OMB No. 0925-0001 and 0925-0002 (Rev. 11/16 Approved Through 10/31/2018)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
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NAME: Ladson Hinton

eRA COMMONS USER NAME (credential, e.g., agency login): lwhinton

POSITION TITLE: Professor and Interim Chair

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
| University of California Berkeley, Berkeley, CA | B.S. | 1981 | Humanities |
| Tulane Medical School, New Orleans, LA | M.D. | 1985 | Medicine |
| University of California, San Francisco, CA | Residency | 1989 | Psychiatry |
| RWJ Clinical Scholars Program, UCSF | Postdoc | 1991 | Clinical Research/Epi |
| NIMH Postdoctoral Fellowship, Harvard | Postdoc | 1993 | Medical Anthropology |

**A. Personal Statement**

In close collaboration with investigators in Vietnam, the major goals of this R01 application *Advancing Alzheimer’s family caregiving interventions and research capacity in Vietnam* are to conduct a cluster RCT of a culturally adapted family caregiver intervention and to strengthen ADRD research capacity in Vietnam. I am uniquely qualified for my role as Co-Principal Investigator on this project based on my scientific expertise and experience in dementia caregiving research with Vietnamese and other Asian American populations, leadership experience on NIH funded projects, including the R-21 planning grant for this application, and my extensive training/mentoring experience which include directing an NIA funded P30 center to advance the careers of diverse junior faculty. I am a clinician-scientist with formal research training in both medical anthropology and health services research and have conducted interdisciplinary research, including both observational work and interventions, with a major focus on family caregiving, dementia and diverse populations over the past 25 years. From 2014-2016 I served on the National Academies of Science, Engineering, and Medicine Committee on Family Caregiving (*Families Caring for an Aging America*). I have expertise in conducting research with Asian Americans (e.g., Chinese and Vietnamese) and over the past five years have extended my research to Vietnam. My research experience with Vietnamese include leading three studies of involving recruitment and primary data collection, including a cross sectional study of 201 Vietnamese new arrivals, 114 of whom were followed longitudinally for one year to identify risk factors for depression (Hinton et al, 1997), a cross-ethnic study of 92 ethnically diverse dementia caregivers that included both Vietnamese and Chinese caregivers (Hinton et al, 2005). I also serve as Co-Principal Investigator for the R-21 planning grant that has successfully recruited 60 family dementia caregivers for pilot cluster randomized controlled trial in Hanoi, Vietnam (Nguyen et al, 2018) and established the Vietnamese-US collaborative research team. I serve as Co-I on an NIMH U19 to implement and scale up a physical exercise intervention for older adults with dementia in Thailand and direct the Global Mental Health program in the Department of Psychiatry. In terms of leadership and administrative experience, I have led multiple NIH funded projects, including serving as a PI on multiple NIH grants (NIA, NIMH, Fogarty) of various types, including P30, R-01, R-34, R-03, R-21 and K-23 awards as well as large foundation-funded projects. Relevant to the research capacity-building component of this application, I served as PI of an NIA funded P30 (UC Davis Resource Center for Minority Aging Research), one of seven such centers nationally which developed innovative models for mentoring junior faculty conducting minority aging research (Harawa et al, 2017). For more than 10 years (2005-2017), I directed the Outreach and Recruitment Core for the UC Davis Alzheimer’s Disease Center (Hinton et al, 2010).

1. Nguyen TA, Nguyen H, Thang P, Hung T., **Hinton L**. A cluster randomized controlled trial to test the feasibility and preliminary effectiveness of a family dementia caregiver intervention in Vietnam: the REACH VN study protocol. *Medicine* (in press)
2. Harawa NT, Manson SM, Mangione CM, Penner LA, Norris KC, DeCarli C, Scarinci IC, Zissimopoulos J, Buchwald DS, **Hinton L**, Pérez-Stable EJ. Strategies for enhancing research in aging health disparities by mentoring diverse investigators. *Journal of clinical and translational science*. 2017 Jun;1(3):167-75
3. **Hinton L**, Carter K, Reed BR, Beckett L, Lara E, DeCarli C, Mungas D. [Recruitment of a community-based cohort for research on diversity and risk of dementia.](https://www.ncbi.nlm.nih.gov/pubmed/20625273) *Alzheimer Dis Assoc Disord*. 2010 Jul-Sep;24(3):234-41. PMCID: PMC2946798
4. **Hinton L**, Tiet Q, Tran CG, Chesney M. Predictors of Depression among Vietnamese Refugees: A Longitudinal Study of New Arrivals. *Journal of Nervous and Mental Disease*, 185:39-45, 1997

