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MESSAGE FROM THE PRESIDENT

Dear ANA Family:

It has been a very productive year for ANA. Along with developing our infrastructure and establishing ties with our sister organizations, we have made tremendous progress in many important projects. First and foremost, I would like to acknowledge the tireless work of our Media Committee, who piloted our first AAPI Heritage Month Series last May and June. If you have not yet watched the interviews, I highly recommend going to our YouTube page and checking it out for unique perspectives in neuropsychology across countries, languages, and cultures. I would especially like to thank Derald Sue, Urvashi Shah, Maiko Sakamoto-Pomeroy, Anita Sim, and Sandra Loo for taking the time to share their experiences as professionals in psychology. Also, please keep an eye out for the Media Committee's next project, in which they showcase leaders within ANA itself!

ANA remains committed to centralizing a database on tests, norms, and cutting-edge research on assessing AAPI populations. The Chinese, Japanese, South Asian, Korean, Vietnamese, and Filipino special interest groups (SIGs) routinely meet monthly to track, discuss, and produce studies in this endeavor. If you would like to get involved in any of these SIGs or wish to fill a gap by starting your own SIG, we encourage you to reach out to us! In addition, I would like to congratulate the South Asian SIG for putting out a paper right out the gate. I also want to acknowledge Chris Nguyen's recent article on issues on teleneuropsychology practice with AAPI patients.

Our organization was born from a grassroots perspective, and we remain focused on social justice issues on a local, national, and international level. The Advocacy Committee will put out a two-part webinar series on educational disparities and assessment considerations this August. This will be highly relevant for anyone who conducts evaluations that involve academics. They are also collaborating with SBN, QNS, and HNS to put together a public town hall series on intersectionality. Meanwhile, the Education Committee will continue to disseminate webinars throughout the academic year. Please get in touch with them if you are interested in participating in the future or getting involved with the ANA mentorship program. We are also pleased to announce that we have begun the process of CE accreditation for our webinars, which may be available as early as 2022.

As of this publication, our organization is taking one of the most exciting first steps of all – our first elections are forthcoming this September. Presently, we are recruiting for a second Member-at-Large and President-Elect. We are all tremendously excited to open this opportunity for new leaders and perspectives in our growing family. I am enthused by the active membership and community of ANA, particularly with the student body. I believe in the next generation of young professionals and cannot wait to see how ANA evolves in the forthcoming years. Take care, as always, and I hope to see you in person at INS this year.

Best wishes,

Nicholas S. Thaler, Ph.D., ABPP-CN



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Featured Neuropsychologist: June Yu-Paltzer, Ph.D., ABPP-CN

by Ivy Cho, M.S.

The path to the future

In this issue, we looked to Dr. Paltzer to share how she successfully navigates the intersectionality as a bilingual neuropsychologist working with culturally diverse patients, navigating cultural neuropsychological research, and finding balance between work and life.

June Yu Paltzer is an Associate Clinical Professor in Neurology at the UC Davis School of Medicine and board certified in adult and pediatric neuropsychology (ABPP/ABCN). Her current research focuses on TBI and integrating neuropsychological assessment with neuro-imaging findings. She is the former chair of the AACN Relevance 2050's Annual Conference sub-committee and has served on various national (e.g., AACN and Division 40) and local (e.g., Northern California Neuropsychology Forum) committees.

On a personal level, Dr. Paltzer is a native speaker of Mandarin Chinese and has the highest level of certification in Chinese language proficiency (HSK Certificates for Higher Educational and Professional Purposes in listening, speaking, reading and writing). She is a proud mother of two wonderful children and a grateful daughter of now retired diplomats from Taiwan.

Dr. Paltzer, what motivated you to be a neuropsychologist? How did you get into this career?

Like many neuropsychologists, I have had a long-standing curiosity about how brains work. I pursued graduate study in neuroscience at a university on the east coast. My doctoral dissertation



was on Brodmann's Areas 17, 18, and 19, but I didn't want to focus solely on visual functions and wasn't especially fond of dissecting monkey brains. I was attracted to the integrative aspect of neuropsychology and decided to switch from neuroscience to neuropsychology.

