial Addition Test (PASAT), Wisconsin Card Sorting Test-64 card version (WCST-64), and the Reading subtest of the Wide Range Achievement Test-3 (WRAT-3).

To investigate prevalence of impairment across domains, we assigned t scores using the aforementioned published norms with the exception of the WAIS-III tests, which used norms from Wechsler (1997). Domain scores were derived from the mean t scores of the individual tests in that particular domain, and the global domain score is the mean of all of the individual neuropsychological test t scores.

Reading-grade-adjusted norms for low reading levels

The absence of norms for low education levels required that when participants had a reading-grade level lower than the lowest educational level in the published norms, we used the norms for the lowest educational level even if it was higher than the individuals’ reading-grade level.

RESULTS

Research Participants

Two hundred participants (73% male) were studied. Of these, 51% of the participants were African American, 24% Hispanic, and 25% non-Hispanic White. Mean age was 44.4 years (SD = 7.5). Median CD4 count was 122 cells/mm³ and median log plasma HIV RNA was 3.9736 copies/mL. As a group, African American and Hispanic participants had significantly lower CD4 counts than non-Hispanic Whites (209.36 vs. 314.59 cells/mm³) [t (166) = 2.01, p = .04]. Plasma HIV RNA was not significantly different between racial/ethnic minority and nonminority participants.

Race/Ethnicity, Education Level, and Reading Grade

Fifty percent of the MHBB cohort had an eighth grade reading level or less. Table 1 summarizes the results of reading level (WRAT-3, Reading subtest score) and education comparisons based on race/ethnicity. Significantly lower reading ability and education was found among the African American [r (150) = 5.34, p < .001]; [t (150) = 5.94, p < .001] and Hispanic participants [t (96) = 3.21, p < .001]; [t (94) = 4.26, p < .001], compared to non-Hispanic White participants (see Table 1). Even after covarying for education, significant differences in reading level persisted across the three race/ethnicity groups [F(2,196) = 8.56, p < .001].

Across the sample there was a significant correlation between the WRAT-3 reading score and education level (r = .67, p < .001), however, the correlation was attenuated in the African American (r = .53, p < .001) and Hispanic participants (r = .58, p < .001) compared with the non-Hispanic White participants (r = 0.74, p < .001). For 71% of the sample, data on median income for the participant’s zip code was available. Partialing out income only slightly lowered the relationship between WRAT-3 scores and education: African American participants (r_{WE} = .55, p < .001 vs. r_{WE1} = .53, p < .001), non-Hispanic Whites (r_{WE} = .69,
Table 1. Education level and reading-grade level

<table>
<thead>
<tr>
<th></th>
<th>African Americans (N = 102)</th>
<th>Hispanics (N = 55)</th>
<th>Non-Hispanic Whites (N = 50)</th>
<th>F</th>
<th>p</th>
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<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
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<td>Education</td>
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<td>11.9</td>
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<tr>
<td>Reading-grade level</td>
<td>7.7</td>
<td>3.9</td>
<td>8.8</td>
<td>3.9</td>
<td>11.0</td>
</tr>
</tbody>
</table>

*Non-Hispanic Whites > African Americans and Hispanics.

$p < .01$ vs. $r_{WE,1} = .66$, $p < .01$). Income acted as a slight suppressor variable with Hispanic participants ($r_{WE} = .60$, $p < .01$ vs. $r_{WE,1} = .62$, $p < .01$).

### Reading Groups

Table 2 illustrates the demographic composition, education, and reading-grade levels within the two groups. There was an association between race/ethnicity and reading group such that significantly more African Americans than non-Hispanic Whites ($\chi^2 = 12.1, df = 1, p < .01$) were in the Reading/Education Discrepant group and less in the Reading/Education Equivalent group than expected. The Reading/Education Equivalent group had a significantly higher mean education level than the Reading/Education Discrepant group [$t(161) = 2.90, p < .01$] and these participants were more likely to finish high school ($\chi^2 = 9.71, df = 1, p < .01$). In the Reading/Education Discrepant group, the African Americans had a significantly greater discrepancy in reading versus education than non-Hispanic Whites (5.9 vs. 4.3 years) [$t(30) = -2.78, p < .01$]. Hispanics also had a significantly greater discrepancy in reading versus education level than non-Hispanic Whites (5.9 vs. 4.3 years) [$t(39) = -2.39, p < .05$]. Mean WRAT-3 reading grade was significantly lower for the Reading/Education Discrepant group than the Reading/Education Equivalent group [$t(198) = 14.56, p < .001$]. Although we did not routinely assess participant’s knowledge of the alphabet, we had data for 37% of the Reading/Education Discrepant group. For the 41 participants in the Reading/Education Discrepant group for whom we had available data, 44% could not correctly write the entire alphabet. They tended to make errors in the last third of the alphabet. We also had information regarding academic problems for 40% of the Reading/Education Discrepant group. In the Reading/Education Discrepant group at least 8% reported learning problems, 10% repeated a grade, and 19% reported behavioral problems. However, it is likely that these values are an underestimate of the actual school-related problems. Finally, the Reading/Education Discrepant group had a significantly lower median income than the Reading/Education Equivalent group [$t(140) = 4.03, p < .001$].

