



NATIONAL INSTITUTE ON AGING  
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# LINKS: *Minority Research & Training*

## Intervention Cuts Depression Among Latina Caregivers

A cognitive and behavioral skill-building intervention reduced the depressive symptoms of Latina and Caucasian female caregivers more effectively than a support group intervention, according to a study by Dr. Dolores Gallagher-Thompson, with the Older Adult and Family Center, Veterans Administration, Palo Alto, and her colleagues.\*

Participants in the skill-building group also reported increased use of positive coping strategies, decreased use of negative coping strategies, and fewer negative interactions in their social network compared to those in the support group, according to the Resources for Enhancing Alzheimer's Caregiver Health study (REACH). Both groups, comprised of women caring 4 hours a day for relatives with dementia, were less bothered by memory and behavior problems of the care recipient at the study's end compared to baseline.

"This study shows that Latina caregivers are under stress, can be recruited to studies, and will participate and respond to a structured research program," said

Gallagher-Thompson, a board-certified psychologist. "The study challenges assumptions that minorities such as Latinas, Asians, and African Americans all come from big nurturing families that don't need help with caregiving. We should offer minority caregivers the same support services—respite care, adult day care, and support groups—that we offer to Caucasian caregivers."

The study results are based on Palo Alto data from REACH, a 5-year, multi-site initiative investigating the effectiveness of innovative interventions to support family caregivers.\* The study, *Change in Indices of Distress among Latina and Caucasian Female Caregivers of Elderly Relatives with Dementia: Site Specific Results from the REACH National Collaborative Study*, was published in the August issue of the *Gerontologist* and funded by the National Institute on Aging and the National Institute of Nursing Research, both part of the National Institutes of Health.

In the 10-week study, 122 Caucasian and 91 Latina caregivers were randomly assigned to either the skill-building intervention called the Coping with Caregiving class (CWC) or the Enhanced Support Group (ESG). After the initial 10-week phase,

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*Reach*

## Summer Institute Alumni Help Cut Health Disparities

Three to four years after Summer Institute participants return to their academic homes, Dr. J. Taylor Harden, Summer Institute Director, expects to see them actively submitting and receiving grants. By that time, the scientists have successfully competed for small grant awards, have published research important to establishing their credentials, and are developing proposals for consideration by the National Institutes of Health, foundations, and internal academic resources,

said Harden, Assistant to the Director for Special Populations at the National Institute on Aging (NIA).

The Summer Institute is an important part of NIA's strategy to train a research workforce to advance aging research and to battle health disparities affecting older adults, said Harden, a 1990 Summer Institute "graduate." Here are career updates on 11 Summer Institute alumni investigators and NIH grantees that are advancing the understanding of diseases and disabilities in older racial and ethnic minority groups.

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***Dr. Olveen Carrasquillo,  
Summer Institute 1998***

The uninsured or underinsured, including immigrants and older people without supplemental coverage, have a scientist-advocate in Dr. Olveen Carrasquillo. His

primary research focus has been on barriers to health care for minority and other disadvantaged populations.

Born in Puerto Rico and raised in the Bronx, Carrasquillo has examined language barrier problems in emergency rooms. He has investigated the gaps in Medicaid and Medicare coverage for minorities and the quality-of-care issues that affect minorities under managed care plans. A practicing internist, Carrasquillo treats predominantly Latino patients in Washington Heights in upper Manhattan.

Carrasquillo also is building the number of minority aging investigators through mentoring and research collaboration in his role as director of the Community Liaison core of the Columbia Center for the Active Life of Minority Elders (CALME), an NIA Resource Center for Minority Aging Research (RCMAR) grant (P30). Carrasquillo is an Assistant Professor of Medicine and Health Policy at Columbia University's College of Physicians and Surgeons and Principal Investigator of the Columbia Center for the Health of Urban Minorities funded by the NIH National Center on Minority Health and Health Disparities (P60).