I believe the underpinning of neuropsychology is science, and it is helpful that anyone who enters neuropsychology has a strong foundation in neuroscience. It allows one to be a critical thinker, to reduce biases, and to treat each patient with an open mind.

What cultures do you identify with?

I identify with the Chinese culture though, like many other Chinese, there is a high degree of heterogeneity in my family. To summarize, there are altogether five Chinese dialects spoken in my family.

My father was a diplomat representing Taiwan, and as a family, we moved around and lived in countries such as Korea, Germany and Italy.

Language is an important topic to discuss. Mandarin was initially made China's official dialect to unite Chinese people. However, whenever a Chinese person says they speak only Mandarin and no additional Chinese dialect, we need to consider the fact that this may not be entirely accurate; it is not uncommon for a Chinese family to converse with each other in multiple Chinese dialects and subdialects. Related to this, just within the

Such an individualistic response is unlikely to be seen in the Chinese and perhaps other non-American cultures.

Language shapes our thinking. In the Chinese language, there are more verbs, whereas in the English language, there are more nouns. When you are verb-oriented, you are more likely to be action-oriented.

In the Chinese culture, talking and verbal expressions are not as valued as doing and actions. For example, when we want to express care and affection, we ask each other whether we have had lunch.

Indeed, we express love through actions. This is an aspect that I appreciate about my culture, and of course, there are many things I like about the American culture as well and am grateful for my American friends and family.

“For me, doing neuropsychological assessment in a language that is shared by a patient and me reflects not a “special” skill set but my passion for the language and culture, as well as respect for both the patient and my heritage.”

Cantonese dialect, there are approximately 14 sub-dialects.

On the AACN listserv, there are periodic posts about referrals for a “Mandarin-speaking” neuropsychologist, and I often think to myself that such requests underestimate the complexities of Chinese language and culture. Instead, we need to have an individualized, case-specific approach, and this ties in well with a scientist-practitioner approach.

How has your cross-cultural journey unfolded throughout your life? How has your cultural background influenced your identity as a neuropsychologist?

Back when I was a post-doctoral fellow, I had some concerns about the validity of our neuropsychological tests, when used with patients from other linguistic and cultural backgrounds.

For example, many of my Chinese patients are highly educated and intellectually curious, and have raised questions regarding linguistic and cultural issues in neuropsychological testing.

In at least one case, a curious patient wondered why a particular female was robbed but did not quickly contact her family and friends for help in order to feed her children.

Given the cultural differences you have noticed--such as when your Chinese patients question the ecological validity of neuropsychological tests--are there ways these experiences have shaped your identity as a neuropsychologist now? Things that you are more aware or mindful of, culturally?

When I was a student at UC San Francisco, some of my supervisors did a lot of medical-legal work with both adults and children. I pointed out to them that a Chinese (or other Asian) individual's age might not be their “true age.”

For example, when a child is born in Chinese culture, and in many other Asian cultures, she/he is automatically considered to be 1-year-old. In some other situations, many parents present their child as 1-2 years older than they are chronologically because the parents want to send the child to school earlier.

So, what happens to the norms? For the Wechsler Intelligence Scale for Children, the normative reference range changes every three months; this is an example of the relationship between culture and the validity of our tests and norms.

My supervisors soon recruited me to help them out with their legal cases. Their receptivity validated my good intentions and motivation

to learn neuropsychology. Their mentorship paved the way for my development as a neuropsychologist.

You have been part of the AACN Relevance 2050 Initiative as the former Chair of the Annual Conference sub-committee. Can you share how you found yourself to be part of this committee and what kinds of activities you did as part of this committee?

In 2014, Dr. Karen Postal recruited me to be part of the AACN Relevance 2050 Initiative. After serving for approximately four years, I stepped down as Chair of the Annual Conference sub-committee, though I am still part of the committee. The sub-committee chairs had regular meetings with Dr. Anita Sim (past Chair of Relevance 2050), and my job was to invite speakers. My sub-committee members

and I invited researchers and practitioners to present at AACN's Annual Conference, such as Drs. David Schretlen, Robert Heaton, Daryl Fujii, Jennifer Reesman and Pamela Dean.

What have been the most significant changes you have seen concerning cultural neuropsychology over the years? What do you still need to address, as a field?

