

John A. Hartford Geriatric Social Work Faculty Scholars Program Cohort X

BRIEF BIOSKETCH

Scholar's Name: Keith A. Anderson

School: The Ohio State University

Brief Biographical Sketch *(no more than one [1] page single-spaced)*

Keith A. Anderson, PhD, has served as Assistant Professor in the College of Social Work at The Ohio State University since 2007. Prior to returning to academia, he worked as a clinical social worker at The Washington Home, a nursing home and hospice located in Washington, DC.

Keith received a BA in Economics from Dickinson College in Carlisle, Pennsylvania, an MSW from Virginia Commonwealth University in Richmond, Virginia, and a PhD in Gerontology from the University of Kentucky in Lexington, Kentucky. His doctoral dissertation focused on the grief experiences of nursing assistants and was funded through a John A. Hartford Doctoral Fellowship in Geriatric Social Work.

As a scholar, Keith's research focuses primarily on the well-being of older adults and their caregivers, understanding and improving quality of life in long-term care settings, and death, dying, and bereavement issues. His research has been funded both publicly and privately and his work has been published in a number of peer-reviewed journals and books. He has presented his research findings at local, state, and national conferences.

In addition to teaching at The Ohio State University, Keith has taught in the colleges of social work at the University of Kentucky and the University of Louisville. His teaching focuses on aging, social gerontology, and social welfare policy. In 2008, Keith was awarded the Outstanding Undergraduate Teaching Award in the College of Social Work.

Keith was raised in a big, happy family in Litchfield, Connecticut, and lived and worked for many years in Washington, DC. In his free time, he enjoys socializing with family and friends, fishing, golf, and thoroughbred racing.

SUMMARY OF RESEARCH

Scholar's Name: Keith A. Anderson

School: The Ohio State University

Institutional Sponsor: Virginia E. Richardson

National Mentor: Victoria H. Raveis

Title of Project: Family Caregiving for Holocaust Survivors: Understanding the Effects of Trauma

Summary of Research:

Problem:

While our knowledge of family caregiving is extensive, little research has focused on caregiving for older adults who have experienced trauma and we have only an anecdotal understanding of the challenges that these caregivers face and how to best support this important group.

The purpose of this proposed study is to examine the experiences of family caregivers to older adults who have experienced trauma, specifically family caregivers to Holocaust survivors.

Methodology:

Site of Study:

This study will take place in three large metropolitan areas in the state of Ohio. Jewish Family Service organizations from the Cincinnati, Cleveland, and Columbus, OH, metropolitan areas have agreed to work as partners and to provide access to Holocaust caregivers in their areas.

Population:

The population of interest for this study is family caregivers of Holocaust survivors. This includes spouses, adult children, grandchildren, and other family members.

Data Collection:

A mixed methods approach will be employed. Holocaust caregivers will be purposively selected for the qualitative phase ($n = 30$) and interviewed using in-depth, semi-structured protocols. Participants will be randomly selected for the quantitative phase of the study ($n = 300$) and data will be collected using a self-administered questionnaire.

Analysis Plan:

Content analysis will be conducted on the qualitative data to look for recurring themes specific to trauma caregiving. The findings from the qualitative data will be used to inform the quantitative questionnaire. Data will then be analyzed using structural equation modeling.

Significance of Study:

The findings from this study should have a number of important implications. First, the findings will allow us to understand and meet the specific challenges faced by family caregivers to Holocaust survivors.

Second, the study will provide insight into the challenges faced by family caregivers to older adults who have experienced other types of trauma, such as abuse, war, and extreme poverty. Finally, the results of this study will allow for the testing of theoretical models of trauma caregiving and the development of evidence-based social work interventions to serve this special group of family caregivers.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: Richard L. Beaulaurier
School: Florida International University

Dr. Beaulaurier earned a Ph.D. in Social Work from the University of Southern California, a Master of Social Work from the University of Washington and a Bachelor of Arts in Philosophy from Whitman College. He is an Associate Professor in the School of Social Work at Florida International University (FIU) and a Research Associate at FIU's Institute for Ethnicity and Immigration, and with the FIU Center for Research on U.S. Latino HIV/AIDS and Drug Abuse. He currently teaches doctoral, master and undergraduate courses on community social work practice, social services administration, social policy and research.

The Hartford Faculty Scholars award will provide Dr. Beaulaurier with the opportunity to study Older Latinos and the factors that put them at risk for HIV/AIDS. The study combines several of Dr. Beaulaurier's interests, gerontology, chronic conditions and underserved minority populations.

This study is a natural progression of Dr. Beaulaurier's earlier research which focused on social work with people with disabilities and chronic conditions. Early research efforts focused on how treatment professionals' understanding of disability and practice with people with chronic conditions changed after the *Americans with Disabilities Act* and similar legislation. He became a co-investigator on the largest study to date of consumer operated mental health services. The SAMHSA funded study focused primarily on empowerment oriented approaches to working with consumers.

Dr. Beaulaurier's research on disability related issues and empowerment eventually led him back to the field of aging, in which he had worked as a program services director and social worker before entering academe. After working on projects in several related areas, he joined a research team in the FIU Center on Aging that was developing a study on domestic violence in older women. He wrote the methodology for the Domestic Violence Against Older Women (DVAOW) study which was funded in 2002 by National Institute of Justice (NIJ). The team conducted an exploratory qualitative study designed to describe the experience of functionally independent older women who were victims of family violence. A follow up to this study was funded by NIJ in 2006. The research team is currently in the process of testing a model of barriers to help seeking by older women who experience domestic violence that was developed primarily by Dr. Beaulaurier and Ms. Seff from the DVAOW study.

Dr. Beaulaurier's primary area of methodological expertise is in the area of qualitative methods--grounded theory methods in particular. He is frequently called on to help design qualitative research methodologies, to train interviewers and focus group leaders in interviewing and group management techniques, particularly with special populations such as Spanish speaks, older people and people who have been diagnosed with severe mental illnesses. Since he converted a statistics lab from mainframe to PC computing as a doctoral student, he has found ways of combining his interest in research with advances in computer technology. He has consulted, authored articles and conducted research on the use of computers in teaching, research and service delivery. Most recently he has developed expertise in the use of Qualitative Data Analysis software such as Atlas.ti, Wordstat and QDA Miner.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Richard L. Beaulaurier, Ph.D.
School: Florida International University
Institutional Sponsor: Andres G. Gil, Ph.D.
National Mentor: Charles Emlet
Title of Project: Older Latinos and HIV: Provider Perspectives

Summary of Research:

Problem:

Sexual contact is the leading transmission route for HIV infection among seniors. Although the literature is replete with warnings about the difficulties and taboos regarding the discussion of sexual behavior with older Latinos, there is little else to guide the development of prevention or treatment messages that are likely to be effective with older Latinos. HIV/AIDS Social workers and caseworkers who have large number of older Spanish speaking clients on their caseloads are an, as yet, untapped resource for investigating such language, since they regularly interview older Latinos, in Spanish, regarding their sexual behavior and activities. This study will document their approaches, what they have found particularly effective and ineffective for interviewing older Latinos, and their perspective on language and approaches that are most likely to be effective in engaging older Latinos in prevention and treatment efforts.

Methodology:

Site of Study:

The study will be conducted in Miami-Dade County, Florida (Miami). Miami is well known for having a large, diverse senior population, and one of the highest incidences of new cases of HIV in the nation (Centers for Disease Control, 2003). Miami has one of the oldest, largest and most diverse Latino communities in the USA. Importantly for the purposes of this study, which is attempting to capture language for discussing sex, sexuality and HIV risk behaviors, most Spanish dialects are present in Miami.

Population:

Spanish speaking HIV/AIDS social workers and caseworkers with large numbers of clients over 50 on their caseloads.

Data Collection:

A purposive sample of 40 social workers and case workers will be identified and recruited. Social workers will be defined direct service social workers who carry a caseload of at least 10 Latino seniors (aged 50 and older) and have completed an MSW or equivalent degree. Caseworkers will be defined as direct service professionals who carry a caseload of at least 10 Latino seniors (aged 50 and older) and have completed a BSW or equivalent degree.

All social workers and caseworkers will have (1) caseload comprised predominantly of Latino seniors, and (2) total fluency in the Spanish language. At least three quarters of the sample will be of Latino cultural heritage. Within this group we will apply the principle of maximum variation sampling (Patton, 1987). We will seek respondents who originate from at least four different Spanish speaking countries. These criteria will maximize the likelihood of familiarity with Latino culture, and the ability to

communicate fluently with Latino clients. We will also recruit case- and social workers from all agencies in Miami area with such caseloads.

Interviews will be conducted primarily by the PI or another bilingual social worker trained by the PI. Florida International University's (FIU) incoming social work doctoral class contains two potential candidates for the interviewer position who are experienced social workers and fully bilingual. Interviews will be conducted in the respondents' preferred language.

A digital audio recording will be made of each interview. Recordings will be transcribed verbatim in the original language. Interviews will focus on language used with and by Latino clients. All staff for the project will be fully bilingual. This will enable the research team to code Spanish language transcripts in the original Spanish, obviating the need to translate transcripts to English.

Transcription of Spanish language transcripts will be conducted as follows: (1) Recruit a graduate level student who is fluent in both languages. (2) Emphasize accuracy by paying transcribers by the hour, thus rewarding slow, accurate transcription, rather than using the more common payment-by-page approach, which emphasizes speed. (3) The PI will listen to each of the recordings while reading the transcript as a check on accuracy before the transcript is entered into ATLAS.ti.

Interviews will be conducted in a private setting that is comfortable for participants. Whenever possible, interviews will be conducted where participants do their work. A suitable community based setting will be sought if this is not possible. The PI has used community centers, neighborhood centers, temples and churches for this purpose in the past. Borinquen Health Care Center may also be used as a setting for interviews. Participants will be assured of confidentiality and anonymity, in writing, prior to initiating any data-collection activity.

Interviews will last approximately one hour. Participants will be paid \$50, which is the standard billing rate for social work services. A higher level of compensation than is customary is necessitated by two factors. First, respondents are professional social workers who will be interviewed in the course of their work day. Second, this methodology calls for a rather lengthy interview anticipated to last at least an hour. Compensating them at their standard billing rate will help to insure that the study is able to recruit and retain their full attention for the entire hour.

The main emphasis of the interviews will be to encourage respondents to talk openly with a minimum of input or prompting from the interviewer. However, to guide the interview, a semi-structured interview schedule based on the specific aims will be developed and pilot tested before beginning primary data collection. The interview schedule will be comprised of open ended questions and prompts, the latter to be used only if necessary to encourage or stimulate discussion. To encourage free flowing dialog, questions and prompts on the interview schedule are suggestions to be put into the interviewer's own words, rather than read verbatim (Berg, 2001, chap. 4).

Analysis Plan:

ATLAS.ti, version 5.2.18 (ATLAS) qualitative data analysis software will be used to organize and assist in the analysis of transcripts from the interviews. Transcripts will be entered into ATLAS in the original language (Spanish or a combination of Spanish and English). This is critical in order to preserve the expressions and actual language that respondents use to discuss the sensitive topics that are the focus of this research.

Codes: Transcripts will be read thoroughly before beginning to code. Investigators will generate a list of codes they believe may be present. These codes will be considered provisional until they are "grounded" by being attached to relevant quotations in the transcript (Muhr, 2003-2005; Strauss, 1987). Such a priori codes which cannot be linked to actual quotations from respondents will be dropped from the analysis. Most codes will initially be generated through a process of open coding. The transcripts will be closely scrutinized and new codes will be created and attached to passages of text according to the concepts and themes they represent (Strauss, 1987).

The PI and a bilingual research assistant will discuss and then separately code one of the first transcripts to become available. They will "code liberally;" in order to capture as many different concepts and categories of response as possible (Ford, Oberski, & Higgins, 2000). As the analysis progresses, frequent meetings will be held to review new codes and themes, to eliminate redundancy, to confirm that basic coding strategies have been adhered to, review codes for accuracy and consistency (Ford et al., 2000). Investigators will use the constant comparison method of coding (Dye, Schatz, Rosenberg, & Coleman, 2000; Padgett, 1998). Transcripts will be repeatedly reviewed for evidence of codes and themes that have

emerged in later phases of analysis, and to insure that codes are used uniformly throughout the analysis. This iterative approach will continue throughout the analysis. Negative case analysis will be used to verify key findings (Padgett, 1998).

Theoretical memos: Comments and marginal notes of theoretical importance will be generated throughout the analysis (Strauss, 1987). Memos will be linked to transcripts, codes and quotations (Macgowan & Beaulaurier, 2005). Researchers will use memos liberally to comment on codes, clarify themes and other features of theoretical importance to the study. This will provide a guide for subsequent data analyses as well as leaving an “audit trail” of decisions and salient events in the research (Drisko, 1997; Padgett, 1998).

Themes and theory development: Once all or most transcripts have been coded using open coding to the point where few new codes are being created and all or most relevant text has been coded, researchers will begin to identify themes, create higher order codes and explore hypothetical relationships between codes using axial and selective coding techniques (Strauss, 1984). Major codes, core concepts, themes and their patterns and relationships will be mapped (Barry, 1998; Miles & Huberman, 1994; Weitzman, 1999).

Member checking: Findings of this analysis will be presented to a small number of respondents who have agreed to be re-contacted (4-6 former respondents) in order to obtain their feedback. Member checking is typically used to substantiate that perspectives of respondents have been accurately recorded, faithfully interpreted, and to identify factual errors (Padgett, 1998; Russell & Gregory, 2003). The PI will present major codes, conclusions and relationship and pattern maps to former respondents. Their reactions and responses will be integrated into the findings and conclusions of the study.

Significance of Study:

To date, there have been no studies to systematically document these efforts. Culturally and linguistically competent social workers remain an untapped resource for developing language and culturally competent educational, outreach, prevention and research programs. This study will be a first step toward documenting the language and approaches used by professionals who are likely to have gained insight into how best to engage older Latinos in discussion about these topics by virtue of being “out in the trenches” (Hillman, 2000, chap 6; Levy-Dweck, 2005; Rier & Indyk, 2006, p. 18).

This project will document the approaches and language most appropriate for the development of prevention messages, particularly in the Spanish. It will also be useful to health, social service and research programs interested in preventing or treating HIV/AIDS and other STI related conditions, in particular, those focusing on an older minority populations and Latinos.

Perhaps most important, this study will lay the groundwork for a follow up study that directly interviews older Latinos about their sexual risk behavior and seeks to document, in their own words, language and approaches to prevention that they feel are most likely to be effective and penetrate in their communities.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: **Banghwa Lee Casado**

School: **University of Maryland-Baltimore**

Brief Biographical Sketch

Banghwa Lee Casado is an Assistant Professor of Social Work at the University of Maryland, School of Social Work in Baltimore, Maryland. She is also a faculty member of the Doctoral Program in Gerontology at University of Maryland Baltimore and University of Maryland Baltimore County. She received her M.S.W. with concentration in gerontology and Ph.D. in social work from the University of Houston, Graduate College of Social Work in Houston, Texas. She also holds a gerontology certificate from Georgia State University in Atlanta, Georgia.

Dr. Casado has a longstanding commitment to the field of aging and received several gerontological awards, including the John A. Hartford Doctoral Fellowship in Geriatric Social Work, the Somers Aging and Long-Term Care Research Internship Award, and the AARP Andrus Foundation Scholarship. She also received a Council of Social Work Education Minority Research Fellowship and worked with an interdisciplinary research team at the Baylor College of Medicine in Houston in evaluating the effectiveness and feasibility of an evidence-based depression intervention program for older adults. She recently received a grant to evaluate a neighborhood initiative in Baltimore that aims to develop a senior-supportive neighborhood by providing assistance for home repair needs of and service coordination for older homeowners.

