Summary of CHIP Internal Grant Awards
February 22, 2010

Faculty Grant Applications

The Effect of a Virtual Pain Coach for Spanish Speaking Older Adults Pilot Study
Submitted by Deborah McDonald
Awarded $14,988
Summary (from application):
Pain remains a serious problem for Hispanic older adults. Hispanic adults are less likely than White or Black adults to discuss their pain with a health care practitioner, possibly because of language and cultural barriers. Hispanic patients report less decision making autonomy with their practitioner than non-Hispanic patients even when they have a consistent health care practitioner. Medical mistrust by Hispanic patients might further diminish communication. Virtual practitioners in the form of computer animated representations of practitioners present a unique opportunity and untapped area for pain communication interventions particularly relevant for Spanish speakers. Rehearsing communication of their pain information with a virtual practitioner immediately prior to talking with their own practitioner might assist Hispanic older adults to initiate and engage in vital pain management discussions with their practitioner. The aim of the proposed research is to develop and pilot test the Spanish version of our innovative, pain communication plus virtual practitioner coaching intervention with Spanish speaking older adults, age 60 and older for the effect on older adults’ reports of reduced pain intensity, functional interference from the pain, and depressive symptoms; and of global improvement.

Preliminary Test of a Psychospiritual Intervention for Improving HRQOL in CHF
Submitted by Crystal Park
Awarded $14,519
Summary (from application):
Congestive heart failure (CHF) is a significant and serious health problem for the elderly; currently nearly 6 million people are living with this condition in the US (AHA, 2009). CHF is progressive and difficult to manage, and patients typically have impaired quality of life, high levels of depressive symptoms, treatment adherence problems, and high re-hospitalization rates. Literature shows that spirituality is important to many of those living with CHF and is fairly strongly related to various dimensions of well-being. The intervention, Enhancing Spiritual and Personal Resources in Living with CHF (ESPRIL-CHF) is based on our previous observational studies with CHF patients and our previous intervention studies of meaning and spirituality with other populations. This study proposes a randomized controlled trial of ESPRIL-CHF compared to a standard psycho-educational condition (PEC). Thus, we propose to test the first intervention for CHF patients that explicitly focus on psycho-spiritual issues. Study communications will be primarily mail-based and will include several telephone contacts to boost engagement and completion. Outcomes of interest are changes in depressive symptoms, health-related quality of life (HRQOL), adherence to treatment, and hospitalizations. The seed grant proposal is to develop the 2 interventions (8 weeks of mailed materials with brief written mail-back assignments) and to pilot test this intervention in sample of 20 patients to demonstrate recruitment feasibility and intervention acceptability. We will examine preliminary evidence of efficacy as well. These data will be essential for applying to NIH for a randomized controlled trial.

Graduate Student Grant Applications

Evaluation and Generalizability of the HIV Stigma Framework
Submitted by Laramie Smith and Valerie Earnshaw
Awarded $1,500
Summary (from application):
The goal of the proposed studies is to explore how stigma impacts HIV prevention and care utilization, and drug treatment success. Although stigma is frequently cited as a barrier to HIV prevention behaviors (e.g., condom use, safer sex negotiation, HIV testing), care utilization (e.g., care initiation and adherence), and drug treatment success (e.g., treatment initiation and adherence), little is known about how stigma impacts these individual-level outcomes. Earnshaw and Chaudoir (2009) recently proposed the HIV Stigma Framework to explain how stigma impacts individual-level outcomes via a series of stigma mechanisms. The HIV Stigma Framework suggests that people who are not marked by the stigma of HIV (i.e., HIV-negative people) experience the stigma mechanisms of prejudice (i.e., negative beliefs about HIV-positive people), stereotypes (i.e., group-based beliefs about HIV-positive people), and discrimination (i.e., behavioral expressions of prejudice directed toward HIV-positive people). It further suggests that people who are marked by the stigma of HIV (i.e., HIV-positive) experience the stigma mechanisms of internalized stigma (i.e., endorsement of negative beliefs and feelings associated with HIV status), anticipated stigma (i.e., expectations of prejudice and discrimination due to HIV status), and enacted stigma (i.e., experienced of prejudice and discrimination due to HIV status). The proposed project will assess the utility of the HIV Stigma Framework (Specific Aim 1) and examine its generalizability to another stigma-drug use (Specific Aim 2). It will address these aims in a series of two studies targeting drug-involved, HIV-negative persons (Study 1) and drug-involved, HIV-positive persons (Study 2). The proposed studies represent a unique opportunity to make important theoretical contributions to understandings of HIV and drug use stigma at a relatively low cost because they will both be conducted within the contexts of larger-scale, ongoing, funded projects.

A Pilot Study of the Comparison of the Immediate After Effects of Aerobic (AE) and Ischemic Handgrip (IHG) Exercise on Blood Pressure (BP) and Vascular Function Among Adults with High Blood Pressure
Submitted by Garrett Ash
Awarded $1,500
Summary (from application):
Over 58 million American adults (28.4%) suffer from hypertension (HTN), of which 40% do not receive any treatment and 67% have blood pressure (BP) levels that remain too high. Aerobic exercise (AE) lowers blood pressure (BP) 5-7 mmHg. Limited recent evidence indicates ischemic hand-grip (IHG) exercise may lower BP to even greater levels. The primary aim of this pilot study is to compare the BP lowering effects of a bout of AE and IHG among adults in the early stages of HTN. Since the vascular response to exercise depends on the type of exercise performed, the secondary aim is to explore the relationship among the BP response and measures of vascular function to AE and IHG. We hypothesize IHG will lower BP to the same or even greater levels than AE that will be partially explained by changes in vascular function induced by blood flow patterns that differ according to exercise modality (type). In order to test our hypothesis, we will measure ambulatory BP and two measures of vascular function—brachial artery flow-mediated dilation and central arterial stiffness—before and after AE, IHG, and Control Sham among 25 adult men and women with pre-to stage 1 HTN (systolic BP (SBP) > 130-159 and/or diastolic BP (DBP) > 85-90). If our hypotheses prove correct, the current exercise prescription recommendations for HTN will be expanded to include IHG, and offer people with HTN more attractive options to regularly engage in exercise to treat their high BP. This study is directly in line with the overarching mission of CHIP to study the dynamics of health risk behavior and processes of health behavioral change (e.g., physical activity) in individuals and at-risk populations (e.g., those with pre-to stage 1 HTN).
Research Area: Preventive Medicine.