I haven't seen nearly enough changes. Like Dr. Anthony Stringer recently said, we do see more minorities represented in neuropsychology, which is positive. To me, however, ecological validity is the number one threat to us. We need to continue to develop norms for not only different ethnic groups but also for different professions.

Thus far, we have very few profession-specific norms (e.g., physicians and pilots), and this does not seem to be sufficient. We should also consider developing more computerized tests. Otherwise, neuroscience and neuroimaging are likely to replace us soon. We need to problem-solve together to make neuropsychology valuable to our consumers.

How do you see these limitations reconciled in the future?

Featured Neuropsychologist

(Continued)

Easier said than done! I've been trying to collect norms and develop my own Chinese neuropsychological tests. It's hard for me to stay on track because I keep meeting interesting people who raise fascinating research questions and opportunities and thereby derail me from test development.

However, I think this speaks to the phenomenon that we don't have enough neuropsychologists who understand diverse languages and cultures to do the research yet. Cultural neuropsychology is still growing, and we need more people to do the work.

I highly encourage students to seek training at a university and/or VA setting where one is afforded lots of exposure to different patient populations, a wide diagnostic spectrum, and opportunities for research and collaborations, etc. We are all team players and diplomats!

You have a wide breadth of expertise in clinical, pediatric, and forensic neuropsychological evaluations. However, the lens a neuropsychologist takes with each of these evaluations varies greatly, especially if you consider the different stakeholders (i.e., parents, attorneys, self-paying patients, schools, court system). How do you navigate cultural factors among these specific types of evaluations?

The similarity or common value amongst the various groups you have asked about is a shared goal toward problem-solving. Parents, attorneys, educators, etc. all strive to problem-solve for those they care about and/or serve.

Let's take giving feedback on our assessment results as an example. When I do a feedback session, I invite the family and treatment team, and do so with all my examinees who consent to this, regardless of their cultural and linguistic background. That is, I invite parents and grandparents to attend the feedback. I invite the therapist, whether a psychotherapist or speech-language pathologist, to phone in as well.

Particularly, my Asian clients as a group tend to find the assessment and feedback process involving the larger treatment team intriguing and valuable. I integrate things I've learned from neuropsychology, prior research experience, and my culture.

My grandmother always told me to go with my heart and not to expect other people to always agree with us, because not everyone agrees with everyone. I learned at an early age to go



©Adobe Stock. Top view of Jiufen Old Street in Taipei.

with my inner wisdom, and that is what I do with neuropsychology.

I learned a lot from my neuropsychology supervisors, my trainees, as well as from my adult and child examinees alike.

The message I am sharing is to learn to integrate your cultural values into the profession. Western culture brought us psychology (which traditionally has not been thoroughly valued in the Asian cultures), and neuropsychology. It is upon us to integrate such wonderful science with our Asian wisdom.

Asian/Asian-American neuropsychologists should be trailblazers and help to demystify psychology and neuropsychology for our consumers.

Neuropsychologists who have specific skills in written Asian languages must not sell ourselves short. If you know the culture,

history, geography and so forth of an Asian group (or more than one), and you are able to read medical records in a different language, you can be a tremendous asset. However, be reminded that legal professionals are verbally talented and skilled. Attorneys and their staff can find out in 10 minutes whether you know how to read, write, and speak in a language that you claim you know.

To share a personal story, I was working on a highly adversarial case in 2017. The attorney on the other side put me on the spot and asked, "if you are from Taiwan, what do you know about the Chinese culture?"

My first reaction was to laugh but I did not. Instead, I said something like: "I can see you are not familiar with China's history." Nevertheless, I followed up on his attempt to attack my credibility and obtained my language proficiency certificates because I am fully confident in my linguistic and cultural

proficiency. I have continued with publications in this area and just recently finished writing a chapter with Dr. Mi-Yeoung Jo on "Cultural Considerations" which is to be published in one of Dr. Shane Bush's upcoming books.

For trainees interested in conducting non-English assessments, do you have any advice or suggestions to better tailor their training experience for this goal?

I receive referrals from all over the country, and they are primarily from metropolitan areas perhaps because those areas are where cultural diversity is more often found.