Her professional interests in gerontological social work have been centered on issues concerning 1) informal caregiving, 2) formal care for community-dwelling older adults and their family caregivers, and 3) minority aging, especially issues concerning the immigrant population. Her current research project examines informal caregiving and the need of home and community-based care in the Korean American (KA) community in the Washington-Baltimore-Northern-Virginia metropolitan area. It aims to: 1) create a profile of caregivers of older KAs; 2) identify predictors of the needs for home and community-based long-term care; and 3) identify factors affecting the well-being of KA caregivers. In collaboration with local agencies on aging and the Korean American organizations, she anticipates using the findings of this study to develop a long-term care educational outreach program for the Korean American community.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Banghwa Lee Casado
School: University of Maryland
Institutional Sponsor: Donna Harrington
National Mentor: David Biegel
Title of Project: *An Examination of the Caregiving Experience and Home and Community-Based Services Needs among Caregivers of Older Korean Americans*

Summary of Research

Problem

Older Asian Americans are one of the fastest growing minority groups, second to the Hispanic population and projected to increase fourfold from 1 million in 2003 to 4 million by 2030 (He, Sengupta, Velkoff, & DeBarros, 2005). Growing numbers of older Asian Americans will lead to a greater demand for long term care (LTC) requiring better understanding of the unique characteristics and needs of this population. Korean Americans (KAs) are one of the fast growing subgroups within the heterogeneous Asian population in the United States. KA's represented 10% of the total Asian American population in the U.S. in 2000 (Barnes & Bennett, 2002). The 2000 Census indicated that the Washington Baltimore Northern Virginia (WBNV) metropolitan area had the third largest Korean population in the nation. While the KA community in the area has been growing rapidly, it is still a relatively new immigrant community. Consequently, health and social service programs tailored for Korean immigrants are still limited. Development of culturally appropriate interventions and policies for this expanding ethnic minority subgroup requires further understanding of health and social needs and the proposed study will be the first to examine such needs in the KA community in the WBNV area. The proposed study explores research questions that address the unique needs of KAs. Specifically, it aims to:

- Aim 1. Create a profile of caregivers of older KAs, their caregiving experience, and knowledge, use, and perceived usefulness for HCB-LTC.
- Aim 2. Identify predictors of the needs for HCB-LTC among caregivers of older KAs. Specifically, using the health behavioral model (Andersen & Newman, 1973), the study will examine the unique effects of predisposing characteristics, enabling factors, and needs on the knowledge, utilization, and perceived usefulness for HCB-LTC among caregivers of older KAs.
- Aim 3. Identify factors affecting the well-being of caregivers. Specifically, using the caregiving appraisal model (Lawton, et al., 1989), the study will test a model, examining the pathways between context, stressors, coping resources, caregiving appraisals, and caregivers' well-being.

Methodology

Site of Study: Participants will be recruited from various community-based social service agencies, Korean senior groups/organizations, and churches that serve KAs in the WBNV area, a recruitment method often used by studies with hard-to-reach populations (e.g. Chun, Knight, & Youn, 2007; Ishii-Kuntz, 1997). The investigator has obtained agreement from nine agencies and organizations to assist with recruitment of study participants for the proposed study.

Population: The sample for this study will be caregivers of community-dwelling older KAs in the WBNV metropolitan area. A total of 200 caregivers of older KAs will be recruited for this study. Caregiver is defined as an adult who is 18 years old or older and provides informal care of a community-dwelling older KA. The care recipient must be 60 years old or older, and have at least one limitation in activities of daily living (ADL), or two or more limitations in instrumental activities of daily living (IADL), or cognitive impairment. To encourage and compensate participation, the proposed study will provide a \$20 gift certificate from a local Korean grocery store to each participant upon completion of the survey.

Data Collection: Data will be collected through face-to-face or telephone interviews, depending on the preference and convenience of each study participant in order to maximize their participation. Interviews will be carried out by trained bilingual interviewers, following a standardized interview schedule in the participant's preferred language, either in Korean or English. Based on a preliminary test of the English-

version of the survey with a sample of Korean American adults, it is estimated that approximately 40 minutes will be needed to complete the survey. *Face-to-face interviews* will be conducted at the participating organization/agency sites. This data collection method is used to take advantage of gatherings or events taking place at some of the supporting organizations. *Telephone interviews* will be conducted with those who cannot or choose not to attend any of the gatherings and those who are initially contacted by phone. Use of this method will allow caregivers to choose a time that is convenient for them, thereby minimizing the risk of losing potential study participants.

In order to ensure cultural sensitivity and relevance of the proposed study, several steps have been taken or are planned to establish effective study procedures. First, the investigator has met and obtained support for the study from agencies and organizations serving KAs and will be working with them in the research process. Second, the study will employ bilingual/bicultural KAs for the research assistant and interviewer positions. Third, whenever available, the proposed study uses Korean versions of measures that have been used in prior research with KAs and found valid and reliable. And finally, the investigator has obtained an agreement from two KA researchers at Johns Hopkins University, School of Nursing, both of whom have an established record of funded research with the local KA community to provide technical assistance in instrumentation and data collection methods for the proposed study.

Analysis Plan: Preliminarily data analysis will be conducted to assess the quality of data, address missing information, and recode the data if necessary. Psychometric properties of the translated instruments will be also assessed for their reliability and construct validity (factor analysis), and compared with the original properties prior to hypothesis testing. For Aim 1, descriptive analysis will be conducted to generate a descriptive profile of caregivers of older KAs and their caregiving experience and use of HCB-LTC. For Aim 2, hierarchical multiple regression analysis will be conducted to identify the predictors of two types of HCB-LTC knowledge, utilization, and perceived usefulness. Based on the HB model framework, the predictors will be entered in steps: 1) predisposing characteristics, 2) personal-level enabling factors, 3) system-access enabling factors, 4) older adult's needs, and 5) caregivers' needs. For Aim 3, structural equation modeling (SEM) will be utilized to test the caregiving appraisal model (Lawton, Kleban, Moss, Rovine, & Glicksman, 1989). The model development approach will be used, first testing the hypothesized model, and if the model is found to be deficient, an alternative model will be developed and tested based on changes suggested by the conceptual framework of the study and modification indices.

Significance of Study

There are several significant contributions that the proposed study will make to gerontological social work. First, this study contributes to the knowledge-base concerning informal and formal LTC needs among older KAs. It will provide much-needed information on the characteristics of informal caregiving and HCB-LTC needs among older KAs. Such information would assist social workers in identifying the need for and barriers to services among older KAs and their caregivers that are critical in working effectively with KAs as well as helping them in obtaining needed services. Second, the proposed study aims to identify factors that are critical in designing culturally sensitive and appropriate educational programs for caregivers of older KAs. The findings of this study would inform the local agencies as well as the KA community about the current status and needs for HCB-LTC among older KAs, which would further contribute to the design of LTC educational outreach programs targeting older KAs and their family members. Third, as this study is designed to explore research questions addressing issues concerning ethnic immigrant communities, it will provide a model for caregiver research in other linguistically and/or socially isolated ethnic immigrant communities.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort X**

BRIEF BIOSKETCH

Scholar's Name: Sunha Choi

School: State University of New York, Binghamton

Brief Biographical Sketch *(no more than one [1] page single-spaced)*

Sunha Choi, PhD is an assistant professor in the Department of Social Work at Binghamton University. Sunha received her MSW in 2000 and her Ph.D. in 2007 from Washington University in St. Louis. In between the two degrees, Sunha worked at the Missouri Institute of Mental Health as a senior research specialist. Sunha's areas of interests involve disparities between service use needs and utilization among vulnerable older adult populations, including late-life immigrants, minority older adults, and community-dwelling depressed older adults.

Her recent publications and conference presentations well reflect her interests in these issues.

SUMMARY OF RESEARCH

(not to exceed 1 page, single-spaced, no less than 10 pt font)

Scholar's Name: Sunha Choi

School: State University of New York, Binghamton

Institutional Sponsor: Dr. Laura Bronstein

National Mentor: Dr. Ruth Dunkle

Title of Project: Disparities in the out-of-pocket financial burden and total health care expenditures among recently-arrived older immigrants

Summary of Research:

Problem:

Older foreign-born individuals, especially newly-arrived immigrants, are likely to be more greatly affected by dramatically increasing out-of-pocket (OOP) expenditures for medical care due to their limited insurance status. Older immigrants are much more likely to be uninsured than their U.S.-born counterparts due to their shorter work history in the United States. Studies have suggested that a lack of insurance is a major risk factor for high OOP expenditures among service users. In addition, to attain the same level of health insurance as that of their U.S.-born counterparts, older immigrants pay much higher OOP payments because they are less likely to be covered by employment-based health insurance, including Medicare. However, little research has been conducted on the disparities in OOP expenditures and financial burdens for medical care among older immigrants.

Methodology:

Using the 1996-2005 Medical Expenditure Panel Survey (MEPS) linked to the National Health Interview Survey (NHIS), this proposed study aims to examine the relationship between immigrant status (IV) and OOP financial burden for medical care (DV), measured as the percentage of an individual's income used for OOP medical payments among older adults (65+). Descriptive statistics, trend analyses, and regression models will be run to test the hypotheses specified.

Significance of Study:

The need for research on health care utilization among older immigrants has been growing, especially since the welfare reform of 1996, which, for the first time, declared immigrant status as an eligibility criterion for public benefits. This proposed study will provide important and practical policy implications for health care resource allocations among this population and will contribute to the health and well-being of older immigrant populations and their families.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: Rita Jing-Ann Chou

School: University of South Carolina

Dr. Rita Jing-Ann Chou is an assistant professor at the College of Social Work, University of South Carolina. She has an interdisciplinary education background, including anthropology (PhD, 1987, State University of New York at Stony Brook), social work (MSSW, 1998, University of Wisconsin-Madison), and social welfare (PhD, 2006, UW-Madison). She received a Hartford Geriatric Social Work Doctoral Fellowship in 2005.

Dr. Chou's research is centered on older workers, health, long-term care, and cross-cultural aging issues. Using mixed methods, she has conducted research on aging and health in both the United States and Taiwan, and has published internationally. For her dissertation in anthropology, she studied health and sociocultural factors related to life satisfaction of older Chinese-Americans. As a faculty member in the Department of Anthropology, National Taiwan University for seven years, she has received grants and conducted research in Taiwan on older adults' psychosocial adaptation to institutional long-term care as well as the subculture in these institutions. To learn more about how to improve the lives of older adults, she returned to the U.S. in 1995 to study in the graduate social work program at UW-Madison.

As a graduate student in social work, she became particularly interested in issues related to assisted living. For her dissertation in social welfare, her interest in quality of long-term care further led her to study work stress, support, and job satisfaction of direct care workers in assisted living facilities. She received a Hartford Geriatric Social Work Doctoral Fellowship in 2005. In the past several years, she has developed a keen interest in health and psychological well-being of older workers. With a grant from the Hartford Geriatric Social Work Faculty Program, she is currently conducting research on health and job satisfaction of older workers.

In addition to research, Dr. Chou is also enthusiastic about teaching and community service. The courses she has taught include "Social and Cultural Gerontology," "Psychosocial Approaches to Gerontology," "Social Programs and Services for Older Adults," and "Human Behavior and the Social Environment." She has supervised independent studies of graduate students. She serves as the Director of the South Carolina Center for Gerontology, and she is on the advisory board of the Palmetto State Geriatric Education Center. She also enjoys offering consultation to local, state, and national agencies and organizations.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Rita Jing-Ann Chou, Ph.D.
School: University of South Carolina
Institutional Sponsor: Arlene Andrews, Ph.D.
National Mentor: Nancy Morrow-Howell, Ph.D.
Title of Project: Job Satisfaction and Productive Aging: A Study of Older Workers from a National Dataset

Summary of Research

Problem

Recent years have witnessed an increase in older adult workforce participation. Between 1985 and 2004, the percentage of older adults in the labor force increased from 10.8% to 14.5%. Today, there are 26.1 million working adults aged 55 and older, and baby boomers now constitute 40% of the U.S. workforce. By 2020, 70 million baby boomers will make up about 20% of the entire population. Given their knowledge, talents, skills, and needs, it is likely they will continue to work. In fact, 80% of older workers expect to work in retirement years. Despite the increasing participation of older adults in the workforce, we know little about their work experiences. Similarly, although productive aging has become an intriguing phenomenon, we also know little about the mechanisms through which paid employment leads to health and psychological well-being.

The study intends to: (1) enhance our understanding of job satisfaction of older workers and the role of job satisfaction in productive aging; (2) contribute to theory advancement in job satisfaction and productive aging; (3) highlight important issues faced by older workers; and (4) investigate disparities in job satisfaction and well-being of different groups, including women, low-income, and racial/ethnic minority workers.

Guided by an overarching model of productive aging and informed by theories and empirical findings on job satisfaction, the proposed study will investigate (1) how job satisfaction of older workers is affected, both cross-sectionally and longitudinally, by job stressors, job control, occupational safety, work flexibility, age discrimination, and social support; (2) how job satisfaction is related to health and psychological well-being; and (3) the interaction of the predictors and group status based on gender, income, race/ethnicity, and cohort, respectively.

Methodology

Data Source and Sample

The study will use data from the Health and Retirement Study (HRS), a nationally representative, longitudinal survey of adults over age 50. To facilitate the proposed study and to make the most of the HRS data set with its strengths and constraints on the availability of variables in different waves, I will use 2004 and 2006 data to test the relationship between job satisfaction and its predictors, and use 2006 data to test the correlation between job satisfaction, health, and psychological well-being.

For the cross-sectional study, the sample will include all the workers who meet both of the following criteria: (a) who were 55 years and older at the time of the 2006 survey and (b) who were randomly chosen by HRS to participate in the 2006 leave-behind psychosocial survey. As a result, 1,671 workers are included in the sample for the cross-sectional study. For the longitudinal study, the sample will include all

the workers who meet all of the following criteria: (a) who were 55 years and older at the time of the 2006 survey, (b) who were randomly chosen by HRS to participate in the 2006 leave-behind psychosocial survey, and (c) who were randomly selected by HRS to participate in the 2004 leave-behind psychosocial survey. Consequently, 267 workers are included in the sample for the longitudinal study.

Analysis Plan

Statistical methods include descriptive analysis, bivariate analysis, and multivariate regression analyses. Since many older adults are partners from the same households, the data have a nested structure. Hierarchical Linear Modeling (HLM) will be used in the multivariate regression analyses when there is intraclass correlation within households.

Significance of Study

The significance of the proposed study is three-fold. First, as work is a significant part of most people's lives, satisfaction derived from work, or the lack of satisfaction, has been found to be a major determinant of happiness in life, quality of life, and physical health and psychological well-being. The majority of studies on job satisfaction, however, has either treated age as a control variable or reported its effects in passing. Few have focused on job satisfaction of older workers per se, let alone how to improve job satisfaction of older adults.

Second, the concept of productive aging has evolved several times since its inception. In its broad sense, and to avoid class, race, and gender biases, productive aging refers to activities that are paid or non-paid, outwardly or inwardly directed, and benefiting others and/or self. Proponents of productive aging claim that being productive is beneficial to older adults. However, very little research has been done on "how" productive aging (in terms of paid work) contributes to individual well-being. Information on job satisfaction of older adults may inform us of a mechanism through which paid activities contribute to well-being in later life.

Finally, given the youth-oriented American culture with its related age discrimination and older adults' preferences and/or needs in work, it seems imperative to study the experience of older workers, especially people of lower income, women, and racial/ethnic minority groups. Findings from this study will have important implications for labor policy, human resources management, and social work practice with older workers.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: **Angela Curl**

School: **University of Missouri**

Angela Curl is an Assistant Professor in the School of Social Work at the University of Missouri (MU). She is also a Center Fellow of the MU Interdisciplinary Center on Aging, and a Faculty Affiliate of the MU Women's & Gender Studies department. Angela is the recipient of the prestigious Hartford Faculty Scholars Program (2008-2010) and the Hartford Doctoral Fellows Program (2004-2006).