Figure 1 shows the percentage of impairment (1.5 SDs below mean) in the Reading/Education Discrepant group for neuropsychogical tests normed using education versus reading-grade level. While no participants had education levels lower than the education breakdowns for the published norms we used, 51 participants had reading levels lower than the lower educational level for GP and TMT. We used the lowest educational level, 6–8 years, for these 51 individuals even though they all had reading grade levels <6th grade. Tests for learning and memory, the HVLT and BVMT-R, are not included here because the HVLT has very wide normative education categories (i.e., 8–18 years for ages 17–30, 10–20 for ages 31–54, 6–20 for ages 55–69, and 5–20 for ages 70–88) and the BVMT-R does not use education in its normative calculations.

Using the two norming methods (education based vs. reading grade) resulted in only a slight difference (1%) in the percentage of impairment in GPNDH. For all other tests, using reading grade level resulted in less impairment for the Reading/Education Discrepant group. Digit Symbol showed the greatest reduction in percentage of impaired participants (Education: 45.5% vs. Reading: 16.1%) followed by TMT-B, TMT-A, Symbol Search, FAS, PASAT, WCST Perseverative Responses, WCST Conceptual Level Responses, Letter Number Sequencing, GPDH, and WCST Total Errors. Differences in impairment rates using education versus reading-based norms were all significant (all $p’s < .001$).

Figures 2 and 3 show the percentage of impairment by ethnicity/race in the Reading/Education Discrepant group after applying the two norming procedures. All but one score (WCST Total Errors for non-Hispanic Whites) decreased after norming the battery based on reading grade. For all ethnicities, the largest reduction was in Digit Symbol, which
decreased by 41.7% for Hispanics, 27.5% for African Americans, and 21.1% for non-Hispanic Whites after applying norms based on reading grade. Aside from Digit Symbol, African American participants exhibited the greatest decreases in impairment for TMT-B, TMT-A, and Symbol Search, respectively. Hispanic participants had the next greatest reductions in Symbol Search followed by FAS, TMT-B, and PASAT, which all changed by the same percentage (25%). Hispanic participants also had 0% impairment on Letter Number Sequencing using reading-grade norming. For non-Hispanic White participants, the next largest reduction (after Digit Symbol) was in TMT-A, Symbol Search, and WCST Perseverative Errors, which were all equally decreased. African Americans’ and non-Hispanic Whites’ GPNDH score did not exhibit any change after applying norms based on reading level. Letter Number Sequencing was also unchanged for non-Hispanic Whites.

Reading Group, Race/Ethnicity, and Neuropsychological Test Performance

To determine the effect of discrepancies in reading and education, and also racial/ethnic status on the neuropsychological domain scores, we compared the test scores among the groups. Given that both African American and Hispanic participants had significantly less education and lower reading levels than non-Hispanic White participants (but not from each other), we combined these groups. A multivariate analysis of variance (MANOVA), testing the effects of reading group and minority status on the neuropsychological domain scores revealed a significant main effect for reading group \[ F(1,181) = 3.99, p < .001 \] but not for racial/ethnic minority status or their interaction. As shown in Table 3, the follow-up univariate analyses revealed that all of the domain scores were significantly lower in the Reading/Education Discrepant Group. There was a medium effect size of Reading/Education Group for global neuropsychological functioning, processing speed, working memory, learning, and fluency. The effect size of minority status was small across all the domains.