As a personal plug, I encourage students to apply to UC Davis for post-doctoral training. We have a solid program. This year we have seven post-docs, three from UC Davis and four from local VA hospitals. This is the first time in 20 years we have a class of all women, and more than half are women of color.

For students that aren't in metropolitan areas, do you have any suggestions?

I would encourage students to still apply to metropolitan sites including university and VA hospitals. Students can look for programs with neuropsychologists who are culturally diverse. They can also look for good programs that are part of APPCN (Association of Post-Doctoral Programs in Clinical Neuropsychology).

In addition to ANA, the American Academy of Clinical Neuropsychology (AACN), the Society for Black Neuropsychology (SBN), Hispanic Neuropsychological Society (HNS), and Queer Neuropsychological Society (QNS) likely have good resources as well.

Apply to different programs and come to UC Davis. While I am not on the selection committee, in line with my culture, I bring food to group supervision.

How have you navigated juggling both your values for family and your career?

I started an annual luncheon calendar because I wanted to maintain my relationships with my women friends with whom I talk about juggling family and career. I meet with one friend for lunch each month, and the luncheons have allowed me to stay connected. Having a schedule for myself also enforces boundaries. While I value my career and friends, adherence to a schedule allows me to prioritize my role as a mother.

Additionally, my husband and I have a brief check-in every morning to plan the day, and we go for a 45-minute walk in the evening when he rehashes his fantasy football games, and I gab about yoga and tea. Boundaries and schedules help with juggling roles and staying happy and productive.

Recently, one of my post-doctoral fellows asked me how to best juggle family and career. I admitted that I still don't have all the answers.

Over the years, I have found going for walks, participating in yoga and other exercises (if there is time), enjoying food and tea, and just remembering to take care of ourselves to be helpful. Everyone has unique wisdom and must experiment to find what works best for them.

How can ANA support your work and research? Are there any suggestions you would like to share with our early and mid-career readers?

I value research and reading. I read updated research or classic neuropsychological literature almost every night, such as landmark work on pediatric TBI by my mentors' mentor, the late Dr. Paul Satz. I tell my children that reading allows one to "communicate with" the author(s), whether it's quietly through oneself or reaching out to them; it increases one's inner wisdom.

Perhaps ANA can develop a journal club or a forum for people to discuss a diverse range of scholarly topics. In the not-so-distant future, I hope to recruit students from ANA to help me with my research.

Research Highlights

by Ivy Cho, M.A., Jessie Li, B.S., Jas Chok, B.S., and Sonia Rehman, M.S.

Readers will find direct links to the respective articles by clicking on article titles.

1. Activity Engagement and Cognitive Function: Findings From a Community-Dwelling U.S. Chinese Aging Population Study

Active engagement in meaningful activities (e.g., social, cognitive, and religious activities) is integral in maintaining cognitive health for aging adults. However, one barrier in the engagement of these meaningful activities is low acculturation.

The researchers in this study aimed to study the relationship between activity engagement (social, cognitive, and religious activities), cognitive functioning, and acculturation in older Chinese Americans.

From the Population-Based Study of Chinese Elderly Wave I, data from 3057 participants (60 years and older) was analyzed. Test performance on the Cantonese version of the Mini-Mental-State Examination (C-MMSE), East Boston Memory Test, Digit Span Backwards (Wechsler Memory Scale-Revised), and the Symbol Digits Modalities Test was collected; a global cognitive functioning score, an average z-score from all tests, was also calculated.

As hypothesized, increased activity engagement in social (e.g., visiting friends, the community center) and cognitive activities (e.g., reading) was associated with higher scores on tests of episodic memory (East Boston Memory Test), working memory (Digit Span Backwards), executive functioning



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(Symbol Digits Modalities Test), and overall global cognition. In addition, engagement in religious activities was associated with better working memory performance.

Interestingly, the association between activity engagement with global cognition, cognitive performance (C-Mini-Mental State Examination), and episodic memory was moderated by the level of acculturation.

Specifically, greater cognitive benefits from higher levels of activity engagement were seen for those with a lower level

of acculturation (Figure 1). Therefore, as less acculturated older adults have limited access to acculturation-related resources, it will be crucial that they continue to engage in accessible everyday activities to maintain their cognitive health.

2. The Chinese Australian neuropsychological normative study sample performance on Western and Chinese norms: Caveats for cross-cultural neuropsychology.