She completed her Bachelor's degree in social work at Taylor University in Indiana, and earned her Master's in Social Work from the University of Alabama with a concentration in Planning and Management. She completed her Ph.D. in Social Welfare at Case Western Reserve University, with a focus on gerontology and policy.

Her research interests focus on the health and economic status of older adults. Specifically, her research focuses on the work and retirement of older married couples, and its impact on physical health for both spouses. She has also conducted a cross-national study of Social Security policies, and written about the need for flexibility in work and retirement policies. Current research projects include an evaluation of a state policy designed to promote deferred retirement, a study that examines self-employment as an alternative path to retirement, and a longitudinal multinomial logistic regression study of predictors of body mass index for older adults. Angela was the recipient of the Marie Haug Award for exemplary performance in gerontological studies, the winner of the 2006 Research ShowCASE Poster Competition, and the Graduate Dean's Instructional Excellence Award at Case Western Reserve University. She currently teaches courses on social work practice and research.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Angela Curl

School: University of Missouri-Columbia School of Social Work

Institutional Sponsor: Colleen Galambos, School of Social Work

National Mentor: Stephanie Robert, University of Wisconsin-Madison

Title of Project: The Impact of Retirement on Heart Problems: A Multilevel Dyadic Analysis of Longitudinal Secondary Data

Summary of Research:

Problem:

In 2007, heart disease is projected to cost more than \$277 billion annually in health care services, medications, and lost productivity (American Heart Association [AHA], 2007). Heart disease is the leading cause of death and disability in the United States (Centers for Disease Control and Prevention [CDC], 2007a; U. S. Department of Health and Human Services [DHHS], 2000). Risk factors for heart disease include older age; male gender; African American race; smoking; obesity; physical inactivity; diabetes; high blood cholesterol; diet high in fat and sodium; high blood pressure; alcohol and drug abuse; and family history of heart disease (AHA, n.d.; CDC, 2007b; National Heart Lung and Blood Institute, n.d.; U. S. DHHS, 2000).

This study will examine whether retirement predicts an increased short-term or long-term risk of heart problem diagnosis, controlling for pre-retirement health, for both the respondent and his/her spouse. The research questions guiding this study are: 1) Is the risk of heart problems affected by (a) one's own retirement or (b) retirement of one's spouse; 2) Does social stratification moderate individual's or couples' risk of post-retirement heart problems?; and 3) Do behavioral risk factors mediate the relationship between retirement and heart problems?

Methodology:

Data Collection: Secondary analysis will be conducted using data from the first seven waves (i.e., data collection points) of the Health and Retirement Study (HRS). HRS is an on-going biannual longitudinal study sponsored by the National Institute of Aging conducted by the University of Michigan. The purpose of HRS is to learn about the health and economic status of individuals and their spouses from pre- to post-retirement.

Population: Data for the Health and Retirement Study were collected using a multi-stage area probability sampling process designed to obtain a nationally representative sample. The initial sample size for HRS was 12,654 respondents, from which a subsample has been selected. Individuals must meet the following criteria to be included in the current study: a) self-identification as White or Black (and non-Hispanic); b) at least 40 years old in 1992; c) not completely retired; d) no heart problem diagnosed by 1992; e) legally married in 1992; f) their spouse also provided data for HRS in 1992; g) reported same race as his/her spouse; h) not divorced, legally separated, or remarried (if widowed) during the study; and i) either the respondent or his/her spouse had to be working full-time or part-time (and not self employed) in 1992. The final sample size is for this study is 1,546 couples (195 Black and 1,351 White couples).

Analysis Plan:

Longitudinal data (1992-2004) from HRS will be employed to study the health trajectories of couples using two-level hierarchical generalized linear modeling. Level 1 will consist of time-varying predictors (retirement status, length of time since retirement, total household income, total household wealth, obesity, current smoker status, vigorous physical activity, diagnosed with diabetes, diagnosed

with high blood pressure, whether poor health was important in the decision to retire). Level 2 will consist of time-invariant predictors (gender, self-defined race, years of education completed, age at baseline).

The dependent variable is heart problems. Respondents were asked whether or not a doctor had ever diagnosed them with a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems (yes/no). For retirement status, respondents were asked whether they considered themselves not at all, partially, or completely retired. For those who responded that they did not consider themselves at all retired, this will be further separated into working or out-of-the-labor force (i.e., unemployed, disabled, homemaker). This study will investigate whether there is a difference in the impact of retirement on risk of heart problems between those who consider themselves retired, those who are out-of-the-labor force, and those who are working.

Significance of Study:

As the percentage of older Americans rises and the large “Baby Boom” generation begins to retire, issues around retirement and health are of increasing relevance. Because approximately two-thirds of Baby Boomers are married, it is important to determine the effects of retirement on health within couples, since the retirement and health of one spouse affects both partners in a marriage. This study will determine if social stratification factors moderate the relationship between retirement and health and if there are behavioral factors that mediate the relationship between retirement and heart problems. The answers to these questions can then lead us to interventions that can be targeted for those whose health are most negatively affected by retirement.

References

- American Heart Association. (n.d.). *Risk factors and coronary heart disease*. Retrieved November 8, 2007, from www.americanheart.com/presenter.jhtml?identifier=500
- American Heart Association. (2007). Heart disease and stroke statistics—2007 update: A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*, *115*, e69-e171. Retrieved November 15, 2007, from <http://circ.ahajournals.org/cgi/reprint/115/5/e69.pdf>
- Centers for Disease Control and Prevention. (2007a). *Heart disease facts and statistics*. Retrieved November 8, 2007, from www.cdc.gov/heartdisease/facts.htm
- Centers for Disease Control and Prevention. (2007b). *Heart disease risk factors*. Retrieved November 8, 2007, from www.cdc.gov/heartdisease/risk_factors.htm
- National Heart Lung and Blood Institute. (n.d.). *Heart attack*. Retrieved November 8, 2007, from www.nhlbi.nih.gov/health/dci/Diseases/HeartAttack/Heart_Attack_All.html
- U. S. Department of Health and Human Services. (2000, November). *Healthy people 2010: Understanding and improving health* (2nd ed.). Washington, DC: U. S. Government Printing Office. Available online at www.healthypeople.gov/Document/pdf/uih/2010uih.pdf

John A. Hartford Geriatric Social Work Faculty Scholars Program Cohort X

BRIEF BIOSKETCH

Scholar's Name: Nancy Giunta

School: Hunter College School of Social Work

Brief Biographical Sketch

Nancy Giunta is an Assistant Professor of Social Work and a Faculty Fellow at the Brookdale Center for Healthy Aging and Longevity at Hunter College of the City University of New York. Her areas of interest include long term care policy, home and community-based service systems, and collaborative systems change. She also serves on the technical assistance consortium of the Community Partnerships for Older Adults (CPFOA), a national program of the Robert Wood Johnson Foundation to help communities develop leadership, innovative solutions and options that meet the needs of older adults. She received her M.S.W. and Ph.D. degrees from the University of California, Berkeley School of Social Welfare. Her dissertation research on the implementation of federal caregiver support policy was funded by the Hartford Foundations Geriatric Social Work Initiative and the Center for the Advanced Study of Aging Services.

Prior to joining the faculty at Hunter College, Dr. Giunta worked with the San Francisco Department of Aging and Adult Services to facilitate its Partnership for Community-Based Care and Support, a collaboration of over 70 organizations working to improve access to community-based services for people with disabilities and older adults. The Partnership was funded by the CPFOA program. Her earlier practice experience was in the area of caregiver support advocacy, assisted living, residential care, skilled nursing, and hospice. As a doctoral student, she conducted research with Dr. Andrew Scharlach and colleagues at the Center for the Advanced Study of Aging Services (CASAS). Areas of research with CASAS included case management quality and informal caregiver service utilization.

As a John A. Hartford Faculty Scholar, Dr. Giunta aims to combine her past practice and research experience to explore how collaboration between case management organizations influences client outcomes.

SUMMARY OF RESEARCH

Scholar's Name: Nancy Giunta
School: Hunter College, City University of New York
Institutional Sponsor: Carmen Morano
National Mentor: Rosalie Kane
Title of Project: Case Management Collaboration: A Pilot Study of a Consortium Model of Service Delivery in New York City

Problem:

Case management plays a key role in long term care service coordination across agencies. Sustainability within a context of shrinking resources means providers are faced with the choice of either collaborating or competing to bear substantial caseload increases. Little knowledge exists to date of the outcomes of collaborative service delivery models. Moreover, objective measures are missing from what has been recently referred to in the social work literature as the “synergy” of collaborative strategies to service delivery. The aim of this proposed two-year mixed-methods pilot study is twofold: (a) to examine the concept of synergy in an interagency consortium model of case management service delivery to older adults in a diverse urban neighborhood; and (b) to explore the role of synergy in predicting client outcomes.

Methodology:

Site of Study: New York City's Upper East Side and East Harlem neighborhoods.

Population: (a) Case management providers serving older adults; (b) Older adults receiving publicly funded case management services.

Data Collection: First, the concept of synergy will be operationalized through a qualitative examination of the structure and process of the consortium model using key informant interviews, focus groups, and an online survey of consortium staff. Next, a quasi-experimental pilot study will be conducted to assess the effectiveness of case management services within a consortium model. Case management client outcomes will be compared with outcomes of similar clients not yet receiving case management services. The predictive power of synergy on client outcomes will be estimated.

Analysis Plan: *Phase I:* Data from semi-structured interviews and focus groups with key informants (consortium administrators, supervisors, and staff) will be analyzed qualitatively through content analysis by identifying themes and patterns which emerge around specific factors facilitating or mitigating the ability of case managers to meet client needs. The framework of synergy will be used within the focus group and key informant interview protocols. To confirm, negate, or supplement the findings of this qualitative inquiry, an online survey of agency staff will consist mostly of fixed-choice and likert-scale questions administered to a broader pool of Consortium staff and other key stakeholders in the service delivery system. Online survey data will be analyzed quantitatively using descriptive statistics and possibly factor analysis. *Phase II:* Client data will be collected from Consortium case records at two points in time: first at initial intake and assessment, then at a six-month re-assessment. These data will be triangulated with agency data and compared with data from a comparable stand-alone case management agency. Quantitative analysis will consist of the most appropriate multi-level modeling technique to explore predictors of client outcomes.

Significance of Study:

This study will serve as a pilot to build a foundation for future study of collaborative service delivery models for meeting the needs of older adults. The rigor of this study will build a strong foundation to further understand the benefits and challenges of collaboration among case management providers, which will be essential for informing policy and increasing the policy impact to help guide communities in their efforts to face the demographic imperative of an aging population.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort X**

BRIEF BIOSKETCH

Scholar's Name: Jung-Hwa Ha

School: University of Chicago

Brief Biographical Sketch (*no more than one [1] page single-spaced*)

Jung-Hwa Ha is an assistant professor in the University of Chicago's School of Social Service Administration. Her fields of interest include life course and aging, widowhood, social support, intergenerational relationships, and stress and coping. She teaches courses on death, loss, and grief across the life course and advanced research and evaluation.

Dr. Ha is interested in studying the interplay between stress, social support, and well-being among older adults. In her Hartford-funded project, she aims to examine the effect of one's own and one's spouse's health decline on older adults' social relationships.

Much of her previous work has examined the impact of late-life widowhood on older adults' psychological and social well-being. In her doctoral dissertation, she analyzed data from Changing Lives of Older Couples (CLOC) to examine how widowhood influences older adults' social relationships with family and friends, and the role of pre- and post-widowhood social support in predicting widowed persons' long-term depression.

Dr. Ha has received her undergraduate degree from Seoul National University and MA, MSW, and Ph.D. (Social Work and Sociology) from the University of Michigan. Prior to joining SSA, she was as a post-doctoral researcher at the Waisman Center at the University of Wisconsin - Madison.

SUMMARY OF RESEARCH

(not to exceed 1 page, single-spaced, no less than 10 pt font)

Scholar's Name: Jung-Hwa Ha

School: University of Chicago

Institutional Sponsor: Julia Henly

National Mentor: Namkee Choi

Title of Project: Impact of Health Decline on Older Adults' Social Relationships:
Effects of Own and Spouse's Health

Summary of Research:

Problem:

The proposed study examines: (1) the extent to which married older adults' health decline affects the structure and the quality of social relationships, (2) how one's own and spouse's health independently and/or jointly affects married older adults' social relationships, (3) the extent to which the effects of spouse's health decline on social relationships are contingent upon whether the respondent is providing care to his/her spouse, and (4) gender differences in the effects explored in the previous questions (1 – 3).

Methodology:

Site of Study: Secondary data will be used.

Population: Older adults aged 51 and older.

Data Collection: Analyses will be based on data from the Health and Retirement Study, a national probability sample of older adults aged 51 and older and their spouses.

Analysis Plan: Using data from 2002, 2004, and 2006 waves, the proposed study will examine how changes in health (assessed with self-rated health and the number of functional limitations) between 2002 and 2004 affect marital support as well as support from various other sources (e.g., children, other family members, and friends) in 2004 and 2006. Both quantitative (e.g., frequency of social contact) and qualitative (e.g., positive and negative social interactions) measures of social support will be used as outcome variables.

Significance of Study:

This study extends previous research on health and social support by identifying the areas in which increasing health problems in old age may diminish older adults' ability to interact and exchange support with others. Furthermore, findings on the joint and independent effects of one's own and spouse's health will help us understand whether couples who experience health declines together are more vulnerable to social isolation or increased negative social interactions.

John A. Hartford Geriatric Social Work Faculty Scholars Program Cohort X

BRIEF BIOSKETCH

Scholar's Name: David Hodge

School: Arizona State University

David R. Hodge, Ph.D. is an assistant professor in the School of Social Work at Arizona State University (ASU) and a senior nonresident fellow at the University of Pennsylvania's Program for Research on Religion and Urban Civil Society (PRRUCS). Dr. Hodge completed his Ph.D. at Washington University's George Warren Brown School of Social Work, where he was the first doctoral student to specialize in the area of spirituality and religion. After graduating with his Ph.D. in 2003, he completed a post-doctoral fellowship at PRRUCS, before joining ASU in the fall of 2005. In keeping with the emerging nature of his research area, Dr. Hodge's research has focused on the intersection of spirituality and a relatively wide array of topics. In keeping with the recent assessment requirements issued by the Joint Commission, formerly known as JCAHO, he has developed a complementary family of qualitative spiritual assessment tools, as well as published a number of articles on developing cultural competency with various spiritual populations. He has also developed a quantitative spiritual assessment scale, examined the protective influence of spirituality and religion in the area substance use, and explored how client's spiritual assets can be used to help ameliorate various problems. His work in this area has lead to his current lines of research, which focuses on the application of these areas with older adults, the population for whom spirituality tends to be most salient.

SUMMARY OF RESEARCH

Scholar's Name: David Hodge

School: Arizona State University

Institutional Sponsor: Bonnie Carlson

National Mentor: Philip McCallion

Title of Project: Addressing older adults' spiritual needs in health care settings

Summary of Research:

Problem:

Spiritual assessments are now required in hospitals accredited by the Joint Commission, the largest and most influential health care accrediting body in the United States. In theory, this assessment enhances service provision by addressing clients' spiritual needs. These new requirements may disproportionately benefit older adults—particularly older women and people of color—since spirituality tends to be more salient among these populations.

