# BIOGRAPHICAL SKETCH

NAME: Jacqueline L. Angel

eRA COMMONS USER NAME: JLANGEL

POSITION TITLE: Professor, LBJ School of Public Affairs

EDUCATION/TRAINING

| INSTITUTION AND LOCATION | DEGREE | Completion Date MM/YYYY | FIELD OF STUDY |
|---|---|---|---|
| Pennsylvania State University, University Park, PA | BA | 08/1979 | Liberal Arts |
| University of Oklahoma, Norman, OK | MA | 05/1983 | Communication |
| Rutgers University, New Brunswick, NJ | PhD | 05/1989 | Sociology |
| Rutgers University, New Brunswick, NJ | Postdoc | 1989-1990 | Mental Health Services Program |
| Pennsylvania State University, University Park, PA | Postdoc | 1990-1992 | Demography of Aging |

## A. Personal Statement

I am a sociologist with NIA postdoctoral training in demography of aging and health from the Pennsylvania State University Program in "Population Biology, Generations, and Cohort Succession," as well as NIMH's Rutgers-Princeton NIMH Mental Health Services Program. Employing the HRS, H-EPESE, CPS, and other large complex datasets, my research focuses on the family's changing role in the health and well-being of Hispanics in the United States. I have worked on several NIA-funded projects that address the complex ways in which social factors affect health transitions and subsequent acute and long-term service use. My role in the H-EPESE project (PI: Markides, R01 AG10939) involves a demographic analysis of the impact that nativity and the migration process has on health outcomes for older Hispanic people of Mexican descent. I also completed an NIH-National Institute on Minority Health and Health Disparities funded study (PI: Angel, R01 MD005894) on the risk of long-term care in older Mexican-American families. My work fits within the PRC's primary research areas Population Health and Family Demography and Intergenerational Relationships.

In the next five years, I plan to extend my work on ethnic-based disparities in disability and their consequences on care and living arrangement trajectories in minority families with a special emphasis on the Latino population of Mexican origin. The research focuses on longitudinal patterns of dementia severity and unmet need employing qualitative and quantitative methods. Currently, I am a Co-Investigator on the Hispanic Establish Population for Epidemiologic Studies of the Elderly (H-EPESE) to examine the demography of dyadic caregiving in the Mexican-American population. To extend this research on family mobilization in dementia caregiving, I currently have one proposal under review at the National Science Foundation (NSF) program in Collaborative Research: *Understanding Pathways to Disability and Dependency in Later Life*. A second grant application is under development for an NIH/R-21 bi-national study of dementia care in Mexico and the United States. The proposed research combines data come from a twenty-year cohort study of older Mexican Americans in the Southwest (H-EPESE) and the newly funded Mexico Frailty Project. Third, I am a faculty mentor on an NIA/RCMAR qualitative pilot study of the articulation of informal and formal caregiving for mild cognitively impaired in the SALSA (PI: Sunshine Rote). The ultimate objective of the research agenda is to determine how assistance need and support systems change as Mexican Americans age with dementia. This research program fits squarely into the PRC's Population Health area by providing much needed information on socioeconomic and immigration-related factors that constrain options in dementia support among Latino elders. I expect to continue to supervise PRC Trainees in sociology and public policy to identify viable ways to address health inequities that limit elderly Latinos quality of life and decrease the costs of caregiving to families, and local, state, and federal governments.

In terms of public service, I currently sit on five editorial boards for peer-reviewed journals as well as a reviewer for other journals. In 2016, I served on the Special Emphasis Panel on Health Disparities in and Caregiving for Alzheimer's Disease (ZRG1 HDM-Y (57).