**B. Positions and Honors**

**Employment**

1993-1996 Lecturer, Department of Social Medicine, Harvard Medical School

1996-1998 Instructor, Department of Social Medicine, Harvard Medical School

1998-2002 Assistant Professor in Residence, Department of Psychiatry, UCD Medical School

2002-2003 Assistant Professor, Department of Psychiatry, UCD Medical School

2003-2009 Associate Professor, Department of Psychiatry, UCD Medical School

2005-2017 Director, Education and Information Core, UC Davis Alzheimer’s Disease Center

2009-pres Professor, Department of Psychiatry, UC Davis Medical School

2010-pres Director of Geriatric Psychiatry, Department of Psychiatry, UCD Medical School

2012-2016 Associate, Harvard Asia Center

2017-pres Co-Director of Research, Family Caregiving Institute, UCD School of Nursing

2018-pres Interim Chair, Department of Psychiatry, UCD Medical School

**Honors**

1981 Distinction in General Scholarship

1. Honors in Humanities
2. Alpha Omega Alpha Honor Society
3. Interdisciplinary Achievement Award
4. Fellow, NIMH Summer Research Institute on Geriatric Psychiatry

2012-2017 Chair, Distinguished Scholars Advisory Board, USC Roybal Institute

2014-2016 Member, Institute of Medicine ad hoc Committee on Family Caregiving for Older Adults

2016 Deans Award for Diversity and Inclusion, Excellence in Research

**2018-pres Joseph A. Tupin Endowed Chair of Psychiatry**

**C. Contributions to Science**

Over the past two decades, my work has focused on two related areas: 1) sociocultural and gender influences on dementia and late life depression, with a particular focus on family caregiving and on barriers and facilitators of treatment in primary care settings, and 2) the development and testing of interventions to advance family treatment engagement and caregiving for older adults with ADRD and those with late life depression, with a focus on underserved populations primary care and community settings.