Conversely, the assessment requirements also raise the possibility of potential harm. Gerontological social workers and other practitioners report receiving little training on spirituality. As a result, interventions may be implemented that violate clients' cultural norms, spiritual strengths may be overlooked, client autonomy may be violated, and ethical and professional standards may be violated.

Despite the importance of the issue, a paucity of research has examined older adults' perceptions of service provision in this area. This cross-sectional study fills this gap in the literature by examining the relationship between older clients' rating of how hospital staff met their spiritual needs and: 1) overall care provided by hospital staff and 2) overall care given at the hospital.

Methodology:

Site of Study: Hospitals at various locations throughout the United States.

Population: Respondents aged 65 and older who have been discharged over the course of a year.

Data Collection: A secondary data analysis will be conducted of inpatient satisfaction data collected by Press Ganey, a private company that specializes in measuring patient satisfaction.

Analysis Plan: After cleaning the data, variables will be transformed as needed to improve normality and better meet statistical assumptions. The EM (Expectation-Maximization) algorithm procedure will be used to impute missing data among independent and control variables. In situations where the dependent variable is missing, listwise deletion will be used. Models will be constructed using one randomly drawn sub-sample, which will be selected to obtain an ideal sample size to variable ratio, and cross-validated with different sub-samples. To test the two primary hypotheses—that higher levels of self-reported satisfaction with the degree to which clients' spiritual needs are addressed will predict higher levels of self-reported satisfaction with: a) overall staff care and b) overall hospital care—at the bivariate level, Pearson correlation coefficients will be computed. To test these two hypotheses at the multivariate level, OLS regression will be used.

Significance of Study:

As the first study to systematically explore older adults' perceptions about addressing spiritual needs in hospital settings, this project represents a first step down the path toward more ethical, client-centered services for older adults in the area of spiritual assessment.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: Marilyn Luptak

School: University of Utah – College of Social Work

Marilyn Luptak, Ph.D., M.S.W., is an Assistant Professor in the College of Social Work at the University of Utah. A native of western North Dakota, Dr Luptak earned her B.S.W. (1984) from Minnesota State University-Moorhead, her M.S.W. (1989) from the University of Minnesota, and her Ph.D. (2003) in Social Work with a Minor in Gerontology from the University of Minnesota.

Dr. Luptak has practiced social work in rural and urban settings, in public agencies and private non-profit agencies, and in direct practice and management positions, focusing primarily on work with older persons and their families. She developed the curriculum for and currently teaches two 2nd year M.S.W. courses: *Social Work with Older Adults* and *Advanced Practice I – Health*. She also teaches in the 1st year M.S.W. practice sequence.

Dr. Luptak's research interests have a unifying theme of improving the health and well-being of vulnerable elders within the context of their families. Her current research concentrates on older adults with depression and their families, and her Hartford-funded Faculty Scholars research project will study the experiences of families involved with older community-dwelling relatives with a diagnosis of major depression. Additional areas of investigation include care at the end of life, mistreatment of older adults, family caregiving, and international aging-related workforce issues.

During her doctoral education, Dr. Luptak was the recipient of John A. Hartford Geriatric Social Work Doctoral Fellowship, a National Institute on Aging Pre-doctoral Traineeship Award, and a Minnesota Area Geriatric Education Center Educational Fellowship. More recently, she was one of five social workers nationwide selected by the American Academy of Hospice and Palliative Medicine to be a College of Palliative Care Scholar. She was also one of 15 social workers selected to participate in the 4th Annual NIA Research Institute on Aging and Social Work. She currently serves on the editorial board for the *Journal of Social Work in End of Life and Palliative Care* and as the Resource Column Editor for *Social Work AGenda*, the Association for Gerontology Education in Social Work (AGE-SW) newsletter.

John A. Hartford Geriatric Social Work Faculty Scholars Program Cohort IX Scholar Summary of Research

Scholar's Name: Marilyn Luptak

School: University of Utah College of Social Work

Institutional Sponsor: Mary Jane Taylor

National Mentor: Amy Horowitz

Title of Project: Caring for Older Adults with Depression: A Family Perspective

Summary of Research:

Problem:

Depression is the most common psychiatric condition among adults age 65 and over and the most common risk factor for suicide in this age group which has the highest suicide rates in this country (Adamek & Slater, 2006; National Institute of Mental Health, 2003). Because research in this area has focused almost exclusively on the individual with depression, we don't have a clear understanding of the extent to which family members are involved with older relatives with depression, nor do we understand how this involvement affects the well being of the family members. These issues are particularly salient in Utah, the most depressed state in the country (Mental Health America, 2007).

The purpose of this study is to expand our understanding of geriatric depression by focusing on it within a family context. It will address the following research questions:

- What are the characteristics of families who are involved with older community-dwelling relatives with major depression?
- How do family members of older community-dwelling adults with major depression recognize, understand and respond to the depression?
- What types of needs surface, and what types of coping strategies and decision making do family members, individually and collectively, employ in families of older community-dwelling adults with major depression to meet those needs?
- How does caring for an older relative with depression affect family functioning and family relationships?
- How do family members of older community-dwelling adults with major depression view professionals, services and systems?

Methodology:

Site of Study:

The Masters Program—the “go to” agency for older adults presenting with a DSM-IV-TR diagnosis of major depression and/or anxiety in the Salt Lake Valley—will be the study site. This program, which emphasizes short-term treatment to get individuals stabilized and functioning in the community, is part of Valley Mental Health, a private, not-for-profit agency that contracts with several counties and the state to provide mental health services.

Population:

Group I: Twenty community-dwelling older adults with major depression will be recruited from the Masters Program clientele. Selection criteria include:

- Age 65 years or older
- Legally competent
- DSM-IV-TR diagnosis of a major depressive episode (MDE)
- Lives in the community; not in a long-term care facility

- Family involved in their lives

Group II: Forty to sixty family members will be recruited. Group I participants will identify potential Group II participants based on the following criteria:

- The family member who is most involved with the older adult's care must be included and identified as such.
- Up to 4 additional family members who have provided hands-on assistance, assistance with decision making, or emotional support can be included.
- Age 18 years or older
- Legally competent
- Living in Salt Lake County or an adjoining county

Data Collection:

Data will be collected via record reviews of Group I participants; via interviews with Group II participants using subscales from two standardized measures (i.e., *Family Experiences Interview Schedule [FEIS]* and *Family Assessment Device [FAD]*) and a qualitative semi-structured interview guide; and via field notes completed after the interviews.

Group I participants will not be interviewed; however, the researchers will abstract demographic and clinical data (i.e., age, race, gender, marital status; medical history and diagnoses; treatments; and support systems involvement) from their records at the Masters Program, with the participants' consent and IRB approval in a HIPAA-compliant manner.

Group II participants will complete a one-to-one in-depth interview. The quantitative portion will include subscales from the *FEIS* to measure sociodemographic characteristics; family size, composition, and proximity; involvement with Group I participants; benefits and gratifications; affective response; and attitudes towards health and mental health professionals. The general functioning subscale from the *FAD* will be used to assess overall health of the families. The qualitative portion, which will be audiotaped, will use a semi-structured interview guide that includes open-ended questions to expand on the domains measured in the *FEIS* and the *FAD* as well as open-ended questions related to understandings of depression, needs and coping strategies, decision making, family functioning and relationships, and family members' perceptions of professionals, services and systems. Interviewers will ask probing questions to draw out additional information. Field notes will be generated for each encounter based on our observations of the family member being interviewed, the setting, the larger context, and ourselves, the researchers.

Analysis Plan:

Qualitative data will be entered into the QSR NVivo 8 software program and analyzed using open coding and constant comparative analysis techniques to identify and refine codes and categories as new themes and patterns emerge within families and across families. The principal investigator and the lead research assistant will have primary responsibility for developing, testing, and applying the coding scheme to the transcripts with periodic reliability testing provided by other members of the research team.

Quantitative data will be integrated with qualitative data in the analysis in several ways. At the descriptive level, quantitative data abstracted from the record reviews will be combined with *FEIS* data and qualitative interview data to provide a rich description of Group I participants. Descriptive statistics will also be employed to portray Group II participants. Multilevel modeling will be used to analyze the quantitative data at the family level in addition to the individual level to better understand these issues from a family perspective. Quantitative data from the standardized measures will be used to form groups to further validate themes and categories that emerge from the qualitative data. For example, we will create two groups—healthy family functioning and unhealthy family functioning—based on each family member's *FAD* general functioning score—and then examine the qualitative data on family decision making to see if different patterns emerge. We will use these same groups to examine the qualitative data on family guiding principles and on family conflict resolution. We will

also check the qualitative data against items in the *FEIS* to see if there is convergence because the *FEIS* subscales have not been used with family members of older adults. For example, we will have data regarding the benefits and the stresses of caring for an older relative with major depression from both the *FEIS* and the qualitative interviews; thus, the narratives can validate the relevant *FEIS* subscales to some extent. The narratives will be used in a similar fashion to validate other subscales of the *FEIS*.

Significance of Study:

Results from this pilot study will provide a basis for the next phase of this research—a larger family-centered study with representational samples of older adults with depression and their family members. It will also move me closer to my long-term goal of improving the capacity of social workers and other health care professionals to meet the psychosocial needs of older adults and their families who are struggling with depression at various stages in the life cycle.

John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort X
BRIEF BIOSKETCH

Scholar's Name: ___ Shadi S. Martin _____

School: ___ University of Alabama _____

Brief Biographical Sketch *(no more than one [1] page single-spaced)*

Dr. Shadi Sahami Martin is an assistant professor at the University of Alabama (UA). She has a multi-disciplinary background, which includes four Masters degrees (MSW, MPA/HSA and MA) and a variety of academic and professional experiences worldwide. These experiences included a Fulbright Fellowship in the Middle East, working for the World Health Organization in Europe, United Nations High Commissioner for Refugees in the Middle East, and consulting with Georgetown National Center for Cultural Competency in Washington DC. Dr. Martins' multi-disciplinary interests are reflected in her research trajectory, which has for many years focused on overcoming health disparities among culturally/ethnically diverse elderly populations.

Building on her interest in health disparities affecting older immigrants and minority populations, Dr. Martin is currently addressing research topics including cancer disparities affecting older African Americans and the role of families in health care decision making. To continue advancing in her areas of interest, Dr. Martin has been granted funds to support her research opportunities. The John A. Hartford Foundation recently awarded Dr. Martin a Faculty Scholars grant, administered by The Gerontological Society of America, to research the influence of family involvement in decision-making for breast cancer treatment among older African-American women. In addition, Dr. Martin has received a Health Disparities Research Training Grant and The Deep South Resource Center for Minority Aging Research (RCMAR) Health Disparities Pilot Grant from The National Institute on Aging to continue to explore the role of family on breast cancer decision-making among older African American women. In addition, along with Dr. Michael Parker, Dr. Martin received funds from The University of Alabama Center for Community Based Partnerships to establish senior information centers in local area churches.

Dr. Martin's awards include Outstanding Faculty/Staff-Initiated Engagement Effort (2009). Health Disparities Research Training Award, sponsored by the National Institute of Aging, the Deep South Resource Center for Minority Aging Research (RCMAR) and the Minority Health and Research Center (MHRC) at University of Alabama in Birmingham UAB and a doctoral dissertation Award from the Massachusetts Institute of Technology (MIT) & Sharif University of Technology Alumni Association (ISG/SUTA).

Dr. Martin is an associate with the Center for Mental Health and Aging (CMHA) and the Institute for Rural Health Research (IRHR) Grant Development Program) at the University of Alabama. She has been appointed as a member of the Council on Social Work Education (CSWE), Council on Global Learning, Research. Dr. Martin has served as a consulting editor for the journal of Health and Social Work (NASW Publication) from 2006 to present.

SUMMARY OF RESEARCH

(not to exceed 1 page, single-spaced, no less than 10 pt font)

Scholar's Name: _Shadi Sahami Martin_____

School: _Universtiy of Alabama_____

Institutional Sponsor: _Dr. Cindy Roff_____

National Mentor: _Dr. Deborah Padgett_____

Title of Project: Exploring the Influence of Family Involvement in Decision-Making for Breast Cancer Treatment among Older African American Women

Summary of Research:

Problem:

Cancer is the second leading cause of death in the United States, and with the rapidly aging population, it is expected to become the number one cause of death. Although, mortality rates from breast cancer increase for all women with age, the mortality rates are highest among older African American women. The combination of age and ethnicity puts older African American women at great risk for poor cancer outcomes. Most research on cancer treatment decision-making focuses narrowly on the patient-physician relationship "despite the fact that most important decisions in cancer care involve at least one other accompanying family member" (Epstein & Street, 2007, p. 26). This study will examine the triadic decision-making processes among patient, family, and physician, and focus on family members as more than just providers of social support but as potentially key participants in shared decision-making.

Methodology: Qualitative phenomenological

Site of Study:

Participants will be recruited from three cancer care centers in West Alabama: Cancer Care Center of Tuscaloosa, Cancer Care of Demopolis and the Northwest Regional Cancer Care Center.

Population:

The sample size of 30 to 40 participants will consist of 15 to 20 breast cancer patients who are African American women, ages 50 and older and 15 to 20 family members who are 19 and older and have permission from the cancer patient to be interviewed.

Data Collection:

The participants will participate in one in-depth (in-person) interview which may last from 1 to 3 hours and one follow up phone interview to verify the findings from the interview. Observational data will also be collected as well as some basic demographics data.

Analysis Plan:

Using initial and focus coding (Lofland & Lofland, 1995), the data will be coded and divided into categories that cover various. Using the data analysis methodology developed by Colaizzi (1978), significant statements will be extracted, while duplicated statements will be eliminated. Meanings units will be formulated from these statements by constant comparison (Lincoln & Guba, 1985; Strauss & Corbin, 1990). These meaning units will then be organized into themes that will be compared, contrasted (between and within cases), and sorted until thematic saturation is reached (Creswell, 1998).

Significance of Study:

The significance of this study is that it 1) challenges the dominant dyadic patient-physician decision-making model; 2) allows for in-depth exploration of cancer decision-making experiences from both the patient's and family's perspective; and finally, 3) focuses on a population that suffers greatly from dual racial/ethnic and age-related disparities.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort X**

BRIEF BIOSKETCH

Scholar's Name: ___Duy Nguyen_____

School: ___Silver School of Social Work at NYU_____

Brief Biographical Sketch *(no more than one [1] page single-spaced)*

Duy Nguyen is an Assistant Professor of Social Work at the Silver School of Social Work at New York University. His research focuses on mental health services, older adults, and Asian American families.

Currently, Dr. Nguyen is working with the Center for the Study of Asian American Health at NYU's School of Medicine to examine the health needs of Southeast Asians living in New York City. Additionally, he is examining the impact of acculturation on health and mental health service use among older Asians through analyses of existing data. Previous research affiliations include the New York State Psychiatric Institute.

His dissertation research was supported by a Hartford Doctoral Fellowship. His dissertation research used secondary data analysis techniques to examine the effects of age and Asian ethnicity on the use of mental health services.

Prior to joining the faculty at NYU, Dr. Nguyen held an adjunct teaching position at the Columbia University School of Social Work. He has clinical experience working with clients with a range of mental health needs including children with emotional and behavioral disorders, immigrant and refugee adults and elders, and Asian Americans with severe mental illness and their families.