An NIA Research Supplement award to study minority elders' functional status and access to care at CALME "gave me the protected time I needed to begin my career as a clinician investigator," Carrasquillo said. Without that financial support, the need to see patients or teach classes could have prevented him from developing as an investigator and pursuing his interest in minority health and health disparities, he said. Carrasquillo is now examining immigrants' access to health care with support from the Commonwealth Fund and the Robert Wood Johnson Foundation.

"The Summer Institute sessions provided NIH insider tips, advice on grantsmanship and informal networks, and career advice that have had a

long-lasting positive impact on my professional development," he commented.



***Dr. Jeffrey Henderson,  
Summer Institute 1998***

The Strong Heart Study, a longitudinal study of cardiovascular disease (CVD) among American Indians (AI), provides Dr. Jeffrey Henderson a mass of data on CVD risk factors such

as diabetes, hypertension, and obesity. In addition to publishing numerous articles on disease research, Henderson also cultivates new AI investigators, improves the ability to recruit AI participants to clinical trials, and helps develop guidelines for AI genetic research.

The National Cancer Institute is funding his 5-year study to establish methods for assembling an 80,000+ cohort of American Indians and Alaska Natives (AIANs) for a long-term health care initiative. Henderson, a Lakota and member of the Cheyenne River Sioux Tribe, hopes to determine how diet, physical activity, and other lifestyle and cultural factors relate to the development and progression of diseases such as cancer, cardiovascular disease, stroke, type 2 diabetes, chronic lung and kidney diseases, and related morbidity and mortality.

Through an NIA grant (P30), based at the Native Elder Research Center, part of the NIA's RCMAR at the University of Colorado, Henderson is helping to mentor five new native investigators. Henderson also is exploring how to prevent diabetic American Indians from developing CVD as part of the "Stop Atherosclerosis in Native Diabetics Study (SANDS)." This randomized clinical trial, funded by the National Heart, Lung, and Blood Institute, may help spur development of community-based programs to treat and prevent CVD among American Indians.

"The Summer Institute opened my eyes to prominent issues related to the health of our elders and several researchable questions related to health issues of the aging. It was during the Institute that I cemented my commitment to develop a community-based, non-profit organization," said Henderson,

referring to his 5-year old Black Hills Center for American Indian Health, located in Rapid City, SD.



*Dr. Cynthia M. Carlsson*

*Dr. Cynthia M. Carlsson, Summer Institute 1999*

Many aspects of cognition and Alzheimer's disease (AD) fascinate Dr. Cynthia M. Carlsson—the vascular risk factors in older adults, the effects of preventive therapies on blood vessels,

and the use of statins (cholesterol-lowering drugs) in people at high risk for developing AD.

An Assistant Professor in the section of Geriatrics and Gerontology at the University of Wisconsin Medical School, Carlsson has received two grants. With a grant from the John A. Hartford Foundation/AFAR Academic Geriatrics Fellowship Program, she evaluated the effects of low-dose folic acid (FA) and B vitamins on older adults with elevated homocysteine levels. Homocysteine is a common amino acid found in the blood and acquired mostly from meat. High homocysteine levels are an independent risk factor for heart disease and are associated with low levels of vitamin B6, B12, and folate, and renal disease. She concluded that at clinically prescribed doses of the vitamins, there was no improvement in flow-mediated vasodilatation in older adults with this condition.

In a project funded by the Merck/AFAR Junior Investigators Award in Geriatric Clinical Pharmacology, Carlsson is evaluating the effects of a cholesterol-lowering medication on biomarkers for AD in high risk, middle-aged adults. This grant also allows Carlsson to continue course work towards a Master's degree in Population Health Sciences.

"I have been extremely grateful for my experience at the NIA Summer Institute. It gave me a clearer picture of the National Institute on Aging's research mission and spurred my interest in clinical geriatric research through opportunities to interact with investigators from a variety of research backgrounds," Carlsson said. "It also gave me an opportunity to discuss research plans with leading NIA-funded researchers and to establish ties with other junior investigators with whom I have kept in contact over the last 4 years."



