

BIOGRAPHICAL SKETCH

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NAME: Wolinsky, Fredric D.

POSITION TITLE: The John W. Colloton Chair in Health Management and Policy

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

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
Friends University, Wichita, KS	BA	May 1972	Sociology
Drake University, Des Moines, IA	MA	May 1974	Sociology
Southern Illinois University at Carbondale	PhD	May 1977	Sociology

A. PERSONAL STATEMENT

I was trained as a quantitative methodologist and medical sociologist, and have focused my research career on studying the health and health behavior of older adults. Much of this work has used nationally representative closed longitudinal epidemiologic cohorts, especially the *Health and Retirement Study (HRS)*, the *Survey of Assets and Health Dynamics among the Oldest Old (AHEAD)*, and the *Longitudinal Studies on Aging (LSOA I and LSOA II)*, that were linked to Medicare claims and other geocoded information. To date I have published over 230 journal articles, 31 book chapters or commentaries, and 4 books. These publications focus on various aspects of health services research in gerontology and geriatrics, with special attention to the measurement and longitudinal modeling of health status and health services use. This work has been influential in the field, and has been cited over 8,000 times in over 6,200 journal articles. In addition to the extensive use of closed longitudinal epidemiologic cohorts linked to Medicare claims, I have also been either a Co-I or PI on a number of randomized controlled trials (RCTs) designed to improve either the cognitive or bone health of older adults. This includes my role as an original Co-I on the multi-site NIH-funded *ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly)* RCT, the PI on the NIH-funded *IHAMS (Iowa Healthy and Active Minds Study)* RCT, and the PI on the multi-site NIH-funded *PAADRN (Patient Activation after DXA Result Notification)* RCT.

More specific to this proposal, and as documented in **B6. (Preliminary Studies and the Investigative Team)** I have a longstanding interest in studying falls, hip fractures, and DXA testing using both epidemiologic and clinical trial data. Among my publications in these areas are influential articles that (a) first documented hip fracture mortality peaking within the first six post-fracture months and then returning to pre-fracture levels, (b) the substantial heterogeneity of discharge destinations and longstanding functional status changes associated with those discharge destinations, as well as (c) the substantial barriers to improving bone health care following DXA testing and osteoporosis diagnoses using patient-centered interventions based on activation and engagement principles. I also have had longstanding interests in how the organization of medical practice affects the practice of medicine. These studies make me especially well qualified to serve as PI and lead the proposed project.

B. POSITIONS AND HONORSPositions

1977-79	Assistant Professor of Sociology, East Carolina University
1979-81	Research Associate, then Senior Research Associate, American Medical Association
1981-85	Associate Professor, Health Services Research, Saint Louis University

1985-90 Associate Professor, then Professor of Sociology, Texas A&M University
 1990-96 Professor of Medicine, Indiana University
 1996-03 Professor of Health Services Research, Saint Louis University
 2003- The John W. Colloton Chair in Health Management and Policy, The University of Iowa
 2004-09 Associate Director, VA Center of Excellence in HSR&D, Iowa City VAMC

Other Experiences and Professional Memberships

1985-88 Member, Geriatrics and Gerontology Review Committee, NIH
 1988-97 Deputy Editor, *Medical Care*
 1990-94 Member, Human Development and Aging Committee, NIH
 1994-95 Member, Health Services Research and Development Committee, AHRQ
 1998-01 Editor, *Journal of Gerontology: Social Sciences*
 1999-03 Member, Health Services Organization and Delivery Committee, NIH
 2004-08 Member, Quality Measurement and Effectiveness, VA-HSR&D
 2009-11 Member, Health Services Research and Development Committee, VA-HSR&D

Honors

1984-89 Research Career Development Award, NIH K04
 1990-01 MERIT (Method to Extend Research in Time) Award, NIH R37
 1993 Fellow, Gerontological Society of America
 1997 Fellow, Academy Health
 1998 Distinguished Faculty Inductee, Phi Beta Kappa, Saint Louis University
 2002-12 Highly Cited Researcher (Social Sciences), Institute for Scientific Information
 2002 St. Martin de Porres Teacher of the Year Award, School of Public Health, Saint Louis University
 2003 Matilda White Riley Distinguished Scholar Award, American Sociological Association, Section on Aging and the Life Course
 2005 Distinguished Faculty Lecturer, College of Public Health, The University of Iowa
 2009 Woodrow W. Morris Distinguished Friend of Nursing Award (for mentorship), The University of Iowa
 2009-11 Challenge Grant Award, NIH RC1
 2010 Faculty Research Award, College of Public Health, The University of Iowa
 2017 Doctor of Science, *honoris causa*, Friends University.

C. CONTRIBUTION TO SCIENCE

1. Much of my work has involved the use of both large, nationally representative cross-sectional observational data sets like the National Health Interview Surveys, or large nationally representative, prospective, closed epidemiologic cohorts such as the *Longitudinal Studies on Aging (LSOA I and II)*, and the *Survey on Assets and Health Dynamics among the Oldest Old (AHEAD, the 70 year old and older cohort of the Health and Retirement Study [HRS])*, and the closed with replenishment epidemiologic cohort known as the *HRS*. These longitudinal epidemiologic cohort studies included baseline and periodic follow-up interviews with older adults linked to Medicare claims. We have used these data to examine a variety of health and health behavior issues for older adults including the epidemiologic risks for and outcomes from hip fracture, congestive heart failure, and AMI among others, predictors of hospital, physician, and emergency department services, and continuity of care and its effects on health outcomes. This work has resulted in several seminal papers, such as the first demonstration that the mortality spike following hip fracture is restricted to the first six months post-hip fracture, and the demonstration that while a plurality of hip fracture patients are discharged to nursing or rehabilitation facilities, the majority of these make it home within less than six months. We have also used these data to explore the concordance between survey reports and Medicare claims for demographic, disease history, and various types of preventive and restorative services use, which have raised substantial concerns about the reliability and validity of self- and proxy-responses to social surveys. I have served as the PI for all of these NIH- or PCORI-funded studies, including my NIH R37 MERIT award.