Dr. Nguyen received his Ph.D. from Columbia University, and his BA and MSW from Washington University in St. Louis (MO). During his doctoral studies, he was a Fellow in the Council on Social Work Education's NIMH-funded Underrepresented Mental Health Minority Research Fellowship Program. At Columbia University, he was the recipient of a Ruth Fizedale Doctoral Dissertation Award.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: Sudershan Pasupuleti

School: The University of Toledo

Brief Biographical Sketch (no more than one (1) page single-spaced)

Dr. Sudershan Pasupuleti is currently an associate professor and has been on the faculty of Department of Social Work since August 2001. He holds Bachelors and Masters Degrees in Social Work, a Master of Philosophy in Social Work and Ph. D. He brings nearly two decades of experience in a number of areas - teaching, research, service learning, agency administration, evaluation, and macro practice of social work. Dr Pasupuleti taught courses on social research and statistics, social welfare administration, social policy and planning, human resource management, service learning in both undergraduate and graduate programs at different schools of social work for over 17 years in United States and India. He has provided guidance to a few hundreds of students in research and practice. Apart from social work teaching he had taught human resource development for nonprofit and service sectors in India. Dr Pasupuleti is recent recipient of "Hartford Faculty Scholar Award" from the Gerontological Society of America, funded by John A. Hartford Foundation for 2008-10. The award carries \$100,000 for his research in aging issues over two years.

Dr. Pasupuleti is also Director for the University of Toledo's Office of Service Learning & Community Engagement since January 2005 and reports to the Office of Provost in this role. As director of service learning, he is charged with expanding service learning programs and infusing service learning pedagogy into curriculum through providing support and resources to faculty members and students in their community engagement efforts. He has created a faculty forum on service learning on UT campus and is leading it successfully to promote a community of service learning faculty. He has developed two service learning fellowship programs for at-risk students and student leadership program in service learning. He has been site mentor for AmeriCorps VISTAs on the UT campus over three years. He has developed an interdisciplinary service-learning project for youth empowerment in the inner city of North Toledo, a neighborhood known for high concentration of poverty, school drop-outs, and other impending social risks. Dr. Pasupuleti is currently working towards developing issue-based learning communities, involving community agencies, university faculty and students with dual objective of enriched academic learning and civic engagement by addressing real needs of Toledo community.

Before immigrating to the United States, Dr. Pasupuleti worked as chief executive officer of Development Action and Research Center for nearly five years and was also the project leader for a multi-million project at the Center for World Solidarity funded by NOVIB, Netherlands, for political empowerment of women and marginalized groups in India. As a practitioner, his expertise is in the areas of community organization, action research, community development, and agency & project administration. Dr. Pasupuleti's professional work also includes consulting assignments in the areas of research and training for international organizations including the Department for International Development, United Kingdom; the Bread for the World, Germany; and CARE-AP, for their projects in India.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Sudershan Pasupuleti, Ph.D.

School: The University of Toledo

Institutional Sponsor: Barbara Kopp Miller, Ph.D.

National Mentor: Zvi Gellis, Ph.D.

Title of Project: **"Impact of Computer-Based Brain Fitness Training on Cognitive Functioning and Quality of Life of Older Adults with Low Income Status"**

PROBLEM

Research on brain plasticity has provided evidence that cognitive changes continue into late adulthood and certain cognitive capacities can be improved with interventions, challenging the theorem that age-related cognitive decline is almost inevitable (Mahncke et al., 2006; Yang, Krampe & Baltes, 2006). The Brain Fitness Program (BFP), a tested intervention with older adults, has been found to induce brain plasticity in a positive direction leading to enhanced cognitive functioning in older adults (Mahncke, et al., 2006). The proposed study will use an experimental design to investigate the effect of computer-based brain fitness training on cognitive functioning in auditory, attention, and memory areas and their relationship with quality of life among low-income older adults. This research study is designed based on the cognitive-behavioral theoretical framework of aging.

AIMS

1. The primary aim of the proposed research is to determine the effect of BFP on cognitive functioning in overall auditory, attention, and memory domains of the experimental group with subjects 65 years and older by administering pre- and post-tests.
2. The secondary aim is to examine the effects of the intervention on health & well-being, locus of control, self-efficacy, self-esteem, quality of life, and instrumental activities of daily life of the treatment group.

METHODOLOGY

Sites of study

The study proposes an 'experimental design' employing two groups with pre- and post-tests. Two hundred subjects from public housing facilities and low income areas will be recruited for the study and randomly assigned to both groups. The treatment group will receive the computer-based BFP as described in Appendix A and the control group will receive general computer training during the intervention period. Subjects will be recruited from five different organizations, which have already extended support for the research: the computer centers of the Lucas County Metropolitan Housing Authority (LMHA); Senior Net Center of Area Office on Aging; community-based senior programs of Friendly Center and Caldwell Family Center; and Madonna Homes. Also, additional sites of in low-income neighborhoods are identified and I am in the process of determining computer access to them. There is a possibility of more sites and more low-income older adults who could be drafted into study population.

Population

About 1180 subjects are available at the already identified sites - LMHA's six sites, one site of Area Office on Aging, one site of Madonna Homes, one site of Friendly Center, one site of Caldwell Family Center, and Salem Church Outreach. The agencies have already been contacted and are willing to support this research. Even if 10% of the identified population turns out to be sample for the study, there is a likelihood of recruiting 120 subjects at this time. Few more hundreds of older adults are likely to be added at the new sites identified. There is probability of attrition of subjects which is a threat to internal validity. The attrition could occur during the course of intervention for a variety of reasons such as losing interest in the research, tired of participation, physical and mental problems, relocation, death, long-term hospitalization and so on. If subjects drop out early or before the intervention begins, they will be replaced with new subjects. However, no subjects will be included for the study once the intervention begins.

although data of dropped subjects will be securely maintained, they will be removed from active group rolls.

Recruitment of subjects

Information flyers about the study will be prepared and disseminated through the Area Office on Aging (AOA) that has contacts with number of senior housing units and senior centers. AOA has offered help in recruiting subjects. Managers/administrators of these housing facilities will be contacted and requested for help through a letter. This letter will be accompanied by a support letter by AOA. Information flyers will be displayed on the bulletin boards at the agencies and senior program locations. A signup sheet will be placed with the contact person/front desks at each agency. Once identified, interested older adults will be administered the screening surveys - mini mental state examination and other questions relating to inclusion and exclusion criteria (See Appendix B). After determining the total number of subjects qualified for the study and obtaining their consents, unique identifying number will be given to every subject. Those numbers will be written on small paper slips which will be used in a raffle for selection of subjects for groups. As each sample unit is picked by raffle assigned to either of the group. The first unit will be randomly assigned to treatment or control group and thereafter alternatively to each group. This procedure insure random assignment of subjects in increase external validity.

Treatment

Intervention to the treatment group will last for 8-10 weeks with 40 sessions of computer-based Brain Fitness Program (See Appendix A for salient features of the treatment). The control group will receive general computer lessons, for the same amount of time and duration, in applications of Microsoft Word, the Internet, web-browsing, online educational resources, spiritual readings, electronic communication (emails), uploading and downloading documents/pictures, and other general computer skills. Like treatment group, control group will also be engaged for the entire course of intervention.

Data collection

The data collection will be done in three phases: screening, pre-test and post-test stages. In the screening stage, the screening survey will be administered to all potential subjects at the project sites. Based on the screening data, eligible subjects for the study will be determined and are randomly assigned to treatment and control groups. The screening test will include Mini-mental status assessment, mini cognitive test, and participant questionnaire (consisting of questions on inclusion and exclusion criteria). Student workers for the study will be identified, recruited, and trained in the protocols for the study. This will be accomplished during the first three quarters of the Hartford Faculty Scholar Program. After this, pretests (Time 1 data) with primary (auditory, attention and memory) outcomes and secondary (physical and mental components of SF12, self-efficacy, self-esteem, computer anxiety, quality of life) outcome measures will be administered to both groups in the fourth and fifth quarters. The intervention period will begin in the fifth quarter of the fellowship and involve 40 sessions of computer-based BFP for the treatment group, and computer lessons and assistance in using computers will be provided to the control group. The BFP will involve treatment of an hour a day for five days a week over a period of 8-10 weeks. For the same amount of time during the intervention (8-10 weeks), the control group will be engaged with learning general computer skills. The groups will be constantly monitored for notable changes and are documented all along the intervention period. After the completion of intervention (approximately 8-10 weeks), Time 2 data will be collected. This will happen towards the end of fifth quarter and/or the beginning of the sixth quarter. Student workers and the support staff at the computer centers will assist in the implementation of intervention. After receiving initial training, participants will practice the exercises themselves. The researcher, trained student staff and project site support staff will provide any assistance that participants may need in the course of the intervention. The participants will also have access to the toll-free Technical Support Center of PositScience Corporation.

Analysis Plan

As stated earlier, a pre- and post-test experimental design will be used to study the effectiveness of the BFP intervention on cognitive functioning of older adults. The descriptive data will be used to characterize the sample and study the effect of intervention, Brain Fitness Program. Specifically, the following analyses will be undertaken. A linear mixed model of multiple regression/path analysis will be used to investigate the effects of computer-based brain fitness training on overall auditory, attention,

memory, and reasoning with the aid of standardized measures of RAVLT, WMS III Digit space and letter number sequencing of the treatment group and on the secondary outcome measures – quality of life, self-efficacy, locus of control, and self-esteem. Effect size of BFP on cognitive functioning (in terms of auditory, attention, and memory) of the older adults will be determined using regression analysis. A multivariate inferential statistic t- test (MANOVA and MANCOVA) will be used to determine if there are differences between the two groups before and after the intervention. Further, pre- and post-gains for each group will be calculated using t- test for each outcome measure to examine statistically significant differences. Effect sizes such as multivariate ‘eta’ square will be calculated and reported. Treatment fidelity will be collected using a measure developed for the study. Finally, social validity data on the effectiveness of intervention will be collected and analyzed using statistical measures.

SIGNIFICANCE OF STUDY

The study aiming to assess the impact of computer-based Brain Fitness Program on cognitive functioning has a promise to challenge the stereotypes about aging. The benefits of this training could afford extended independent living and prolonged or improved cognitive skills. Optimum utilization of human brain and its plasticity characteristic can be made through brain exercises and other intellectually-engaging activities (Langer, 2000; Noice, Noice & Staines, 2004). Further, the study will be especially useful to address the risk of mild cognitive impairment (MCI), which eventually leads to dementia in 80% of cases, compared to the 1 to 2% incidence in normal aging people (Craft et al., 2003). If such interventions are initiated early, they may stimulate the brain and neutralize early signs of cognitive impairment, therefore giving long-term benefits in memory and cognitive performance.

Finally, the study has significant implications for social work practice with older populations, especially low income groups with limited or no access to computers. A major concern of the aging population in the United States is the rapidly increasing numbers of older adults with cognitive deficits ranging from mild to severe levels. Any improvement in cognitive functioning of older adults will ease the burden on service-providing agencies since older adults can then afford extended independent living and a better quality of life. This would reduce tremendous societal costs of providing care for the senior citizens, while improving the quality of life for older adults.

Appendix A: SAAGE Salient Features

Neuropsychological Training (SAAGE) Parameters	Focus of exercises (parameters involved in effectively improving cognitive function)	Rationale (Why this design feature is essential?)
Speed (S):	Protocols that increase the brain’s capacity to process information at the millisecond level	<ul style="list-style-type: none"> ✓ To address the slowing of the aging brain ✓ Essential to relearn to process information that matches pace of everyday life
Accuracy (A):	Protocols that refine the brains ability to accurately resolve range of confusable inputs from basic to complex	<ul style="list-style-type: none"> ✓ The aging brain process information less accurately and often cannot classify confusable inputs
Adaptivity (A):	Customized protocols that adapt to varyingly challenge individual in each situation.	<ul style="list-style-type: none"> ✓ Precision of challenges is essential to address varying levels of individuals at specific points in time
Generalizability (G):	Protocols incorporate specific design features like natural stimuli and multiple stimulus patterns simulating the “real world”	<ul style="list-style-type: none"> ✓ Generalizability is important so the changes are translated to real-world activities and not just confined to the exercise tasks within this program
Engagement (E):	Protocols that engage, disengage attention, reward and novelty systems several hundred times per training hour.	<ul style="list-style-type: none"> ✓ The brains systems that are responsible (acetylcholine, dopamine and norepinephrine) for learning and memory decline with age. ✓ Reengagement of these systems is essential

Appendix B

The following inclusion and exclusion criteria are adopted from the randomized trials of Brain Fitness Program by the scientists at PositScience.

Inclusion criteria:

- Age 65 or older at the time of consent
- Low income individuals (annual income below \$21,000 for single person which is less than one-half of median income in Lucas County, Ohio) and it will be adjusted if additional family members are present).
- Mini-mental state examination score of 26 or higher
- Fluent English speaker.
- Visual capacity adequate to read 14 point type
- Adequate hearing capacity: Participants will demonstrate by repeating a series of words spoken by the screening investigator; the words will be spoken while a view of the investigator's mouth is covered to prevent lip-reading.
- Willing and able to commit time over six months period and available for 8-10 weeks for the intervention.

Exclusion criteria:

- Mini-mental state examination (MMSE) score of 25 or lower
- Self report of current diagnosis or history of major neurological illness such as Alzheimer's disease, Parkinson's disease, Multiple sclerosis, and Amyotrophic lateral sclerosis
- Self report of current diagnosis or history of psychiatric illness such as major depressive disorder, bipolar disorder, schizophrenia, PTSD, obsessive-compulsive disorder,
- Self reported history of psychiatric hospitalization
- History of a stroke, transient ischemic attack (TIA) or traumatic brain injury within the past year; or lifetime history of stroke,
- Fibromyalgia or symptoms of tremor severe enough to prevent the use of a computer mouse or other pointing device.
- Current use or use within the past 3 months, of medications with substantial central nervous system (CNS) effects, including acetylcholinesterase inhibitors and medications with either anticholinergic or antidepressant properties.
- Behaviors during screening or baseline visits that, in the judgment of the screening investigators, are likely to present significant problems for the trainers including behaviors include significant uncooperative behavior, significant rudeness or temper management problems, or inappropriate physical conduct.
- Unable to perform neuropsychological evaluations.
- Participant is not capable of giving informed consent or is unable to comprehend and/or follow instructions.
- Participant is enrolled in a concurrent clinical study that could affect the outcome of this study.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: _____ Louise M. Quijano _____

School: _____ Colorado State University _____

Brief Biographical Sketch (no more than one (1) page single-spaced)

Dr. Louise Quijano is an Assistant Professor at the Colorado State University School of Social Work and currently teaches courses in graduate-level research methods. She joined the faculty in the fall of 2007 after completing a post-doctoral primary care fellowship at the Baylor College of Medicine in Houston, Texas. Dr. Quijano has gained expertise in geriatric social work in the medical and mental health fields and has a passion for serving older adults in the Latino community.

Dr. Quijano earned her doctorate in Social Science from the Maxwell School of Citizenship and Public Affairs at Syracuse University in New York in 2005. Her dissertation topic was: *Marriage and other important social relationships as predictors of access to mental health services and depression outcomes among older adults*. In addition to her doctorate, Dr. Quijano also received a Certificate in Gerontology from Syracuse University. Prior to that, she earned her MSW at the State University of New York at Buffalo. Throughout her professional career, Dr. Quijano has obtained broad experience as a social worker in direct service, supervision, research, and management roles working primarily with older adults in New York and Texas.

Through recent publications and research initiatives, Dr. Quijano has continued to explore her interest in serving older adults. She was the primary author of "Healthy I.D.E.A.S.: A depression intervention delivered by community-based case managers serving older adults," published in the *Journal of Applied Gerontology* in 2007 and a co-author of "Satisfaction with mental health services in older primary care patients," published in 2006 in *The American Journal of Geriatric Psychiatry*. She is currently serving as a Principle Investigator for the *Hartford Partnership Program for Aging Education: Social Work Scholars in Gerontology* in the School of Social Work at Colorado State University which is funded through 2011. Dr. Quijano was the Principle Investigator for the *Vida Tranquila Pilot Study: A Skills-based Therapeutic Intervention for Older Hispanic Patients with Generalized Anxiety Disorder* from 2006-2007 at the Michael E. DeBakey Veterans Affairs Medical Center in Houston, TX. This pilot study laid the foundation for her current research in Northern Colorado on culturally-specific cognitive-behavioral interventions for older Latinos with symptoms of depression and anxiety.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Louise M. Quijano
School: Colorado State University
Institutional Sponsor: Deborah Valentine
National Mentor: Maria Aranda
Title of Project: A Randomized Trial of Cognitive-Behavior Therapy vs. Usual Behavioral Health Care for Older Latino Primary Care Patients with Generalized Anxiety Disorder”.