*Dr. Ali Ahmed*

*Dr. Ali Ahmed, Summer Institute 1999*

Older people with heart failure will experience higher quality of care and better outcomes when generalist primary care physicians are better trained to use life-saving

medications such as ACE inhibitors and beta-blockers, states Dr. Ali Ahmed, a clinician and investigator in geriatric medicine at the University of Alabama at Birmingham. More than two-thirds of heart failure patients receive care from generalists, but some evidence indicates underuse of these life-saving drugs. These medications are prescribed for high blood pressure, angina, and abnormal heart rhythms.

With a 4-year Career Development Award from the NIA, Ahmed will gather more evidence on the underuse of beta-blockers in the treatment of older heart patients. In addition to outcomes such as mortality and hospitalization, Ahmed will examine the correlates of underutilization of these drugs in older adults with heart failure. He also will investigate the association between coronary revascularization and outcomes in older adults with heart failure with a grant from the Southeast Center for Excellence in Geriatric Medicine.

In addition to his disease research, Ahmed developed two Geriatric Heart Failure Clinics at the Birmingham VA Medical Center and University of Alabama at Birmingham to serve as models for heart failure care provided by generalist physicians.

"Without the groundwork of the Summer Institute, it would not have been possible for me to prepare and submit the NIA grant that was later funded," Dr. Ahmed said. "It taught me how to prepare and submit a grant. I liked the mock grant review process that allowed us to review and score real-life grants."

*Dr. Olivia Washington, Summer Institute 2000*

Effective prevention and treatment planning for women who are chemically dependent or homeless should be based on a sensitive understanding of factors that have contributed to their conditions, according to Dr. Olivia Washington, a tenured associate professor at Wayne State University's College of Nursing.

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*Dr. Olivia Washington*

Using an innovative cognitive-behavioral group intervention, Washington hopes to increase self-efficacy and perceived control, reduce effects of psychological trauma attributable to homelessness, and equip the women for greater personal autonomy and fulfillment. The study, begun in 2001, was funded with a grant from the NIA.

Hypertension also interests Washington. In collaboration with a colleague, Washington is studying the effects of nurse-managed blood pressure monitoring and control in urban African Americans. The 4-year project merges technology with nurse-managed hypertension monitoring and control and is funded by the NIH National Center on Minority Health and Health Disparities and the National Institute of Nursing Research.

Washington is a co-investigator on a recently awarded NIA RCMAR grant. It will fund her efforts to reach and recruit minorities to participate in center research and to develop investigators' expertise in minority aging research. In April 2003, Washington received the Midwest Nursing Research Society's Harriet Werley New Investigator Award for work that demonstrates outstanding potential for enhancing the science and practice of nursing.

"I came to realize that people, not bureaucratic agencies, were helping us become effective researchers through contact with numerous well-prepared, expert researchers at the Institute," said Washington, who has published or has in press 11 articles since participating in the institute. "I learned to articulate my ideas and concepts about working with vulnerable populations. I was encouraged that the government was willing and able to fund projects that could enhance knowledge, and provide care and positive outcomes for vulnerable populations."

*Dr. Eva Garrouette, Summer Institute 2000*

Dr. Eva Garrouette, a Cherokee Indian and sociologist, conducts research on Native elder health at the Native Elder Research Center (P30) at the University of Colorado. The Center, part of NIA's

RCMAR initiative, promotes the health and well-being of aging American Indians and Alaska Natives who are at greater risk for numerous acute and chronic illnesses.



*Dr. Eva Garrouette*

Garrouette, an Assistant Professor in the Department of Sociology at Boston College, will study communication between American Indian elder patients and their health care providers with a Research Supplement Award for underrepresented minorities from the NIA. Garrouette aims to identify elements of providers' communication style that are associated with patient satisfaction, information-giving, and comprehension. In addition to her interest in Native elders' health, Garrouette has investigated the relationship between suicide and spirituality among American Indians.