I am the Principal Investigator of the NIA-funded R-13 Conference Series on Aging in the Americas (CAA). Since 2005, the PRC administrative and computer core has greatly benefitted from invaluable support for the implementation of the eight installments. The purpose of the CAA is to address the health consequences of rapidly aging populations of Mexico and the United States. Both nations will remain heterogeneous in terms of many social and demographic factors, including their urban and rural distributions and this heterogeneity calls for comparative analyses of the community as an important context in understanding how characteristics of physical, social, and economic environments gives rise to disparities in Latino health in older adults. The next CAA iterations build upon the same very high quality of work at previous meetings by addressing a new theme that is a priority for the national health agenda. The objectives are first to provide a vehicle for reviewing and analyzing the contemporary social research on "place" the major dimensions of which are physical, cultural and economic, as it relates to supporting the health of aging Latinos, and second, to further the development of emerging scholars through their increased exposure to this body of knowledge, developing their individual research, and career mentoring. To accomplish these aims, the multi-institutional project led by the CAA Leadership Team, consisting of a 11 person Advisory Group and three Co-Investigators (UCLA, USC, and UTMB) will bring together leading scholars in the field of Hispanic health and aging in the U.S, Mexico at three scientific meetings in 2016 (UT San Antonio, completed); 2017 (University of Southern California); and 2018 (University of Arizona, Tucson). The CAA website managed at the PRC documents the outstanding scholarship and the distinguished and emerging scholars that have become a hallmark of the conference series http://lbjschool.austin.utexas.edu/caa/

## B. Positions and Honors

### Positions and Employment
| | |
|---|---|
| 1983-1984 | Research Assistant, Department of Health Administration and the Health Sciences Center, College of Public Health, University of Oklahoma, Norman, OK |
| 1985-1988 | Research Assistant, *Medical Sociology Program in Secondary Data Analysis*, Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, NJ |
| 1988-1989 | Research Assistant, *Physical Illness and Depression among Mexican Americans: The Role of Age and Acculturation*, Rutgers University, New Brunswick, NJ |
| 1989-1990 | Postdoctoral Fellow, Rutgers-Princeton Training Program in Mental Health Services Research, Rutgers University, Brunswick, NJ; supported by NIMH grant *Mental Health Services and Systems Research Training* (5 T32 MH016242), David Mechanic, PI |
| 1990-1992 | Postdoctoral Fellow, Pennsylvania State University, NIA grant *Population Biology, Generations, and Cohort Succession* (5 T32 AG000208), Dennis P. Hogan, PI |
| 1992-1994 | Lecturer, Department of Sociology, University of Texas at Austin, TX |
| 1994-2000 | Assistant Professor, LBJ School of Public Affairs, University of Texas at Austin, TX |
| 2000-2005 | Associate Professor, LBJ School of Public Affairs and the Department of Sociology, University of Texas at Austin, TX |
| 1992-Present | Faculty Research Associate, Population Research Center, University of Texas at Austin, TX |
| 2005-Present | Professor, LBJ School of Public Affairs and the Department of Sociology, University of Texas at Austin, TX |

### Other Experience and Professional Memberships
| | |
|---|---|
| 1991 | Participant, Brookdale Foundation/NIA Summer Institute in Research on Aging |
| 1996, 2001 | NIA Summer Institute on the Demography, Economics, and Epidemiology of Aging |
| 2000-present | Member, Editorial Board, *The Gerontologist* |
| 2001-2005 | Secretary/Treasurer, Behavioral and Social Sciences, The Gerontological Society of America |
| 2003-2006 | Editorial Board, *Journal of Health and Social Behavior* |
| 2003-2005 | IRG Member, NIA Behavior and Social Science of Aging Review Committee |
| 2004 | Elected President's Council, Family Eldercare |
| 2006-2007 | Chair, Section on Aging and the Life Course, American Sociological Association |
| 2005-2007 | Chair, IRG Member, NIA Behavior and Social Science of Aging Review Committee |
| 2005- | Co-Organizer, Conference Series on Aging in the Americas, U.T. Austin |
| 2006-2009 | Member, Editorial Board, *Journal of Gerontology: Social Sciences* |
| 2007-2009 | Associate Editor, *Journal of Gerontology: Social Sciences* |
| 2007-2010 | Invited Speaker, Annual NIA Technical Workshop on Minority Aging Research |
| 2009-2014 | PI, Conference Series on Aging in the Americas, Austin, TX |