Summary of Research:

Problem:

Generalized anxiety disorder (GAD), one of the most frequent anxiety disorders in later life, is a pervasive and chronic disorder that interferes with life function and significantly decreases quality of life (Kessler, Keller & Wittchen, 2001). Data from the Epidemiological Catchment Area Study (ECA) suggest that 2.2% of community-dwelling older adults age 65 and above meet criteria for GAD (Kessler, et al., 2001). The prevalence of GAD in primary care ranges from 3.1% to 11.2% (Stanley, 2002).

Different reports of prevalence of anxiety disorders among older Latinos exist because of variation in data collection and sampling methods and possible cultural insensitivity (Rogler, 1996). Less is known about the prevalence of such disorders in primary care, and much of the available prevalence data focuses on younger Latinos. Epidemiologic data suggest a higher prevalence of anxiety disorders among US-born Mexican Americans age 18-59 relative to foreign-born Mexican Americans (Vega, Kolody, Aguilar-Gaxiola, Aldrete, Catalano, & Caraveo-Anduaga, 1998). Other survey data suggest that lifetime prevalence of GAD among foreign-born Mexican Americans is lower (1.5%) relative to US-born Mexican Americans (3.3%), where rates are similar to US-born non-Latinos (Grant, Stinson, Hasin, Dawson, Chou, & Anderson, 2004). Little is known about the prevalence of GAD among Latinos in primary care settings. Recent research concentrating on older Puerto Rican primary care patients revealed that the presence of an anxiety disorder was significantly associated with a decrease in functional status and perception of health status, and an increase in depression scores and health care utilization (Diefenbach, Robison, Tolin, & Blank, 2004). Offering older Latinos mental health treatment in their first language and in primary care may improve access to mental health services, reducing disparities in service utilization.

To be effective, social work practitioners based in primary care will need to understand the cultural aspects of working with older Latinos, and the context of their social and medical circumstances (Berkman, et al., 2006). Training of social work practitioners to deliver an evidence-based cognitive-behavioral intervention for older adults in the primary care setting and other community-based settings within the advanced generalist practice model of social work is essential for closing the gap between mental health and aging services.

Methodology:

Recruitment Procedures: Patients will be recruited for study participation at the Sunrise Health Clinic Family Clinic in three ways: (1) patient self-referral; (2) physician/medical staff referral; and (3) in-person screening. To facilitate patient self-referrals, educational information about anxiety and depression and its treatment, as well as specific details about how to contact the study for additional information, will be distributed via placement of brochures in waiting rooms and examination areas. Physicians and other medical providers at Sunrise Health Clinic Family clinic will be made aware of the study via patient brochures, and inclusion criteria through meetings with the PI, and can refer any Spanish-speaking patient age 50 and above for screening who they believe may have symptoms of

anxiety or depression. To facilitate referrals via on-site screening, a bilingual clinical research student will be on-site at Sunrise Clinic in the Health Information Center on specific days of the week, to screen and recruit older Latinos for participation in the study. On the identified days, research staff will review the physician's appointment log to identify all patients age 50 and above with Spanish surnames. While patients are in the waiting room, clinical research students will invite them to hear a description of the study in a private office adjacent to the waiting room. Patients who are interested in participating in the study will be asked to sign informed consent, complete a demographic questionnaire, and undergo screening for anxiety and depression using a two-question screen for both anxiety and depression from the Primary Care Evaluation of Mental Disorders (PRIME-MD; Spitzer, et al. 1994). Participants who answer at least one of the screening questions for both anxiety and depression positively will be invited to participate in the study. All screened, eligible patients will be scheduled for a diagnostic interview in Spanish consisting of the following: the Folstein Mini-Mental State Examination (MMSE), Mini-International Neuropsychiatric Interview (M.I.N.I), Marin Short Acculturation Scale, Evaluation of Treatment Beliefs, Beck Anxiety Inventory (BAI), Beck Depression Inventory II (BDI-II), Depression Anxiety Stress Scale-21 (DASS-21), and EuroQol 5D (EQ-5D; appendix A). All participants who have a principal or co-principal diagnosis of anxiety and/or depression, meet age and language criteria, and have a cut-off score on the MMSE of 20 and higher will be randomized for either CBT or usual behavioral health care at Sunrise Health Clinic Family Health Clinic using a random numbers table generated by the graduate assistant.

Site of Study: Patient recruitment and treatment will take place at Sunrise Health Clinic, a Federally Qualified Health Clinic in Evans, Colorado. Treatment team meetings and student supervision will take place at the School of Social Work at CSU.

Population: The target population is Latino Primary Care patients of Sunrise Health Clinic, age 50 and above, Spanish-speakers, Mental Status Examination ≥ 20 , generalized anxiety disorder as principal or co-principal diagnosis.

Data Collection: All screened, eligible patients will be scheduled for a diagnostic interview and baseline assessments consisting of the following: the Folstein Mini-Mental State Examination (MMSE), Mini-International Neuropsychiatric Interview (M.I.N.I), Marin Short Acculturation Scale, Evaluation of Treatment Beliefs, Beck Anxiety Inventory (BAI), Beck Depression Inventory II (BDI-II), Depression Anxiety Stress Scale-21 (DASS-21), and EuroQol 5D (EQ-5D). All participants who have a principal or co-principal diagnosis of anxiety and/or depression, meet age and language criteria, and have a cut-off score on the MMSE of 20 and higher will be randomized for either CBT or usual behavioral health care at Sunrise Health Clinic Family Health Clinic using a random numbers table generated by the graduate assistant.

Analysis Plan:

Quantitative Analysis: All statistical analyses will be conducted using the Statistical Package for Social Sciences version 16.0 (SPSS). Feasibility will be assessed by determining the number of patients eligible and recruited for each recruitment method, the number and percentage completing the treatment and the number and percentage with 6-month follow-up. In addition, the number of treatment sessions completed (overall, in-person and by telephone) will be tabulated. The time to complete each assessment instrument will be obtained to measure patient burden. Multivariate analyses will be conducted with statistical controls for site, referral source, severity of depressive symptoms, and level of acculturation. For all patient characteristics and clinical and functional outcomes, descriptive statistics will be calculated. Changes in outcome measures between the 3 time periods will be examined and effect sizes estimated at post-treatment and 6 months. The investigator has contracted with a methodologist to guide the analyses (see letter of support).

Qualitative analysis: The Cultural Formulation Model (CFM) will serve as the conceptual framework for qualitative data collection. The CFM is a systematic method for assisting clinicians with assessment of cultural factors present in patient-clinician mental healthcare interactions (Lewis-

Fernandez & Diaz, 2002). Comprising five components (assessment of cultural identity, cultural expression of illness, cultural/environmental factors, cultural elements of patient-clinician interactions, and overall cultural impact on treatment), the CFM will be used by clinicians to guide their observation and collection of field notes. Audio-taped individual treatment sessions between clinicians and enrolled participants will also be collected and reviewed for the purpose of extracting culturally relevant themes related to treatment and intervention fidelity. Dr. Quijano will analyze the audiotaped sessions and field notes. In addition, Dr. Deborah Valentine, Director of the School of Social Work, will conduct focus groups with clinical research student students at two points in time. Focus group questions will be designed to gather information about the feasibility of using MSW students to implement the intervention. Data will be transcribed by the graduate assistant and content coded and analyzed by Dr. Quijano.

Significance of Study:

The outcomes of this study will establish a program of research implementing evidence-based treatment in community-based settings by training social work students to deliver researched psychosocial interventions to older adults with late-life anxiety and depression in Northern Colorado. The quantitative and qualitative results will be used to further develop interventions that can be more fully adapted for use by social worker practitioners.

Pairing the fields of health and mental health will ultimately increase gerontological competencies that extend beyond aging and address the intersection of aging, culture, health, and mental health. In its policy statement on mental health, The National Association of Social Workers (NASW) suggests that mental health care for older adults should be conducted with focus on the context of the individual's environment, attending to medical and social factors affecting their lives. These types of comprehensive biopsychosocial screening, assessment and treatment procedures ought, NASW recommends, to be conducted in community-based settings. To improve mental health services for older adults, social work practitioners must be a component of the healthcare delivery team.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: Victoria M. Rizzo

School: Columbia University School of Social Work

Brief Biographical Sketch (no more than one (1) page single-spaced)

Dr. Rizzo is an assistant professor at the Columbia University School of School Work. She has used her extensive social work practice in health care experience to develop and implement health services research in the area of aging and chronic illness. With colleagues from the Kaiser Permanente Health Care System (KP) and The Life Institute, Dr. Rizzo recently completed a controlled trial of the Advanced Illness Care Coordination Program with older adults, who are KP members receiving treatment for cancer, end stage renal disease, congestive heart failure and cardiopulmonary disease. Beginning three years ago, Dr. Rizzo partnered with the New York State (NYS) Chapters of the Arthritis Foundation to conduct yearly evaluations of their NYS funded capacity building program for disease management courses. During the first two years of the study, more than 6,000 older adults with arthritis have participated in disease management courses with significant and positive outcomes including: increased knowledge of arthritis symptoms and pain management, increased in participation in regular exercise, and decreased outpatient and inpatient medical treatment. This research provided the foundation for her Hartford Faculty Scholars study entitled, "A Social Work Care Coordination Program for Osteoarthritis: A Feasibility Study." The specific aims of this research are to: 1) identify the primary determinants of health behavior (population characteristics) that inhibit OA individuals' participation in disease management programs; and 2) use the findings to develop a social work care coordination model for OA individuals that can more fully address the primary determinants of health care practices and use of health services.

Dr. Rizzo is also partnering with community agencies to evaluate their current programs as well as develop and implement new programs to meet the needs of their clients. She is the current director of the Jewish Association for Services for the Aged (JASA) Research Institute. Through a contract between JASA and Columbia University, Dr. Rizzo is able to conduct research focused on the provision of professional social work services to the aged. For example, she is currently assisting with the implementation and evaluation of five case management contracts funded by the New York City Department for the Aging. Dr. Rizzo is also the co-director of Columbia University's Hartford Partnership Program for Aging Education, which is an internship program for second year MSW students interested in the field of aging. The program provides students with a rotational field placement and specialized training and seminars focused on social work practice with aging individuals.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Victoria M. Rizzo, LCSW-R, Ph.D.

School: Columbia University School of Social Work

Institutional Sponsor: Denise Burnette, Ph.D.

National Mentor: Susan Hughes, Ph.D.

Title of Project: A Social Work Care Coordination Program for Osteoarthritis: A Formative Evaluation

Summary of Research:

Problem:

Approximately 21 million people, or 12% of the U.S. population aged 25 and older, are diagnosed with Osteoarthritis (OA). Nationally, the prevalence of doctor diagnosed arthritis is higher among older adults with 50% of individuals 65 years and older and 29.3% of individuals ages 45 to 64 reporting a doctor diagnosis of arthritis (Centers for Disease Control & Prevention, 2006a). In New York state, the geographic site for this formative evaluation, 57% of adults 65 years of age and older and 39% of individuals between the ages of 45 and 64 reported a doctor diagnosis of arthritis (U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2007). OA limits individuals' abilities to perform activities of daily living, work activities and leisure activities. Furthermore, common symptoms of OA, such as pain and limited mobility, are likely related to depression, which has been shown to have an additive impact on disability and quality of life in chronic illness, including arthritis (Vali & Walkup, 1998; Stein, Cox, Afifi, Belik, & Sareen, 2006).

The National Arthritis Action Plan (Arthritis Foundation, Association of State and Territorial Health Officials, and Centers for Disease Control and Prevention, 1999) identifies physical exercise and disease management programs as empirically tested, effective means to increase individuals' knowledge of arthritis and self-efficacy in managing their disease while decreasing symptoms of arthritis, such as pain and stiffness, symptoms of depression, and social isolation. In an effort to increase participation in these evidence-based programs, the Plan recommends the development and implementation of community-wide strategies to increase the penetration and reach of these programs in the community, emphasizing communities with concentrations of underserved individuals (i.e., people of color, severely disabled, and economically disadvantaged). Statewide efforts in New York State (NYS) have demonstrated some success with these strategies. Still, only 1% of the NYS arthritis population participates in these programs. Furthermore, the vast majority of participants are non-Hispanic whites, have some college education, some form of medical insurance, and minimal activities of daily living (ADLs) impairments, which suggests disparities in the recruitment, enrollment and retention of more at-risk individuals (Rizzo et al., 2004; 2006; 2007). The findings of recent studies focused on disease management program participation, coupled with my previous evaluations of individuals who participate in disease management programs (Rizzo et al., 2004; 2006; 2007) suggest that these programs alone are not the answer to the management and prevention of increased OA symptoms because they are not reaching a majority of the most vulnerable individuals diagnosed with OA, including but not limited to people of color, people with increased limitations in ADLs, and people with lower levels of education; and they do not meet all identified needs of persons with OA. One promising intervention to address this gap in reaching the most vulnerable populations with OA is social work care coordination¹. The specific aims of this evaluation are to 1) identify the individual

¹ Care coordination is defined as "the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care

determinants of health behaviors that facilitate and/or inhibit OA individuals' participation in disease management programs; and 2) use the findings to develop a social work care coordination model for OA individuals that can more fully address the primary determinants of health care practices and use of health services.

Methodology:

Site of Study: The evaluation will be conducted in collaboration with the New York (NY) Chapter of the Arthritis Foundation (Chapter) located in Manhattan, New York. The Chapter serves individuals with Arthritis in all five boroughs of New York City.

Population: A purposive sampling method will be used to ensure the inclusion of a wide variety of OA individuals aged 55 and older (n = 110) who have a connection to the Arthritis Foundation, New York Chapter through one of their disease management programs, their Direct Patient Assistance Program, or their Telephone Information program. *Subsample A (n = 50):* Inclusion criteria for this subsample include: a) 55 years of age or older; 2) doctor diagnosis of OA for one year or more; 3) English speaking; and 4) completion of the Arthritis Foundation Exercise Program or the Arthritis Foundation Self-help Program within one month of scheduling the Phase I interview. *Subsample B (n = 50):* Inclusion criteria for this subsample include: a) 55 years of age or older; 2) doctor diagnosis of OA for a year or more; 3) English speaking; and 4) lack of participation in any disease management program for osteoarthritis. *Subsample C (n=10):* Spanish speaking individuals are identified in the NYS state evaluations as hard to recruit and enroll in disease management programs. For this reason, we will recruit ten Spanish speaking individuals: a) 5 individuals who have completed a Spanish version of the Arthritis Foundation Exercise Program or the Arthritis Foundation Self-help Program and b) 5 individuals who have not completed one of these programs, to participate beyond the original sample of 100 individuals. Other inclusion criteria are: a) 55 years of age or older and 2) doctor diagnosis of OA for a year or more.

Data Collection: In Phase I, a survey instrument will be administered to all 110 participants. The instrument will include questions to: 1) collect demographic and personal health practices data and 2) measure participants' beliefs regarding their ability to successfully manage their OA (8-item Arthritis Self-Efficacy Scale), perceived social support (the MOS-Social Support Survey), depression (The Patient Health Questionnaire), general health status (Arthritis Impact Measurement Scale-Short Form), and level of pain (Visual Analog Scale). Interviews will be conducted in person, either at the client's home or at the disease management site offices. Telephone interviews will be conducted when in person interviews are not feasible.