"The Summer Institute was one of the early experiences that allowed me to begin to master the complexities of the field of health and aging," says Garrouette. "I benefited from intensive exposure to issues and challenges in current research on aging and from interaction with researchers deeply engaged in the kind of work that I, too, hoped to pursue."



*Dr. Robert Schrauf*

*Dr. Robert Schrauf, Summer Institute 2000*

Cognitive anthropologist Robert Schrauf's research tries to answer perplexing questions such as, "Why does my grandmother slip into Russian when none of us can understand it? Why can my father remember the name of his primary school teacher in Mexico but can't remember what he had for supper?" In more scientific terms, Schrauf investigates the effects of bilingualism and biculturalism over the lifespan on different types of memory. Trained in experimental psychology and psycholinguistics, Schrauf develops and adapts neuropsychological instruments for older immigrants with limited English proficiency.

Schrauf studied aphasia among older immigrants with Alzheimer's disease with a (R03) grant from the NIA. Aphasia is an impairment of language due to a brain injury, most commonly a stroke, and affects a person's ability to read, write, speak, and understand speech. He also received a grant from the Alzheimer's Association to develop an intelligence test for the neuropsychological assessment of healthy, Spanish-speaking elderly. Schrauf has an appointment at the Feinberg School of Medicine at Northwestern University and is a research fellow at Northwestern University's Buehler Center on Aging and the NIA-funded Alzheimer's Disease Research Center.

"Colleagues say that I have an edge because I went to 'grant school'," says Schrauf about the Summer Institute. "The workshops offered intensive experience in grantsmanship from NIA officers. This has been invaluable for me in honing my design skills and getting research funding. At the Institute I saw how my research interests were represented, how other scientists in my field were viewed, and how research was evaluated and funded."



*Dr. Hayden Bosworth*

*Dr. Hayden Bosworth, Summer Institute 2000*

Research into treatment adherence among older adults with hypertension calls into play Dr. Hayden Bosworth's earlier research on memory and cognition, literacy, health behaviors, social support, depression, and risk perception.

With a 4-year grant from the Department of Veterans Affairs, Bosworth will test a nurse-administered intervention to improve high blood pressure (BP) and patients' adherence to a medication regimen. The study will also test an electronic physician decision support system which sends reminders and guidance to providers.

The National Heart, Lung, and Blood Institute funded Bosworth's second study of BP self-management interventions and the use of home BP monitors. Through periodic phone calls, the intervention will include support and reminders as well as information on the risks of hypertension and health behaviors, patient/provider communication, literacy, and side

effects. Bosworth is the Associate Director for the Center for Health Services Research in Primary Care at Durham Veterans Administration Medical Center and Associate Research Professor of Medicine at Duke University Medical Center.

"The Summer Institute provided an opportunity to receive feedback from Summer Institute faculty and colleagues, which helped strengthen my research questions associated with treatment adherence. These interactions helped build my earlier research, which eventually led to my currently funded studies," Bosworth said.

*Dr. Valerie Smith-Gamble, Summer Institute 2000*

The intercultural risk factors of Alzheimer's disease (AD) and other aging-related brain diseases form the core of Dr. Valerie Smith-Gamble's research agenda.

Smith-Gamble confirmed earlier research indicating that a personality change is an initial symptom of cognitive decline and a predictor of dementia and AD. With an NIA Research Supplement for Underrepresented Minorities to Dr. Hugh Hendrie's "Indianapolis-Ibadan Dementia Project," Smith-Gamble participated in a clinical assessment of the collaboration between Indiana University and the University of Ibadan, Nigeria.

Smith-Gamble is an Assistant Clinical Professor of Psychiatry, Director of the Geriatric Fellowship Program at the Indiana University School of Medicine, and a board-certified geriatric psychiatrist. As part of the Clinical Investigators Training Enhancement program, she is working towards a Master's of Science in Clinical Research and is conducting mentored clinical research.