1. I have conducted research that has demonstrated cross-ethnic differences in caregiver conceptions of dementia in a mixed method study that included 95 ethnically diverse caregivers that included a subsample of Asian-American caregivers. One of the findings from this study was that minority caregivers and caregivers of lower socioeconomic status were more likely to understand dementia in ways that differed from the biomedical model, including drawing on folk beliefs and models (Hinton et al, 2005). An additional set of findings from this study was the importance of dementia-related cultural stigma and of religion/spirituality (e.g. Confucionism, Catholicism, Ancestor Worship, and Buddhism) in shaping how Vietnamese and Chinese family caregivers experience and cope with providing care for a family member with dementia (Hinton et al, 2008; Liu et al, 2008) and on their decisions to participate in research (Hinton et al, 2000).
2. **Hinton L**, Guo Z, Hillygus J, Levkoff SE. Working with culture: A qualitative analysis of barrier to recruitment of Chinese-American family caregivers for dementia research. *Journal of Cross-Cultural Gerontology*, 15:119-137, 2000. PMID: 14618006
3. **Hinton L**, Franz C, Yeo G, Levkoff S. Conceptions of dementia in a multi-ethnic sample of family caregivers. *Journal of the American Geriatric Society*. 53:1405, 2005. PMID: 16078970
4. **Hinton L**, Tran J, Tran C, Hinton D. Religious and spiritual dimensions of the Vietnamese dementia caregiving experience. *Hallym International Journal of Aging*, 10(2): 139-160, 2008. PMCID: PMC2949976
5. Liu D, **Hinton L**, Tran C, Hinton D, Barker J. Re-examining the relationship of stigma and dementia among Asian Americans: A qualitative analysis of caregiver narratives. *Journal of Cross-Cultural Gerontology*. 23(3):283-99, 2008. PMCID: PMC2958058
6. Another set of studies in Latinos have focused on dementia behavioral symptoms and have moved from documenting high levels of behavioral symptoms among community dwelling Latino elderly with cognitive impairment and their association with caregiver depression, to the development and testing of culturally-tailored interventions. In one of the first community-based studies (Sacramento Area Latino Study on Aging) of neuropsychiatric symptoms in cognitively impaired (demented and non-demented) Latinos, we found that cognitively impaired older Latinos had elevated levels of neuropsychiatric symptoms and that high levels of neuropsychiatric symptoms were associated with higher levels of caregiver depressive symptoms particularly among non-spousal caregivers of Latinos who were cognitive impaired but not demented (Hinton et al, 2003). In addition, caregivers reported frequent care-seeking primary care and high levels of unmet needs for formal care, particularly counseling and education (Hinton et al, 2006). These observational studies led to the development of a culturally adapted psychoeducational intervention which was found to be more effective than usual care in reducing depressive symptoms among Latino caregivers (Gallagher-Thompson et al, 2015; Turner et al, 2015).
7. **Hinton L**, Haan M, Geller S, Mungas D. Neuropsychiatric symptoms in Latino Elders with Dementia or Cognitive Impairment without Dementia and Factors that Modify their Association with Caregiver Depression. *The Gerontologist*, 2003, 43(5): 669-677. PMID: 14570963
8. **Hinton L**, Chambers D, Velásquez A, Gonzalez H, Haan MN. Dementia Neuropsychiatric Symptom Severity, Help-Seeking, and Unmet Needs in Sacramento Area Latino Study on Aging (SALSA). *Clinical Gerontologist*, 29(4):1-16, 2006
9. Turner RM, **Hinton L**, Gallagher-Thompson D, Tzuang M, Tran C, Valle R. [Using an Emic Lens to Understand How Latino Families Cope with Dementia Behavioral Problems.](http://www.ncbi.nlm.nih.gov/pubmed/25601209) *Am J Alzheimers Dis Other Demen*. 2015 Jan 19. pii: 1533317514566115. [Epub ahead of print]. PMCID: PMC4533828
10. Gallagher-Thompson D, Tzuang M, **Hinton L**. Alvarez P, Rengifo J, Valverde I, Chen N, Emrani T, Thompson LW. Effectiveness of a Fotonovela for Reducing Depression and Stress in Latino Dementia Family Caregivers. *Alzheimer Dis Assoc Disord*. 2015 Apr-Jun;29(2):146-53. PMCID: PMC4437891
11. Older men are less likely to receive depression treatment and are more likely to commit suicide. Another area of focus has been on identifying barriers to depression treatment among ethnically diverse older men in primary care settings. This line of research has provided additional evidence for gender gaps in depression treatment among older adults and has identified barriers to depression care among older men, particularly stigma (Hinton et al 2006). Subsequent studies in a safety net primary care setting found that while older white non-Hispanic and Mexican-origin men had similar rates of clinical depression, Mexican-origin men were significantly less likely to report prior depression treatment (Hinton et al, 2012). This research has also found that older men prefer family involvement in their depression care (Dwight-Johnson et al, 2013; Hinton et al, 2015), opening up a new avenue for intervention development.
12. Dwight-Johnson M, Apesoa-Varano C, Hay J, Unutzer J, **Hinton L**. Depression treatment preferences of older white and Mexican origin men. *Gen Hosp Psychiatry*. 2013 Jan;35(1):59-66. PMCID: PMC4041603
13. **Hinton L**, Zweifach M, Oishi S, Unützer J. Gender disparities in the treatment of late-life depression: qualitative and quantitative findings from the IMPACT Trial. *American Journal of Geriatric Psychiatry*. 14: 884-922, 2006
14. **Hinton L**,Apesoa-Varano EC, González HM, Aguilar-Gaxiola S, Dwight-Johnson M, JC Barker, Tran C, Zuniga R, Unützer J. Falling through the cracks: gaps in depression treatment among older Mexican-origin and white men. *Int J Geriatr Psychiatry*. 2012 Dec;27(12):1283-90. doi: 10.1002/gps.3779. Epub 2012 Mar. PMCID: PMC3560929
15. **Hinton L**, Apesoa-Varano C, Unutzer J, Dwight-Johnson M, Park M, Barker JC. A Descriptive Study of the Role of Family Members in Older Men’s Depression Care, *International Journal of Geriatric Psychiatry*. 2014 Aug 11. doi: 10.1002/gps.4175. [Epub ahead of print]. PMCID: PMC4324406
16. A final area of research addresses barriers and facilitators of care for depression and for dementia in primary care settings. This research has demonstrated the importance of direct to consumer advertising and patient requests for pharmaceuticals on primary care provider prescribing of antidepressants (Kravitz et al, 2005) as well as the importance of physician attitudes (Kravitz et al, 2006). Work on dementia in primary care settings has demonstrated the importance of both provider and systems issues as barriers to dementia care in primary care settings (Hinton et al, 2007; Franz et al, 2007).
17. Franz CE, Barker JC, Kravitz RL, Flores Y, Krishnan S, **Hinton L**. Nonmedical influences on the use of cholinesterase inhibitors in dementia care. *Alzheimer’s Disease and Associated Disorders*. 21:241–248, 2007. PMID: 17804957
18. **Hinton L**, Franz CE, Reddy G., Flores YG, Kravitz RL, Barker JC. Practice constraints, behavioral problems, and dementia care: Primary care physicians’ perspectives. *Journal of General Internal Medicine*, 22 (11):1487-1492, 2007. PMCID: PMC2219799
19. Kravitz R, Epstein R, Feldman R, Franz C, Wilkes M, **Hinton L**, Franks P. Influence of patients’ requests for direct-to-consumer advertised antidepressants: a randomized controlled trial. *Journal of the American Medical Association*, 293(16): 1995-2002, 2005. PMCID: PMC3155410
20. Kravitz RL, Franks P, Feldman M, Meredith LS, **Hinton L**, Franz C, Duberstein P, Epstein RM. What Drives Referral from Primary Care Physicians to Mental Health Specialists? A Randomized Trial Using Actors Portraying Depressive Symptoms. *Journal of General Internal Medicine*, 21:584-589, 2006. PMCID: PMC1924631
21. Vietnamese refugees are at significant risk for psychiatric disorders, including depression and PTSD. My work has advanced our understanding of psychopathology in Vietnamese refugees. I conducted one of the first clinical epidemiological studies of Vietnamese refugees which demonstrated high rates of depression and PTSD, particularly among Vietnamese who had been imprisoned in “re-education camps” in Vietnam (Hinton et al, 1993). As part of this clinical epidemiological study we compared the sensitivity and specificity of two depression screening instruments in this group of Vietnamese refugees (Hinton et al, 1994). Finally, we conducted a longitudinal study of Vietnamese refugees to identify risk factors (both pre- and post-migration) of depression (Hinton et al. 1997).
22. **Hinton L**, Chen J, Du N, Tran CG, Lu F, Miranda J, Faust S. DSM-III-R Disorders in Vietnamese Refugees: Prevalence and Correlates. *Journal of Nervous and Mental Disease*, 181:113-122, 1993
23. **Hinton, L**, Du N, Chen J, Tran CG, Newman TB, Lu F. Screening for Major Depression in Vietnamese Refugees: A Comparison of Two Instruments. *Journal of General Internal Medicine*, 9:202-206, 1994
24. **Hinton L**, Tiet Q, Tran CG, Chesney M. Predictors of Depression among Vietnamese Refugees: A Longitudinal Study of New Arrivals. *Journal of Nervous and Mental Disease*, 185:39-45, 1997