- a. Bentler, S.E., L. Liu, M. Obrizan, E.A. Cook, K.B. Wright, J.F. Geweke, E.A. Chrischilles, C.E. Pavlik, R.B. Wallace, R.L. Ohsfeldt, M.P. Jones, G.E. Rosenthal, and F.D. Wolinsky. The aftermath of hip fracture: discharge placement, functional status change, and mortality. *Am J Epidemiol.* 2009;170(10):1290-9. PMID: PMC2781759
- b. Wehby, G.L., M.P. Jones, Y. Lou, F. Ullrich, and F.D. Wolinsky. Does the relationship of the proxy to the target person affect the concordance between survey-reports and Medicare claims measures of health services use? *Health Serv Res.* 2016;51(1):314-27. PMID: PMC4722211
- c. Wolinsky, F.D., M.P. Jones, F. Ullrich, Y. Lou, & G.L. Wehby. The concordance of survey reports and Medicare claims in a nationally representative longitudinal cohort of older adults. *Med Care.* 2014; 52(5):462-8.
- d. Wolinsky, F.D., M.P. Jones, F. Ullrich, Y. Lou, & G.L. Wehby. Cognitive function and the concordance between survey reports and Medicare claims in a nationally representative cohort of older adults. *Med Care.* 2015;53(5):455-62.

2. As an original Co-I on the multi-site ACTIVE (*Advanced Cognitive Training for Independent and Vital Elderly*; n = 2,802) RCT, I led the work assessing the effect of the three interventions (memory, reasoning, and speed of processing training [SOPT]) vs. the no-contact controls on various health outcomes including HRQoL, self-rated health, depressive symptoms, and sense of control. That work showed that only the SOPT training led to consistent, clinically relevant improvements in health outcomes. As PI, I subsequently lead the *IHAMS (Iowa Healthy and Active Minds Study*; n = 681) RCT that focused on three modes of delivering SOPT to older adults, demonstrating that independent at-home training could be just as successful as in-laboratory supervised training.

- a. Wolinsky, F.D., F.W. Unverzagt, D.M. Smith, R. Jones, A. Stoddard, & S. Tennstedt. The ACTIVE cognitive training trial and health-related quality of life: protection that lasts for five years. *J Gerontol A Biol Sci Med Sci.* 2006;61(12):1324-9.
- b. Wolinsky, F.D., M.W. Vander Weg, M.B. Howren, M.P. Jones, and M. Dotson. A randomized controlled trial of visual speed of processing training in middle aged and older adults. *PLoS ONE.* 2013;8(5): e61624. PMID: PMC3641082
- c. Wolinsky, F.D., M.W. Vander Weg, M.B. Howren, M.P. Jones, and M. Dotson. The effect of cognitive speed of processing training on the development of additional IADL difficulties and the reduction of depressive symptoms: Results from the IHAMS randomized controlled trial. *J Aging Health.* 2015;27(2): 334-54.
- d. Wolinsky, F.D., M.W. Vander Weg, M.B. Howren, M.P. Jones, and M. Dotson. Effects of cognitive speed of processing training on a neuropsychological cognitive outcome: Results at one-year from the IHAMS randomized controlled trial. *Int Psychogeriatr.* 2016;28(2):317-30.

3. As PI, I led the team of investigators who established clinically relevant thresholds for generic and disease specific measures of health-related quality of life (HRQoL) for heart failure, asthma, and COPD. This included baseline and bimonthly follow-ups over one year for 1,600 patients at two medical centers, and convening three panels of clinical experts to set anchors for minimally important differences for HRQoL measures.

- a. Wyrwich, K.W., J.A. Spertus, W.M. Tierney, A.N. Babu, K. Kroenke, and F.D. Wolinsky. Clinically important differences in health status for patients with heart disease: an expert consensus panel report. *Am Heart J.* 2004;147(4):615-22.
- b. Wyrwich, K.W., S.M. Metz, K. Kroenke, W.M. Tierney, A.N. Babu, and F.D. Wolinsky. Interpreting quality of life data: methods for community consensus in asthma. *Ann Allergy Asthma Immunol.* 2006; 96(6):826-833.
- c. Wyrwich, K.W., S.M. Metz, K. Kroenke, W.M. Tierney, A.N. Babu, and F.D. Wolinsky. Measuring patient and clinician perspectives to evaluate change in health-related quality of life among patients with chronic obstructive pulmonary disease. *J Gen Intern Med.* 2007;22(2):161-70. PMID: PMC1824754
- d. Wyrwich, K.W., W.M. Tierney, A.N. Babu, K. Kroenke, and F.D. Wolinsky. A comparison of clinically important differences in health-related quality of life for patients with asthma, lung disease, or heart disease. *Health Serv Res.* 2005;40(2):577-91. PMID: PMC1361158

Selected Completed Research
Support

1IP2PI000659

Wolinsky (PI)

11/01/12 – 12/31/14

PCORI

Methodologies to Adjust for Respondent Status Effects on Health Outcomes

In this study we are developing state-of-the-art methods to adjust for respondent status bias in health surveys, and translating those methods into action plans for future rounds of the HOS, CAHPS, BRFSS, and NHIS health surveys.

Role: PI