DISCUSSION

The present study investigated neuropsychological test performance, reading ability, and education levels across racial/ethnic groups in an advanced-HIV cohort and found that not only did African American and Hispanic participants tend to have lower reading scores, but their reading levels were discordant with their years of education. Reading/
education discrepancies accounted for lower performance in all of the neuropsychological domains, whereas racial/ethnic minority status did not. Reading/education discrepancies had a stronger relationship with neuropsychological functioning than race/ethnicity, indicating the importance of educational quality in understanding racial/ethnic minorities’ test performance.

This study is the first to investigate the roles of low literacy and race/ethnicity in neuropsychological test performance among an advanced-HIV+ cohort. Given that the epidemic has transitioned to a greater racial/ethnic minority population, it is essential to identify whether or not differences in neuropsychological test performance are due to HIV or other factors unrelated to the disease process, so as to avoid inappropriate classifications of neuropsychological impairment and resulting erroneous interpretations of an HIV effect. There have been a few reports documenting that HIV+ African Americans obtain lower scores on neuropsychological tests (Manly et al., 1998a; Miller et al., 1997; Richardson et al., 2002). Accounting for acculturation and applying norms developed for African Americans reduced racial/ethnic discrepancies in scores among HIV+ African Americans (Miller et al., 1997; Manly et al., 1998a). Our findings add to these studies by suggesting that educational quality, which can differ by race/ethnicity, may also be a worthwhile explanatory construct in understanding neuropsychological performance among African American and Hispanic HIV+ individuals.

Literacy is an important factor in the assessment and interpretation of cognitive functioning among racial/ethnic minority groups. There is a growing body of literature documenting that African Americans have reading levels below their completed years of education (Baker et al., 1996; Manly et al., 1998a; Albert & Teresi, 1999) and that racial/ethnic differences in cognitive testing are diminished after adjusting for literacy (Manly et al., 2002; Mehta et al., 2004). Results from the National Adult Literacy Survey (NALS) indicate that 21% of adults perform at the lowest level of literacy and that racial/ethnic minorities are over-represented at the lowest literacy levels due to differences in average education level and socioeconomic status (Kirsch et al., 2002). NALS findings reveal that even after controlling for education, differences in literacy among ethnic groups persist. Our results also demonstrate that after accounting for

<table>
<thead>
<tr>
<th>Reading/Education Equivalent (N = 85)</th>
<th>Reading/Education Discrepant (N = 100)</th>
<th>Effect of Reading Group Status</th>
<th>Effect Size of Minority Status</th>
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<td>Abstract/executive functioning</td>
<td>40.8</td>
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</table>
education, significant differences in reading level persisted across the three racial/ethnic groups. In our study, socioeconomic status (SES), as measured by median income per zip code, did not appreciably account for the relationship between education and reading across different racial/ethnic groups. The weaker relationship between reading and education in African American ($r = .53$) and Hispanic ($r = .58$) as opposed to non-Hispanic White ($r = .67$) participants adds further evidence that these two variables may function differently in African Americans (Manly et al., 2002) and Hispanics. Whether quality of education among African Americans and Hispanics can be better accounted for by measuring psychosocial and cultural factors such as acculturation, parental involvement in school, parental level of education, parental assistance with homework, availability of textbooks and school supplies, involvement in after school activities, and so forth, is a topic for further investigation (Byrd et al., in press).

Fifty percent of the African Americans and Hispanics in the MHBB cohort had reading levels that were less than their years of education. Notably, this proportion is higher than in Manly et al.'s (2002) sample where one-third of African Americans had reading levels lower than their years of education. The MHBB rates of reading/education discrepancy are even more striking when one considers that the MHBB cohort had reading levels that were less than the lowest education level available in the norms used in this study, 51 participants in the Reading/Education Discrepant group, the magnitude of difference in impairment rates between education versus reading-grade level was the greatest for Digit Symbol (44.5% vs. 16.1%), which is intuitive given that reading also requires associative learning skills. TMT-B also showed a large difference in impairment rates using the two norming methods (45.54% vs. 23.2%), which suggests that the
spedited alphanumeric shifting in TMT-B may be more difficult for individuals with poorer reading skills. Although 37% of Group 3 participants made errors in alphabet writing, their errors tended to be in the last third of the alphabet. Thus, writing the letters “A through J” and knowing the consecutive order as required by TMT-B did not appear to contribute to the differences in TMT-B impairment rates using the two norming methods. However, for these participants, knowledge of the alphabet is likely less automatic and over-learned than in participants who could write the alphabet flawlessly. Future investigation of the relationship between alphabet writing and TMT-B performance is warranted, as is comparing TMT-B performance and the Color Trails Test (D’Elia & Satz, 1996) in individuals with difficulty correctly writing the alphabet and/or low reading scores.