Complete List of Published Work in MyBibliography: <https://www.ncbi.nlm.nih.gov/sites/myncbi/1-Q3i1P0AWkQU/bibliography/45697794/public/?sort=date&direction=ascending>

**D. Additional Information: Research Support and/or Scholastic Performance**

* **CURRENT RESEARCH SUPPORT**
* 1R21AG054262-01 (Hinton PI) 9/1/2016-4/30/2019
* NIH/NIA/Fogarty International Center
* Adapting and Testing an Alzheimer’s Family Caregiver Intervention in Vietnam
* The goal of this project is to adapt and test an evidence-based caregiver intervention for families caring for someone with Alzheimer’s disease in Vietnam.
* Role: Principal Investigator (1.2 calendar)
* 5P30AG043097-03 7/1/2012 – 6/30/2019
* NIH/NIA
* Center to Advance Cognitive Health and Healthcare in Older Latinos
* This Center aims to reduce ethnic and racial disparities related to cognitive health and healthcare in Latinos through a well-integrated, interdisciplinary, and inter-professional mentoring program for diverse investigators who will conduct pilot projects. Building on institutional and programmatic strengths, the UC Davis RCMAR will focus on Latinos, particularly those of Mexican origin.
* Role: Principal Investigator (0.8 calendar)
* (Unutzer PI) 7/1/2014-12/31/2022
* Archstone Foundation
* Innovations Bridging Clinics and Communities to Advance Late Life Depression Care
* The overall goal of this initiative (CARE-PARTNERS) is to advance care for late-life depression through innovative collaboration that bridges primary care clinics, community-based organizations and families.
* Role: Principal Investigator for UC Davis subcontract (1.8 calendar)
* U19 MH113201 (Chen PI) 7/1/2017-6/30/2022
* NIH/NIMH
* The Partnership in Implementation Science for Geriatric Mental Health
* The overall goal of the proposed Partnership in Implementation Science for Geriatric Mental Health (PRISM) project is to establish a hub to integrate implementation research for scaling up sustainable, evidence-based mental health interventions with research capacity-building activities for East Asia.
* Role: Co-Investigator (1.8. calendar)
* APP1154644 (Tuan Anh Nguyen PI) 4/1/2019-3/31/2022
* NHMRC (Australian National Health and Medical Research Council) & NAFOSTED (National Foundation for Science and Technology Development of Vietnam)
* Building an evidence platform for the development of a Vietnam National Dementia Plan
* The overall goal of this project is to conduct a needs assessment to inform the development of a national Alzheimer’s plan in Vietnam
* Role: Chief Investigator
* **COMPLETED RESEARCH (PAST 3 YEARS)**