In Phase II, semi-structured interviews will be conducted with a total of 10-15 individuals in subsamples A and B and all individuals (n = 10) in subsample C. The findings from Phase I of the formative evaluation will guide the selection of participants in Phase II in the following ways: 1) the identification of common mutable facilitators/barriers to disease management program participation that require the gathering of more in-depth information will be used to select participants. Individuals who report that the identified barriers/facilitators to disease management program completion impact them will be eligible to participate in Phase II; and, 2) the identification of significant differences between Subsamples A and B in Phase I will be used to determine how many participants in each subsample group should be included in Phase II.

Analysis Plan: In Phase I, survey data will be entered into SPSS and cleaned. Measures of central tendency and dispersion will be used to describe the population characteristics of the participants and obtain baseline means for the standardized measures. Chi-square analyses and t-tests will be conducted to identify independent variables that are significantly correlated with the dependent variables. The findings will be used to develop the multiple regression model to examine the significant individual determinants that may influence health behaviors.

services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care" (Owens, 2007, p.18).

In Phase II, the interviews will be transcribed, and data analysis will be conducted using Atlas-ti5. A grounded theory approach will be used. Coding will be conducted as follows: First, line by line coding will be conducted, with descriptive codes attached to the lines of data. Next, focused coding will be conducted, which involves identifying the most significant and/or frequent line by line codes, and choosing codes that best categorize the emerging themes and patterns. The final analytical stage will be theoretical coding, which is a way of rebuilding coded data into a conceptual whole. Coding will be an iterative process, with the researcher returning to earlier coded transcripts to confirm, refute, or modify codes as they are developed. Analytical memos will be used throughout the process, first to define and describe various codes, and then to conduct theoretical coding, which is a way of rebuilding coded data and establishing a conceptual framework by exploring the relationships between categories and subcategories (Charmaz, 2006). Once the analysis is complete, methodological triangulation will be used to “explore convergence, complementarity and dissonance” (Farmer, Robinson, Elliot, & Eyles, 2006, p.378) between the quantitative data in Phase I and the qualitative data in Phase II.

Significance of Study: Given that the number of individuals aged 65 and older and at-risk for OA is estimated at 20% by 2030 (CDC, 2006b), and that disease management programs are heralded as the best way to “keep at bay” the debilitating consequences of OA, it is imperative that we develop a better understanding of the primary determinants of health behavior that inhibit individuals from participating in personal health practices and the use of health services to effectively manage their OA. The new knowledge gained from this formative evaluation can be used to inform the development and implementation of an outreach and social work care coordination intervention to achieve two goals: 1) to address the mutable factors that prevent OA individuals from participating in disease management programs and 2) to build upon the success of disease management programs to address the larger needs of OA individuals that are not the focus of disease management programs.

References

- Arthritis Foundation, Association of State and Territorial Health Officials, and Centers for Disease Control and Prevention. (1999). *National Arthritis Action Plan: A Public Health Strategy*. Atlanta, GA: Centers for Disease Control & Prevention.
- Centers for Disease Control and Prevention (CDC) (2006a). Prevalence of doctor-diagnosed arthritis and arthritis – attributable activity limitation- - - United States, 2003 – 2005. *Mortality and Morbidity Weekly Report*, 55 (40), 1089 – 1092.
- Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services (2006b). *Arthritis related statistics*. Atlanta, GA: Author. Retrieved on October 25, 2006 from http://www.cdc.gov/arthritis/data_statistics/arthritis_related_statistics.htm.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.
- Farmer, T., Robinson, K., Elliot, S., & Eyles, J. (2006). Developing and implementing a triangulation protocol for qualitative health research. *Qualitative health research*, 16 (3), 377 – 394.
- Rizzo, V. , Levine, H., & Greco, M. (2004). *Evaluation of Disease Management Programs Implemented through the 2002/2003 New York State Capacity-Building Legislative Allocation*. Report prepared for the New York State Chapter of the Arthritis Foundation. [unpublished data].
- Rizzo, V. , Smith, T., Levine, H., & Greco, M. (2006). *Evaluation of Disease Management Programs Implemented through the 2004/2005 New York State Capacity-Building Legislative Allocation*. Report prepared for the New York State Chapter of the Arthritis Foundation. [unpublished data].
- Rizzo, V. , Smith, T., Levine, H., & Greco, M. (2007). *Evaluation of Disease Management Programs Implemented through the 2006/2007 New York State Capacity-Building Legislative Allocation*. Report prepared for the New York State Chapter of the Arthritis Foundation. [unpublished data].
- Stein, M., Coix, B., Afifi, T., Belik, S., & Sareen, J. (2006). Does co-morbid depressive illness magnify the impact of chronic illness? A population-based perspective. *Psychological Medicine*, 1-10.ms
- U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion (2007). *Doctor Diagnosed Arthritis in your State, 2007*. Atlanta, GA: Author.
- Vali, F. & Walkup, J. (1998). Combined medical and psychological symptoms: Impact on disability and health care utilization of patients with arthritis. *Medical Care*, 37 (7), 1073-1084.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort X
BRIEF BIOSKETCH**

Scholar's Name: Gaynell M. Simpson, Ph.D. Morgan State University

Gaynell M. Simpson is an Assistant Professor and Gerontology Coordinator at Morgan State University, Department of Social Work. Dr. Simpson earned her BSW and MSW from the University of Missouri-Columbia in 1993 and 1994, respectively. Her research interest in gerontological research and scholarship evolved from her dissertation, *Availability of Social Support Resources among African American Grandmother Caregivers*, completed at the University of Maryland, Baltimore in December, 2002. Qualitative findings, published in several referred journals, revealed most grandmothers were providing additional care for a dependent elder and/or disabled adult child. Dr. Simpson's recent award of the John A. Hartford Geriatric Social Work Faculty Scholar (2009-2011), provides mentorship and support, to extend her body of work by utilizing *The Black Rural and Urban Caregivers Mental Health Functioning Study* (funded by National Institute on Aging and the Office of Research for Women's Health through grant R01 AG15962) to examine the influence of social resources on health of African American grandmothers engaged in multiple caregiving roles.

Her commitment and call to gerontological leadership is evident by her active participation in three, competitive, training Institutes on Aging and research, funded by National Institute on Aging and/or National Institute of Health: The College of St. Scholastica, Institute on Aging and Social Work Research (2008); Summer Training Workshop on African American Aging Research (2008); Summer Institute on Aging at the National Institute of Health/ National Institute of Aging (2007). Her leadership skills are observant in current positions as Gerontology Coordinator; and Chair of both the Multidisciplinary Urban Gerontology Advisory Board and the Bi-Annual Gerontology Conference at Morgan State University. In addition, Dr. Simpson has been involved in various clinical and community-based research projects focusing on older, African American caregivers and mental health. Her community-based, participatory activities include working with the Baltimore City Commission on Aging & Retirement Education (CARE) on Senior Health Education Forum.

For the past several years she has worked diligently to contribute to the body of gerontological literature through publications in the *Journal of Gerontological Social Work*; *African American Research Perspectives*; *American Journal of Public Health*; *Journal of Black Studies*; *Human Behavior in the Social Environment*; *Black Women, Gender & Families: A Black Women's Studies Journal*; *Health and Social Work*; and *Journal of Health Care for the Poor and Underserved: Health Disparities Critical Issues*. Dr. Simpson has presented her work at multiple regional, national and international conferences, which include invited, peer reviewed, keynote and panelist on diverse aging content at the local, state, national and international level.

SUMMARY OF RESEARCH

(not to exceed 1 page, single-spaced, no less than 10 pt font)

Scholar's Name: Gaynell M. Simpson, Ph.D.

School: Morgan State University

Institutional Sponsor: Anna McPhatter, Ph.D.

National Mentor: Letha Chadiha, Ph.D.

Title of Project: Multiple Caregiving Roles Among African-American Grandmothers: Influence of Social Resources on Health Outcomes

Purpose: The ability of African-American women to sustain multiple caregiving roles while assisting elderly persons (65 years of age and older) and being involved in helping grandchildren may depend largely on the availability of family social resources that are believed to protect grandmothers against poor health outcomes. This study has two aims. The first aim is to understand the relation between grandmothers' multiple caregiving roles and health outcomes (physical and mental). The second aim is to examine the relative role of family resources on the mental health of grandmothers engaged in multiple caregiving roles. This study will be guided by a stress-coping framework to understand health distress of African-American grandmothers engaged in multiple caregiving roles. **Design and Methods:** Data for this study will come from the Black Rural and Urban Caregivers Mental Health Functioning Study, a cross-sectional survey of 521 (265 rural; 256 urban) African-American women caregivers of older African Americans residing in a Midwestern state. This larger study was funded by the National Institute on Aging and the Office of Research for Women's Health through grant R01 AG15962. The analysis sample (307) for the proposed study are caregivers assisting an elder (65 years and older) and are involved in caring for grandchildren. It is expected that grandmothers with higher number of caregiving roles will be associated with lower physical and mental health symptoms. Grandmother caregivers' perception of family social resources will be associated with physical and mental health symptoms. In examining the proposed study's hypotheses, logistic and multivariate analyses will be conducted controlling for selected characteristics of grandmother caregivers and elderly care recipients. **Implications:** Findings of this proposed study may be used to develop health and supportive interventions which may have a positive effect on African-American grandmother caregivers engaged in multiple and diverse caregiving roles.

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: **Kim L. Stansbury**

School: **Eastern Washington University**

Kim L. Stansbury is an Assistant Professor in the School of Social Work at Eastern Washington University. A graduate of the University of Southern Mississippi, she received her MSW from Southern Illinois University-Carbondale in 1999 and her Ph.D. in Gerontology from the University of Kentucky in 2006. Kim's dissertation work employed grounded theory methodology to explore African American clergy's pastoral care to mentally distressed elders. Work from her dissertation data will appear soon in *The Journal of Gerontological Social Work* and *Aging and Mental Health*. Additionally, she has manuscripts under review with *Social Work in Mental Health* and *Journal of Rural Mental Health*. Subsequent work has examined African American and African students' mental health literacy and depression. Manuscripts are currently under preparation to be submitted to *Social Work* and *Journal of College Student Development*. Recently, she received a \$10,000 Faculty Grant for Research and Creative Work from Eastern Washington University to conduct a study on social service providers' perceptions of casino gambling and older adults. Dr. Stansbury has also presented her work at national conferences hosted by The Gerontological Society of America (GSA) and the Southern Gerontological Society (SGC).

Kim teaches in both the undergraduate and graduate programs. Her teaching areas include various aspects of social work education, including cultural diversity, human behavior in the social environment, research methods, and aging. Kim is also affiliated with the Africana Education Program and teaches an online course on African American families. With respect to service, Kim currently serves as a co-chair on the School of Social Work's admissions committee and is a member of the University diversity committee. Additionally, she also serves on the Board of Odyssey- a program for gay, lesbian, bisexual, transgender and questioning youth and their allies.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Kim L. Stansbury
School: Eastern Washington University
Institutional Sponsor: Dr. Maria Hernandez-Peck
National Mentor: Dr. Denise Burnette
Title of Project: Knowledge, Attitudes, and Behaviors Toward Casino Gambling
Among Older Adults

Summary of Research:

Problem:

In the United States, casinos have grown exponentially in the last three decades. Increased availability of casinos, as well as social acceptability, has led to an increase in gambling activity in all age groups, particularly among older adults (McNeilly & Burke, 2000). It has been estimated that the number of older adults who have participated in gambling activities increased by 45% between 1975 and 1998 (National Opinion Research Council, 1999). Research addressing the impact of casino gambling on older adults is still in its infancy; thus, there is a lack of literature on seniors' gambling experiences as it relates to gender and racial differences, perceptions and practices of responsible gambling, and literacy of disordered gambling. To address these gaps, the proposed study aims to explore older adults: (1) experiences with casino gambling, including possible gender, socio-economic and racial differences; (2) knowledge, attitudes, and behaviors towards responsible gambling; and (3) literacy of problem gambling.

Methodology:

Site of Study:

Initially, to gain entrée to study participants, adults age 60 and older who, by their own account, patronize casinos two or more times a month will be recruited from two community centers, East Central Community and Mid-City Concerns Centers. The East Central Community and Mid-City Centers have senior centers that serve over 300 senior citizens everyday. The majority of seniors they serve are from low-income backgrounds and self-identify with underrepresented racial/ethnic groups, which are of interest to this study. The centers are open five days a week and provide a host of programs, including monthly social excursions to the local casino.

Population:

Multiple complementary sampling techniques (e.g., maximum variation sampling, snowball sampling, and key informants) will be employed to recruit a racially/ethnically diverse sample of 40-50 participants. Sample eligibility include: (1) at least 60 years of age; (2) cognitively competent (non-impaired); (3) English proficiency; and (4) self-reported casino patron two or more times a month.

Data Collection:

Methodological triangulation (Denzin, 1978) will be employed in the current study. Methodological triangulation will involve the use of vignettes, in-depth interviews, and covert participant-observant ethnography to gain a comprehensive picture of older adults' casino gambling experiences and literacy of disordered gambling.

Vignettes: Participants will be asked to read a vignette depicting either an older female or an older male experiencing symptoms associated with problem gambling and will be prompted to answer a series of questions concerning: (1) what they think is going on; (2) how best to address what is going on;

(3) whether they are familiar with someone in a similar situation; and (4) how the person handled it and whether the management strategy(ies) were effective.

In-depth interviews:

Initial interview questions will invite participants to discuss their recreational activities to place them at ease, followed by more specific and complex probes on their gambling experiences. Open-ended questions will address the following: casino gambling experiences, financial implications of casino gambling, benefits and risks associated with casino gambling, personal observations in the casinos, perceptions of responsible and disordered gambling, and educational awareness of potential risks associated with casino gambling.

Ethnographic Participant-Observations: To discover, describe, and represent the world of older adult gamblers, the PI will utilize covert ethnographic participant observation methodology. Employing a naturalistic observational strategy will allow the PI to observe and document both physical settings and social activities of older gamblers as the flow of the gambling scene naturally unfolds. The PI will make several trips varying days and times, to the casino to capture different dimensions of elders' casino gambling experiences. Observations will be recorded through the use of multiple sources such as field notes and a reflective journal.

Socio-demographic Questionnaire. Participants will complete a self-report data sheet in which they will be asked about their gender, age, race/ethnicity, marital status, educational level, current living arrangement, and source of income.

Analysis Plan:

Data collected in this study will be analyzed using the constant comparative method, a continuous process wherein categories are derived by constantly comparing one incident or unit of information with another (Strauss & Corbin, 1998). Consistent with this method, initial conceptual categories derived from vignettes, in-depth interviews, and covert ethnographic participant observations will be continuously applied to new data and the categories will be revised to reflect new additions. The process of identifying primary themes in the data sets will ensue after multiple readings, continuous refinement, and the discovery of relationships between and among the various concepts, themes, and subthemes. Given the project's reliance on multiple data collection strategies, analysis of text from vignettes and in-depth interviews will occur concurrently to identify common themes and differences within group and between groups (i.e., sex, race, socioeconomic status, etc.). Analysis of text from covert ethnographic participant observations will occur separately to note commonalities and contradictions with vignette and interview data. To facilitate methodological triangulation findings related to the research questions will be separated from the rest of the data into three files: vignette findings, in-depth interview findings, and covert ethnographic observation findings. The research team will create a unified list of themes across data-texts as they relate to the research question (Farmer, Robinson, Elliot, & Eyles, 2006).