Researchers from this study sought to investigate the impacts of using Western norms for a sample (N = 145) of Chinese Australian, community-dwelling adults between ages 55 and 87 years (M = 71.26, SD = 7.42). They hypothesized:

1 & 2) Chinese Australians would perform differently on neuropsychological testing compared to those from the dominant culture and those who were non-immigrant Chinese from China/Hong Kong

3) the use of dominant culture norms for Chinese Australians would result in false positive findings compared to culturally and linguistically diverse (CALD) norms



©Adobe Stock. Patient performing a neuropsychological activity.

Research Highlights

(Continued)

Results indicated that all hypotheses were supported, except for hypothesis (4). In addition, Chinese Australian performance on verbal assessments was more similar to Western performance than on non-verbal assessments, which challenges the assumption that cultural components play a more significant role in verbal assessments.

Limitations of the study include variance in the number of phonemes of stimuli when comparing the English RAVLT to the Chinese Australian Neuropsychological Normative Study (CANNs) RAVLT translation. Another limitation was the potential for over-exposure of stimuli on the RAVLT to the CANNs sample; an interpreter was required to administer this task.

The authors also noted that the comparison group comprised of individuals with varying demographics, including differences in age and education. Finally, researchers used an older version of the WAIS and this raises potential inaccuracies due to the Flynn effect.

Overall, they cautioned against the use of Western and Chinese norms for Chinese Australian assessment due to the high risk of false positives. More importantly, researchers suggest that the development of neuropsychological tests designed for CALD use could be a solution to this dilemma, rather than the adaptation of tests to various cultures. Specifically, researchers emphasized the importance of incorporating CALD populations in the development, adaptation, and norming of these assessments.

3. Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic – United States, March-April 2021

During the COVID-19 pandemic, the CDC conducted a nonprobability-based online survey between March 29 and April 16, 2021, and found that mental health conditions such as depression, anxiety, post-traumatic stress disorder, and suicidal ideation have increased among public health workers in the United States. Public health workers were defined as all employees serving as frontline responders and healthcare workers.

The survey garnered 26,174 responses from public health workers who worked at state, tribal, local, or territorial health departments for any length of time in 2020 regarding perceived stressors since March 2020, workplace factors, and self-reported mental health symptoms.

Symptoms of depression, anxiety, post-traumatic stress disorder, and suicidal ideation were evaluated using the 9-item Patient Health Questionnaire (PHQ-9), and the 2-item General Anxiety Disorder (GAD-2), and the 6-item Impact of Event Scale (IES-6).

Among the respondents, approximately half of the workers (53%) reported the presence of mental health symptoms two weeks prior to



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Research Highlights

(Continued)

taking the survey.

Those who were younger than 29 years of age, transgender, or nonbinary were twice as likely to report mental health symptoms.

Respondents who worked long hours and were unable to take time off were also more likely to experience symptoms of a mental health condition (prevalence ratio range = 1.84-1.93).

While 66.1% of the workers reported that employee assistance programs were available, only 11.7% of respondents used these programs, and 27.3% of respondents were unaware of employer-provided programs. Additionally, about 19.6% of respondents reported needing mental health services but did not receive them.

Thus, addressing factors contributing to poor mental health outcomes among public health workers during emergencies is crucial. For example, implementing practices such as expanding staff sizes or creating flexible schedules may prevent employees from being overworked and at risk for adverse mental health issues and reduce the stigma surrounding mental health in the workplace.

Community Announcements

by Jessie Li, B.S.

Aldrich Chan, PsyD, Center for Neuropsychology & Consciousness

Announcement: Dr. Chan's book, *Reassembling Models of Reality: Theory and Clinical Practice* was recently published with WW Norton's interpersonal neurobiology series; an interdisciplinary work incorporating neuropsychology, philosophy, clinical observations, and theories of psychotherapy. Dr. Chan is the first Asian to be published within the series.

The link to his book is here: <https://www.amazon.com/Reassembling-Models-Reality-Clinical-Practice/dp/1324015977>

Daryl Fujii PhD, ABPP-CN, VA Pacific Island Health Care Services

Announcement: Dr. Fujii recently published "Testing for Dementia Across the World" in *International Psychogeriatrics*. Congratulations, Dr. Fujii!