| 2012- | Editorial Board, *Research on Aging* |
|---|---|
| 2013- | Editorial Board, *Journal of Cross-Cultural Gerontology* |
| 2013 | Editorial Board, *Public Policy and Aging Report* |
| 2013-16 | Chair-Elect, Chair, and Immediate Past Chair, BSS Section of GSA |
| Present | Member: American Sociological Association, The Gerontological Society of America, American Public Health Association, American Society for Public Administration, Population Association of America |

**Honors**

| 1995-1996 | Elspeth Rostow Centennial Fellow, LBJ School of Public Affairs, UT Austin |
|---|---|
| 2000 | Elected Fellow, The Gerontological Society of America (GSA) |
| 2002 | Outstanding Board Leadership Award, Family Eldercare |
| 2008 | Elected Senior Fellow, Sealy Center on Aging, UTMB School of Medicine |
| 2010 | GSA Senior Service America Research Award |
| 2011 | Charles E. Gibbs Leadership Prize |
| 2012-2013 | Appointed, Mayor's Taskforce on Aging, Austin, Texas |
| 2013 | American Sociological Association, SALC, Outstanding Publication Award |
| 2013 | Jackie Lelong Visionary Leadership Award |
| 2014-2015 | Appointed, Commissioner on Seniors, City of Austin, Texas |

## C. Contributions to Science

(1) The Principal Investigator, Jacqueline Angel, Ph.D., Sociology, leads a Research Team that has published a series of papers on ethnic-based disparities in health and retirement security with a special emphasis on aging Mexican-Americans. The genesis of this research agenda stems from Dr. Angel's intellectual interests in the concept of dependency that her dissertation research examines. She was the first investigator to employ the NIA 1982-84 Longitudinal Study of Aging to document how race/Hispanic ethnicity and socioeconomic status affect changes in residential mobility in the event of poor health. Compared with unmarried non-Hispanic whites and blacks, the multinomial logistic regressions revealed a lower propensity of unmarried Hispanic elders to enter a nursing home even after a serious decline in functional capacity. This work appeared in the *Journal of Gerontology: Social Sciences*, 1990; *Journal of Health and Social Behavior*, 1990, and a book-length manuscript, 1991 (Garland).

Due to the small sample size of Hispanic subjects, Dr. Angel's discovery of disparities in living arrangements, while notable, had limitations. To address the gap in knowledge and data needs, she was invited to join the NIA-funded H-EPESE, a Longitudinal Study of Elderly Mexican-American Health, and a sister study of the EPESE catchment area projects. The next sets of papers tested the hypotheses regarding the extent to which cultural factors, defined in terms of life course stage at migration and cultural assimilation or economic need, determine care and living arrangements among Mexican-born and U.S.-born Mexican Americans. This was the first study that investigated in great detail nativity patterns in long-term care for both married and unmarried Mexican-origin populations. This body of work, which appears in *The Gerontologist*, 1996, *Journal of Aging and Health*, 2004 *Research on Aging*, 1992; Social Science Quarterly, 2000; and *International Journal of Sociology and Social Policy*, 2000 provided new and compelling empirical evidence that informed qualitative studies regarding the ways in which immigration-related processes and poor health constrained preferences in living arrangements.