"The Summer Institute had a positive influence on my career," says Smith-Gamble. "It helped to demystify the NIA and the grant writing and review process. The Institute set me on the road to becoming a researcher."

*Dr. Peifeng Hu, 2002 Summer Institute*

If there is a relationship between antioxidants and inflammation in predicting adverse health outcomes in older adults, Dr. Peifeng (Perry) Hu, M.D., Ph.D., intends to identify it. Perry received a grant to conduct the study from the Pfizer/American Geriatric Society

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*Dr. Peifeng Hu*

Foundation for Health in Aging Junior Faculty Scholars Program.

“My Pfizer/AGS award would not have been possible if I had not revised and resubmitted my proposal after initial rejections,” said Perry who is an Assistant Professor in geriatric

medicine at the David Geffen School of Medicine, University of California, Los Angeles.

“The Summer Institute increased my knowledge of various funding mechanisms available to young investigators as well as the technical aspects of how to write better grant proposals.

Hu also works with investigators in other aging-related disciplines on the biological processes that may explain the well-documented associations between socioeconomic factors and health status.

*Dr. Sabrina Wong, Summer Institute 2002*

Dr. Sabrina Wong will study social support and its relationship to health and cancer screening behavior among older Chinese and Caucasian women. Her work will be funded with a 2-year Research Supplement for the RCMAR parent grant at the Center for Aging in Diverse Communities, University of California, San Francisco.

Wong also will investigate the effectiveness of screening for colorectal cancer with a pilot study grant (RO3 equivalent) from the National Cancer

Institute. Cancer is the leading cause of death among Asian-American and Pacific Islanders (AAPI) and colorectal cancer is the second most commonly diagnosed form of cancer. Wong is a research specialist at the Medical Effectiveness Research Center for Diverse Populations at the University of California, San Francisco.



*Dr. Sabrina T. Wong*

“Meeting MD Kerns at the Summer Institute was invaluable,” Wong commented. “The Institute made me aware of what happens to the grant once it leaves the institution. Also seeing what was funded by NIA allowed me to be optimistic about my grants.”

#### Final Thoughts

Like many other Summer Institute participants, these investigators have made important contributions to the field of minority aging research in a relatively short period of time, Harden said, “However, disparities in the burden of illness and death are still too frequently experienced by older African Americans, Hispanic Americans, Asian Americans/Pacific Islanders, and American Indians/Alaska Natives. The NIA is committed to building and supporting a cadre of researchers who can discover the causes of the current gap between minorities and non-Hispanic Caucasians.” ❖



## Summer Institute on Aging Research 2004

The National Institute on Aging (NIA) is accepting applications to the annual Summer Institute on Aging Research, a week-long workshop for investigators new to aging research, focused on current issues, research methodologies and funding opportunities. The program includes consultations on the development of specific research interests. The 2004 Summer Institute will be held July 10–16, 2004, in Queenstown, MD. Applications and letters of recommendation must be received by March 1, 2004. For more information, please go to [www.nia.nih.gov/news/summer/](http://www.nia.nih.gov/news/summer/). ❖

participants met once a month for 8 months during the booster phase.

Trained interventionists, half of whom spoke fluent Spanish and were of Latino cultural heritage, led the small groups.

Each group consisted of 7 to 9 members and met once per week for 2 hours over a period of 3 months, followed by once monthly “booster” meetings for an additional 3 months.

Researchers had to create interventions that were respectful of cultural beliefs that they didn’t necessarily share, she said. “For example, the Mexican-American participants viewed dementia as a shameful and possibly contagious mental illness,” said Gallagher-Thompson.

The CWC intervention, based on the principles of Cognitive Behavioral Therapy, focused on reducing negative thoughts and attitudes and increasing positive reinforcement through adaptive social behaviors. CWC taught participants how to relax in stressful situations, appraise the care recipients’ behavior more realistically, communicate more assertively, and engage in small pleasant activities every day. The ESG intervention focused on the development of traditional community-based support groups that provided discussion and listening to develop mutual support within the group.