Significance of Study:

An examination of older adults' perspectives on casino gambling is salient due to the increased number of them accessing casinos, the public health concerns of increased rates of problem gambling in later life, and the potentially low possibility of seniors' capacity to understand problem gambling and seek treatment for it. As this segment of the population increases, it is expected that the upward trend in casino gambling participation will rise accordingly (Bazargan et al., 2000). Although a majority of elders gamble responsibly, gambling is not a risk-free activity for a significant proportion of them (McNeilly & Burke, 2001). Through this research, insight into older adults' perceptions of responsible and disordered gambling can provide a foundation for planning targeted interventions to help educate elders understand the risks, and how to avoid them as well as offer sources of support for those who lose control of their gambling.

Ultimately, interventions informed by this research can have far-reaching effects on elders' physical and mental well being. Older adults, empowered with knowledge, will be better informed of the antecedents (e.g., escape from all sorts of losses in their lives) and consequences of disordered gambling. Educating elders about responsible gambling before they incur financial losses is critical and can prevent the onset of adverse psychological, social, and biological consequences of gambling-related problems.

Disordered gambling has been identified as an emerging, yet unrecognized public health concern

in older adults (Korn & Shaffer, 1999; National Gambling Impact Study Commission, 1999). The proposed project responds to the National Gambling Impact Study Commission (1999) recommendations for increased research on vulnerable groups, such as the elderly population. Information from this study will allow social workers the ability to develop training modules on early identification, outreach, treatment and prevention strategies specific to the older population.

John A. Hartford Geriatric Social Work Faculty Scholars Program Cohort X

BRIEF BIOSKETCH

Scholar's Name: Halaevalu F. Ofahengaue Vakalahi

School: George Mason University

Brief Biographical Sketch *(no more than one [1] page single-spaced)*

Dr. Vakalahi is a Pacific Islander American woman, born on the islands of Tonga in the South Pacific, and raised in Hawaii. This background serves as the foundation for her professional interests and endeavors.

Dr. Vakalahi is an associate professor and director of the master's social work program at George Mason University (VA). She has held social work education positions at San Francisco State University, Brigham Young University-Hawaii, New Mexico State University, and worked as an Accreditation Specialist at the Council on Social Work Education. Dr. Vakalahi has a Bachelor's in Business Management from BYU-Hawaii; a Master's in Social Work from University of Hawaii; a Master's in Educational Administration from University of Utah; and a Ph.D. in Social Work from University of Utah. She has received various awards including, for example, the University of Utah, Presidential Graduate Fellowship; Council on Social Work Education, Minority Fellowship; Utah Pacific Islander Community, Outstanding Scholar-Mana Week; membership in Phi Kappa Phi Honor Society; and Who's Who among America's Teachers.

Dr. Vakalahi has numerous publications and presentations in the areas of Pacific Islander cultures and communities, and women of color in academia. Recent publications include articles in grandparenting in the Tongan culture and Pacific Islander youth, and experiences of women of color in social work education as faculty and leaders/administrators. She teaches primarily in the areas of Human Behavior and the Social Environment and Social Policy. She has served in national committees including CSWE Commission on Diversity and Social and Economic Justice and NASW National Committee on Race and Ethnic Diversity. Her current research supports include a Faculty Research Seed Grant from her university to conduct a study on the health and wellbeing of Samoan and Tongan elders; Hartford Faculty Scholar award to study health and wellbeing of Pacific Islander grandparents; and a Fulbright Faculty Scholar award to study grandparenting among Pacific Islanders in New Zealand.

SUMMARY OF RESEARCH

(not to exceed 1 page, single-spaced, no less than 10 pt font)

Scholar's Name: Halaevalu F. Ofahengaue Vakalahi
School: George Mason University
Institutional Sponsor: William J. McAuley
National Mentor: Nancy Hooyman
Title of Project: Understanding the Influence of Commitment to and Engagement in Cultural Practices and Culturally Defined Roles on the Health and Well-being of Pacific Islander American Grandparents

Summary of Research:

Problem:

Pacific Islander Americans are disproportionately disadvantaged educationally, socially, economically, and politically. Pacific Islander American grandparents are particularly disadvantaged and continue to face challenges of debilitating health problems such as heart disease, cancer, and diabetes; lifelong inadequate health care or lack of health insurance; likelihood of being employed in hard-labor jobs with low wages, which can contribute to debilitating health problems; living in a racist society; and the negative outcomes of language barriers (Braun, Yee, Mokuau, Brown, 2004; U.S. Census Bureau, 2005). Grandparenting in Pacific Islander cultures is a culturally defined role which has contributed to the survival of many of these indigenous cultures (Dodd, 1990; Hillman, 1999; Vakalahi, Toafa, & Moala, 2008). Unfortunately, these challenges and disadvantages often prevent the fulfillment of these grandparenting roles which in turn has dire negative consequences for the health and wellbeing of the grandparents as well as their families and communities.

Methodology:

Site of Study: 'Oahu, Hawaii
Population: Pacific Islander Elders
Data Collection: Data will be collected through individual interviews with grandparents.
Analysis Plan: Information will be transcribed verbatim using Atlas.ti[®] software. In keeping with the tenants of grounded theory, the initial step will be immersion in the data, reading the data transcriptions verbatim, line by line and reading for natural emergence of themes, patterns and categories. Coding of the data will follow and memo writing or annotating of interrelationships among the codes. Then, the research team will conduct constant comparative analysis across cases until saturation or redundancy, a point in which no new themes can be discovered (Charmaz, 2006). Follow up will be made with some of the participating grandparents in order to ensure accuracy of information and interpretation of such information as well as to test emerging theories (Smith, 1999).

Significance of Study:

The significant contribution of this study is its cultural perspective. That is, grandparenting among Pacific Islanders is culturally unique and warrants the generation of complete and accurate databases that would inform knowledge and future interventions with this population. In fact, protecting the health and well-being of Pacific Islander grandparents is critical as a means of protecting the health of the entire families, communities, and even generations (Smith, 1999).

Cohort IX

BRIEF BIOSKETCH

Scholar's Name: Scott E. Wilks

School: Louisiana State University

Brief Biographical Sketch (**no more than one (1) page single-spaced**)

Scott Wilks is assistant professor at LSU School of Social Work and a faculty member in the LSU Life Course and Aging Center. Prior to this position, he earned his MSW from Our Lady of the Lake University at San Antonio and his PhD at The University of Georgia. He maintains graduate social worker licensure in Louisiana (GSW) and Georgia (LMSW). Scott has experience in developmental disabilities, substance abuse, and Alzheimer's caregiver support group settings. He teaches *social work research*, *human behavior in the social environment*, and *social work and aging* courses.

Scott's research interests primarily center on Alzheimer's disease (AD) care, particularly the interactional process of coping and resilience among AD caregivers. His other research interests include burden and adaptational issues among custodial grandparents; social support and resilience among vulnerable, aging populations; and gerontological content in the social work curriculum. In addition to his Hartford research, Scott is currently working on a psychometric evaluation of a social support scale with AD caregivers, and an examination of social support, medication adherence and resilience among solid-organ transplant recipients. His Hartford Faculty Scholar Program project conceptualizes and examines an appraisal model of burden, coping and resilience among AD caregivers and tests for differences among African American and Caucasian caregivers.

**John A. Hartford Geriatric Social Work Faculty Scholars Program
Cohort IX Scholar Summary of Research**

Scholar's Name: Scott E. Wilks, PhD

School: Louisiana State University

Institutional Sponsor: Pamela A. Monroe, PhD

National Mentor: Jan Greenberg, PhD, University of Wisconsin

Title of Project: Examining an Appraisal Model of Burden, Coping, and Resilience: Differences among African American and Caucasian Alzheimer's Caregivers

Summary of Research

Problem

This pilot study intends to redress two gaps in the knowledge base of AD caregivers. First, though a number of caregiver coping studies imply resilience, a scarcity of caregiver research exists regarding explicit measure of this successful adaptational outcome. As a precursor to empirical understanding, this scarcity also presents a lack of conceptual understanding of the resilience process within a burden appraisal framework. A recent literature review of refereed publications revealed that no model of burden appraisal and coping with a resilience outcome has been specifically addressed and tested among AD caregivers.

Second, studies with this population commonly generalize results of burden appraisal and/or coping issues among a homogenous group, often occurring because of limited sample diversity. Those few studies that have discussed ethnic distinctions addressed only certain elements of the burden appraisal process or, as the first gap asserts, have examined this distinction with general health outcomes, e.g., life satisfaction or well-being (Haley et al., 1996; Sorensen & Pinquart, 2005).

Based on this particular dearth of published knowledge, objectives of this research project are threefold:

1. to conceptualize an appraisal model of burden and coping among AD caregivers, the first of such a model with an explicit health outcome of resilience;
2. to validate this overall measurement model and fit the model structurally; and
3. to split the data and validate the models on an ethnic distinction based on the two largest ethnic identities in Louisiana (LA) – African American and Caucasian caregivers.

Objective #3 reflects previous studies with ethnic distinction in burden appraisal and coping.

Methodology

Site of study. The center of operation for this study is Louisiana State University School of Social Work. Two additional institutions are formally involved with recruitment of the sample: Alzheimer's Association–Louisiana chapter (AlzA-LA) and Alzheimer's Services of the Capital Area (ASCA). Consultation with AlzA-LA and ASCA program directors, their staff, and a small number of participating caregivers will occur at locales amenable to the program directors. This PI will suggest at least two meetings in north and south LA, in addition to a meeting at LSU in Baton Rouge.

Population. The population of interest is AD caregivers in Louisiana.

Data collection. With the assistance of Alz-LA and ASCA program directors, the first phase involves focus groups comprised of Alz-LA staff, ASCA staff, and caregivers invited by program directors. The groups will critique the The groups will also discuss utilization of Alz-LA and ASCA outreach services to recruit caregivers who typically do not attend support groups. Recruiting caregivers who typically do not attend support groups is necessary to increase variation in coping focus responses, and also to elevate the potential participation of African American caregivers who may perceive cultural barriers to support groups. Caregivers in focus groups will be asked to complete the survey for piloting purposes, including timeliness and ease of completion, and review of cursory data to detect anomalies (e.g., common, missing data from the same item). This and subsequent data collection will occur following approval by the LSU Institutional Review Board (IRB). Developmental approval from LSU IRB is currently in process. After this phase, program directors will notify their support group facilitators on the pending, statewide data collection phase.

The second phase involves data collection (post-consultation) across LA. Packets of surveys, with a cover letter attached to each questionnaire, will be distributed to the Alz-LA and ASCA directors. Self-addressed, postage-paid envelopes will also be in the packets. The directors will disseminate the surveys and envelopes to AD caregiver support group facilitators under their respective auspices. Facilitators will distribute and collect completed surveys from group members during group sessions, then mail the completed survey packets to my office. No follow-ups are expected to occur, in order to prevent duplication of responses by previous participants and to minimize intrusion in these support groups. Compensation of \$5 will be offered for participants' time and effort in participation. For caregivers who may not attend support groups, Alz-LA and ASCA directors and staff will disseminate surveys, postage-paid envelopes, and \$5 compensation to participating caregivers during their outreach programs.

Analysis plan. Descriptive statistics will be obtained for demographics. Because of the lack of research on AD caregiver resilience, frequencies for specific item responses on the RS will also be reported. Bivariate, non-parametric correlations will be reported with Spearman's Rho coefficients. Parametric correlations will be reported with Pearson's Product Moment coefficients.

Psychometrics of all standardized measures will be tested. Internal consistency will be reported via two reliability coefficients: Cronbach's alpha for overall consistency; and Spearman-Brown coefficients for split-half reliability. Theoretically expected correlations and lack of correlations will be observed for convergent and discriminant validity, respectively.

Testing the conceptual, AD caregiver resilience model will involve a two step approach in structural equation modeling. The first step is to validate the model. This proposal indicates initiation of this first step, illustrated in the appendix. Principal factor analysis, a preferred method for modeling purposes, will identify the most unidimensional set of indicators for each latent construct. The second step will be the assessment of structural fit for this caregiver resilience model. Hypothesized relationships in the model will be tested empirically for goodness of fit with the sample data. Use of three or four indices that reflect diverse criteria will be used to accept or reject the model: model chi-square (overall model), comparative fit index, and root mean square error of approximation.

If deficient variation in coping responses renders SEM inappropriate, then the single, commonly reported coping focus will be analyzed for its protective functioning via a series of regression equation criteria for moderation and mediation (Baron & Kenny, 1996). Again, this testing will be conducted with split data between African American and Caucasian caregivers.

Significance of Study

As stated earlier, the social worker's ability to promote resilience among caregivers is predicated on an awareness of this characteristic and an understanding of the dynamics by which resilience is forged or diminished through adversity, depending on focus of coping strategy. This proposed research study will offer this type of awareness and understanding to social workers and other health practitioners – awareness of the efficacy of adaptability among AD caregivers that not only confirms accomplishment from previous burden, but also alludes to augmented likelihood of future accomplishment. This study will also inform the social worker of specific contextual factors, including various support systems, which may distinctly influence the burden-coping focus-resilience process depending on the caregiver's ethnic culture.

Caregivers are often labeled the *second victims* of AD (Cutler & Sramek, 1996), a label that suggests passivity and inevitability of yielding to burden. Results from this study will empirically recognize resilience within this population, rejecting the notion of victimization and empirically enforcing a perspective of their strength and hardiness. This study adheres to the missions of its collaborating institutions. The mission of AlzA (2007) is, in part, "...to provide and enhance care and support for all affected (with AD)." The mission of ASCA (2002) is, in part, "...to provide education and support services to memory impaired individuals, as well as caregivers and professionals." Also, this study's attempt to understand the transactional process of burden, coping foci, and resilience under a newly tested, conceptualized model falls within the strategic prospectus of the Office of Behavioral and Social Sciences Research (OBSSR) at the National Institutes of Health (NIH, 2007, p. 9): "OBSSR will facilitate collaborative research across the full range of disciplines and stakeholders necessary to fully elucidate the complex determinants of health and health systems challenges. Such collaborations will yield new conceptual frameworks...that will speed the improvement of population health."

Finally, promoting resilience is tied to the ability to have hope and find reassurance in the face of distress. Masten's (1994, p. 8) understanding of resilience summarizes the overall importance of resilience research to social work practice: "The rationale for examining resilience phenomena rests on the fundamental assumption that understanding how individuals overcome challenges to development and

recover from trauma will reveal processes of adaptation that can guide intervention efforts with others at risk.”

References

- Alzheimer’s Association. (2007). *Here’s what you need to know about Alzheimer’s*. Retrieved November 15, 2007, from www.alz.org/national/documents/card_associationbasics.pdf
- Alzheimer’s Services of the Capital Area. (2002). *Alzheimer’s Services of the Capital Area*. Retrieved November 1, 2007, from www.alzbr.org
- Baron, R.M., & Kenny, D.A. (1986). The moderator-mediator distinction in social psychological research. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Cutler, N. R., & Sramek, J. J. (1996). *Understanding Alzheimer’s disease*. Jackson, MS: University Press of Mississippi.
- Haley, W. E., Roth, D. L., Coleton, M. I., Ford, G. R., West, C. A. C., Collins, R. P., et al. (1996). Appraisal, coping, and social support as mediators of well-being in black and white family caregivers of patients with Alzheimer’s Disease. *Journal of Consulting and Clinical Psychology*, 64(1), 121-129.
- Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. Wang & E. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3-25). Hillsdale, NJ: Lawrence Erlbaum.
- National Institutes of Health. (2007). *Strategic Plan 2007*. Retrieved January 30, 2008, from http://obsr.od.nih.gov/Content/Strategic_Planning/Strategic+Plan_2007/ObssrIndex.htm
- Sorensen, S. & Pinquart, M. (2005). Racial and ethnic differences in the relationship of caregiving stressors, resources, and sociodemographic variables to caregiver depression and perceived physical health. *Aging & Mental Health*, 9(5), 482-495.