(2) These findings addressed salient issues for older Hispanics as well as the need for detailed comparisons across different racial and ethnic groups. In this work, the first two waves of the Health and Retirement Study were employed with an NIA R03 award to examine how nativity may be a risk factor for poor physical and emotional health in an ethnically diverse population making the transition into later life. We addressed whether the health disadvantage observed for immigrants lessens with increased time spent in the country (supporting theories of assimilation) or increases with duration of residence (supporting theories of cumulative disadvantage). The data showed that, after controlling for socioeconomic factors, foreign-born individuals were at a higher risk of poor emotional health than their native-born counterparts. Although aging immigrants displayed worse health than the native-born population, duration of residence (young-age at migration) and socioeconomic incorporation mediated this disadvantage. These findings contributed to our understanding of nativity and duration as risk factors for poor physical and emotional health. The work is rigorous in that models

were robust across groups and indicated that immigrants may overcome the nativity disadvantages found for emotional distress with increased duration of residence, but the pattern becomes more complicated with the inclusion of race and Hispanic ethnicity. The research, published in the *Journal of Gerontology Social Sciences*, 2001; *International Migration Review*, 2001; and *Journal of Women and Aging,* 2000, stimulated new directions for future studies of health, immigration, and aging processes.

(3) The third most significant discovery extends this work by examining the relationship between immigration, disability transitions, and long-term care with funding from NIA and the Center for Minority Health and Health Disparities. For example, we conducted longitudinal analyses of the HRS and H-EPESE to investigate how the trajectory of cognitive and physical functioning may increase the likelihood of older Mexican Americans requiring long-term care. The initial results were presented at the 2010 ICAA, and appear in *Aging, Longevity, and Health in the Mexican-origin Population*, 2012. The main findings are based on a series of growth curve models and suggest significant variation in the extent to which the health advantage of Mexican migrants extends to impaired cognitive trajectories. Individuals who immigrated between the ages of 20 and 49 tend to exhibit a slower rate of cognitive decline than the U.S.-born and early (before age 20) and late life migrants (50 and older). Moreover, this pattern is especially pronounced for men. This evidence makes it clear that ancillary analyses are needed to explore selection processes. To address this issue, we presented a paper at the 2011 PAA Annual Meeting to estimate the rate at which the health of Mexican immigrants converges with the native-born population disaggregated by gender. Our work confirms that gender is fundamental to the psychological consequences of Mexican migration. Perhaps most importantly, it emphasizes the need for health policies devoted to risk reduction of serious cognitive impairments among immigrant women and for a better understanding of gender variations in the healthy immigrant effect. Analyses along these lines are underscored in a paper presented at the 2012 PAA Annual Meeting in San Francisco. This study sought a further understanding of the gender gap in disability and limited physical function. The findings document the adverse health consequences that gravidity has on lower-body disability above and beyond standard risk factors. The results, published in the *American Journal of Public Health*, suggest that there is a biological mechanism underlying the relationship between gravidity and walking difficulty and that Mexican-American women experiencing high gravidity during reproductive years increase that risk in later life.

(4) To further explore the significance of excess disability among Mexican-American women, we estimated different classes of physical decline for native- and foreign-born women and men. The data illustrate three distinct patterns of decline: (1) high initial functioning followed by moderate decline (48%); (2) moderate initial functioning followed by significant decline (37.5%) and (3) continuous poor functioning (14.5%). We were particularly interested in the implications of nativity and age at migration upon class membership. As in our previous research, our findings reveal that those who immigrated in mid- or late-life were more likely to be members of the highest functioning category than native-born and early-life migrants. These late life migrants are no doubt selected for better health. In the multiple decrement analyses we directly estimated the ratio of disability-free years to those with functional impairment by nativity (*Journal of Gerontology: Social Sciences*, 2014). These detailed analyses show that the disparity in life expectancy between U.S.-born and foreign-born populations are consistent with previous research. In this sample, however, Mexican origin elders on average live more than half of their lives after age sixty-five with significant functional limitations. The data also reveal that gender and nativity interact, such that life expectancy at sixty-five is highest for foreign-born Mexican-origin women and lowest for native-born males. Regardless of nativity, men spend approximately half of the years after age sixty-five in an impaired state; foreign-born women live nearly two-thirds of the additional years in a seriously impaired state. Despite the high risk of dependency, Mexican Americans displayed an aversion to nursing homes. The patterns were most pronounced among those who were more likely to prefer Spanish as their primary language, indicating they were less likely to agree to a stay in a nursing facility than their English-speaking counterparts (*Journal of the American Medical Directors Association*, 2010).