The reference for this article is: Fujii, D. (2021). Testing for Dementia Across the World. *International Psychogeriatrics*, 1-7. [doi:10.1017/S104161022100051X](https://doi.org/10.1017/S104161022100051X).

Farzin Irani, PhD, ABPP-CN, AAA Neuropsychology

Announcement: Dr. Irani was elected to the

Society for Clinical Neuropsychology (SCN) as a Council Representative. Congratulations, Dr. Irani!

Narinder Kapur, PhD, University College London

Announcement: Along with a neuropsychology colleague in Bangalore, Jwala Narayanan, we have set up an India Covid Rehab Centre there, and the website is up and running (www.indiacovidrehab.org). The primary aim of the centre is to provide free rehabilitation treatment to those who have been left with cognitive and psychological disabilities following a Covid-19 infection. The centre will include the use of advanced assistive technologies as well as a dedicated Neuropsychology library. I am currently arranging for my personal Neuropsychology books collection, as well as a range of assistive technology resources, to be shipped from UK to India.

There are a number of free resources to download from the website, as well as a special donation feature for those who wish to make a donation in memory of a loved one. It would be great if people could share the website with colleagues, and even perhaps add it to the end of their email signature.



©Adobe Stock. Children enjoying in boat on a river

Christopher Nguyen, PhD, Ohio State University Wexner Medical Center

Announcement: Dr. Nguyen recently published two articles titled, "The Neuropsychologist's Roadmap: A training and career guide", and "Cross-Cultural Considerations for Teleneuropsychology with Asian Patients". Congratulations, Dr. Nguyen!

The references for these articles are here: Nguyen, C.M., Santos, O., & Fujii, D. (2021). Individual and cultural diversity competencies. In C. Block (Ed.), *The neuropsychologist's roadmap: A training and career guide* (pp. 283-297). *American Psychological Association*. <https://doi.org/10.1037/0000250-016>

Nguyen, C. M., Tan, A., Nguyen, A., Lee, G., Qi, W., Thaler, N., Fujii, D. (2021). Cross-Cultural Considerations for Teleneuropsychology with Asian Patients. *The Clinical Neuropsychologist*. Advance online publication. <https://doi.org/10.1080/13854046.2021.1948104>

Dorothy Nguyen, PsyD, Lindsay Vo, PsyD, Lauren Mai, PsyD, and Ann Nguyen, PhD

Announcement: Drs. Nguyen, Vo, Mai, and Nguyen presented at The Vietnamese Neuropsychology Network webinar on the Neuropsychology of Vietnamese Americans as part of an initiative from the ANA Education Committee. Congratulations, Drs. Nguyen, Vo, Mai, and Nguyen!

CALLS FOR SUBMISSIONS

Letters to the Editor:

We encourage a diversity of voices and views in our letters. Letters should preferably be within 150 to 175 words, refer to an article in the most recent issue, and include the writer's name, address, and phone number, and addressed as "Letter to the Editor" in the email title. To limit potential security risks, the letter must be embedded as plain text in a non-encrypted email (i.e., no attachments).

Please send all letters to: the.ana.newsletter@gmail.com

Opinion Essays (op-eds):

We will accept opinion pieces on any topic that directly relates to the provision of quality care by and for people of Asian descent. Essays should preferably be within 300 to 750 words, but essays will be accepted as long as the length is within reason. Annotations and references should be included, if made.

Writers should clearly indicate the following at the beginning of their essays: full name, address, and phone number. Essays should be titled, "Opinion Essay." To limit potential security risks, all essays must be embedded as plain text in a non-encrypted email (i.e., no attachments).

Please send all op-eds to: the.ana.newsletter@gmail.com

COMMITTEE ANNOUNCEMENT

DR. NGUYEN WOULD LIKE TO ANNOUNCE THAT WE ARE RECRUITING ANA MEMBERS TO FORM A LEWY BODY DEMENTIA AMONG AAPI SPECIAL INTEREST GROUP. IF INTERESTED, PLEASE EMAIL CHRIS NGUYEN (CHRISTOPHER.NGUYEN@OSUMC.EDU) FOR DETAILS.



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