The study did have some limitations: there were no male participants, most of the Latina participants were Mexican-American, and participants were recruited only from northern California. Despite these limitations, the study contributes important information to the caregiver intervention literature, said Gallagher-Thompson.

“There’s a tremendous need for research about minorities,” said Gallagher-Thompson, noting that this and a pilot study that she conducted a few years ago are the only empirical studies of Latina caregivers’ response to interventions. Of a projected population of 13 million Latino elders by 2050, 4.5 million are expected to require long-term care, according to the study.

### Lessons Learned:

- Community leaders’ endorsement of the study was critical to recruitment, said Gallagher-Thompson. “You can’t get anywhere without gatekeepers, and it’s not always clear who they are because there are many sub-communities within the Latino community. For example, the Mexican-American Catholics are traditional and are often different from the Mexican-American Protestants who are often more progressive. Churches are a good way to contact the communities.”
- Researchers had to be careful about exposing undocumented Latinas to immigration problems. “Citizenship was not a criterion for disqualification in the study, nor did we act as agents of the U.S. Immigration and Naturalization Service. We found very skilled counseling agencies that could help participants with their immigration status.”
- Researchers removed language, cultural and geographical barriers in order to recruit Latina caregivers. For example, recruitment, interviews and treatment occurred in the community. “There is so little outreach to the Mexican-American community and other peoples of color. It takes time to correct these problems, but we need to start somewhere,” she said.
- Latina participants expressed a great deal of appreciation for the study. “I received many thank you letters. One woman, who cared for her mother, wrote that learning about assertive communication helped her deal with her critical and unsupportive older sister. I found this very moving,” she said. “Assertive communication is generally not taught or practiced among Latinas so trainers had to move very slowly,” she said.

Despite the extra efforts necessary to include Latina caregivers, Gallagher-Thompson says, “Don’t give up. There is tremendous need. Once minority participants know they can trust you, they are very responsive.” ❖

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\*Study co-authors included David W. Coon, Ph.D., Institute on Aging, Institute on Aging Research Center in San Francisco; Nancy Solano, Ph.D., Older Adult and Family Center, VA Palo Alto Health Care System; and Larry W. Thompson, Ph.D., Pacific Graduate School of Psychology.

## NIH Funds Eight Research Centers on Health Disparities

In September 2003, the National Institutes of Health announced creation of eight new Centers for Population Health and Health Disparities to support research that will shed light on the many factors that result in poor health outcomes among minorities.

The new NIH grants, totaling \$60.5 million over the next 5 years, address the National Academy of Sciences recommendations for an integrative approach to health and health disparities.

The National Institute on Aging (NIA) has awarded \$1.6 million per year over 5 years to Tufts and Northeastern Universities in Boston to study specific stressors to the health of older Puerto Rican-Americans in the Boston area. Other participating institutes include the National Institute of Environmental

Health Sciences, the National Cancer Institute, and the Office of Behavioral and Social Sciences Research. For additional information, please go to: [cancercontrol.cancer.gov/populationhealthcenters](http://cancercontrol.cancer.gov/populationhealthcenters). ❖

## Attend RCMAR Pre-Conference Workshop at GSA Meeting

The National Institute on Aging (NIA) and the Resource Centers for Minority Aging Research (RCMARs) are presenting a pre-conference workshop, Maximizing the Potential of Minority Faculty through the Mentoring Process, on Nov. 21, 2003. The workshop will take place right before the annual meeting of the Gerontological Society of America at the Marriott Hotel & Marina in San Diego. For information, please contact Pamela Jackson-McCall, Program Administrator of the RCMAR National Coordinating Center, 310/312-0536, [prjackso@mednet.ucla.edu](mailto:prjackso@mednet.ucla.edu). ❖

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## LINKS: MINORITY RESEARCH & TRAINING

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