(5) Mindful of gender inequalities in work and family roles for the Mexican-origin population in the United States, we conducted a third analysis to determine the extent to which traditional gender roles associated with nativity and acculturation influence the likelihood of disability-free life expectancy for adult Mexican-Americans age 65 and older. In an article forthcoming in the *Journal on Aging and Health*, we first described the baseline association among nativity, gender, acculturation, and functional capacity and then estimated whether nativity differentials in disabled and non-disabled life expectancy affect elder Mexican men and women equally in the follow-up. Our results showed that, regardless of gender, the foreign-born suffer higher levels of IADL disability

than the native-born, but manifest no differences in ADL disability. U.S.-born women with low acculturation were more likely to experience IADL disability than highly acculturated native-born women. No substantive differences emerged among men regardless of nativity and acculturation. In addition, the research based on the CPS and ACS focuses on sources of gender inequalities in conjunction with health insurance coverage in the Hispanic population with a special emphasis on Mexican-origin women. This work has resulted in several papers presented at peer-reviewed conferences, most notably the American Sociological Association session on Health Policy and the Population Association of America and publications in *Journal of Health and Social Behavior*, *Journal of Women's Health Issues*, and *Social Science Quarterly*. Work from this project resulted in a co-authored book *Hispanic families at risk: the new economy, work, and the welfare state*. I also received the 2010 Senior Services Research Award and Gibb's Prize for a co-authored article entitled "A Window of Vulnerability Health Insurance Coverage among Women 55 to 64 Years of Age

**Complete List of Published Work in MyBibliography:**
http://www.ncbi.nlm.nih.gov/sites/myncbi/jacqueline.angel.1/bibliography/40769809/public/?sort=date&direction=descending

## D. Research Support

### Ongoing Research Support
R13AG029767 (J.L. Angel, PI)                                           02/15/09-05/31/18
National Institute on Aging
Conference Series on Aging in the America: United States and Mexico
This series of Conference workshops aims at increasing the visibility of research on aging Mexican-origin populations at a time when the topic is emerging as a crucial national budget and policy issue.
Role: Principal Investigator
Responsibilities: Oversee conference development, planning, and implementation, and will be responsible for overall budget management.

R01AG10939 (K.S. Markides, PI)                                         12/01/03-12/31/2018
National Institute on Aging to the University of Texas Medical Branch at Galveston
In the continuation of this project, the research team will conduct one more in-person follow-up of the Hispanic EPESE (Established Population for the Epidemiological Study of the Elderly) during 2015-16.
Role: Co-Investigator of subcontract to the University of Texas at Austin
Responsibilities: Assist PI in the development of the questionnaire items dealing with the role of various family members in the financial support of the older person, as well as information on living arrangements and preferences in living arrangements.

### Completed Research Support
R01MD005894 (J.L. Angel, PI)                                           09/30/10-06/30/14
National Institute of Minority Health and Health Disparities
The overall goal of this study was to clarify the most important factors associated with changes in the care and living arrangements of elderly Mexican-Americans. Investigators evaluated a new empirical model in order to determine how immigration factors (e.g., nativity, age at migration, acculturation) and family resources (e.g., financial security, family and social support network) moderate the ways in which changes in functional status induce changes in care and living arrangements among older Hispanics of Mexican origin in the United States.
Role: Principal Investigator
Responsibilities: Supervised all aspects of the project.  Took the lead in developing statistical models and analysis concerning health-related indicators, living arrangements, long-term care, and policy variables.