Low education level is a risk factor for neuropsychological impairment in HIV (Satz et al., 1993; Stern et al., 1996; Da Ronchi et al., 2002). Recently, among HIV+ gay and bisexual men IQ has been found to be a superior marker of cognitive reserve compared to education (Farinpour et al., 2003), suggesting that IQ is a better indicator of native cognitive ability. Among racial/ethnic minority elders, literacy (not education) was the most sensitive predictor of memory decline (Manly et al., 2003). Whether literacy is a robust predictor of cognitive reserve in HIV+ racial/ethnic minorities remains to be seen. In our sample with 56% of participants having reading levels lower than their education, it is likely that literacy is a better measure of native ability and a more sensitive marker of cognitive reserve. Longitudinal studies of HIV-related neurocognitive impairment in low literacy individuals would also help increase understanding of the utility of literacy as a marker of cognitive reserve. Also, functional neuroimaging studies of high and low literate HIV+ participants would help determine whether there is differential recruitment of brain networks during cognitive processing, and thus provide in vivo information about literacy’s contribution to cognitive reserve.

Historic inequalities in education for racial/ethnic minorities do not appear to be abating. The National Assessment of Educational Progress reported that by the end of high school, African American and Latino students have math and reading skills that are virtually the same as those of eighth grade White students (U.S. Dept. of Education, 2000). Although the racial/ethnic achievement gap has largely been declining over time, the current gap among high school students is slightly larger than it was in the late 1980s (Grissmer et al., 1998, Hedges & Nowell, 1998; Humphreys 1988). While current policies promote educational access for all, disparate funding continues to foster educational inequality in poor areas including the inner city. School districts educated the highest number of racial/ethnic minority students receive substantially less state and local money per student and 35 out of 48 states studied had a funding gap for racial/ethnic minority students, with the nationwide funding gap equaling $1,099 per pupil (Carey, 2004). A recent study prepared for the National Commission on Teaching and America’s Future (NCTAF), “Fifty Years after Brown v. Board of Education: A Two-Tiered Education System” reported that schools serving predominantly low income and minority students were more likely to have unprepared teachers and insufficient classroom supplies (Carroll et al., 2004). In California, almost half of the teachers (48%) in high-risk schools report that ≥ 20% of their colleagues are not fully credentialed, whereas only 18% of the teachers in low-risk schools report ≥ 20% of their colleagues have incomplete credentials. In New York, 63% of New York City teachers reported classroom computers did not have internet access compared to 36% of teachers in New York City suburbs. Given inequities in the allocation of funding, classroom supplies, and teacher certification, racial/ethnic minorities may continue to receive a poorer quality of education. Recent analyses from the Early Childhood Longitudinal Study Kindergarten Class of 1998–99 (ECLS-K) found much smaller gaps in the Black–White test scores suggesting that African Americans have made real gains relative to non-Hispanic Whites in the past few decades (Fryer & Levitt, 2004). Nevertheless, presumptions about the expected level of neuropsychological performance for a given education level among urban educated African Americans and Hispanics may be erroneous. Our data suggest that when working with racial/ethnic minority individuals who have less than a high school education, it would be prudent to assess their reading level, as educational quality may affect their neuropsychological test performance.

Refining neuropsychological assessment techniques are especially important in HIV/AIDS, a disease that disproportionately affects African Americans and Hispanics; African Americans comprise 42% of persons living with AIDS and Hispanics comprise 20% (CDC, 2003). Diagnosis of HIV-related cognitive impairment will require an unprecedented understanding of the interplay of sociocultural factors and brain pathology. Our findings raise concerns about diagnostic specificity among HIV+ individuals with low literacy and indicate the need to examine educational quality and its contribution to risk and resilience of HIV-related cognitive impairment in racial/ethnic minorities.

ACKNOWLEDGMENTS

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Neuropsychological impairment in minorities with HIV


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**APPENDIX**

**Neuropsychological Domains**

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<th>Domain</th>
<th>Tests</th>
<th>Norms</th>
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<td>Mean t score of all tests</td>
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<td>Motor</td>
<td>GPDH, GPNDH</td>
<td>Heaton et al., 1991</td>
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<tr>
<td>Processing speed</td>
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<td>WAIS-III Digit Symbol</td>
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