

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format on preceding page for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
Julia Hannum Rose	Associate Professor of Medicine Director, Western Reserve Geriatric Education Center

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Syracuse University, Syracuse, NY	BA	1967	Sociology
Eastern Michigan University, Ypsilanti, MI	MA	1972	Counseling
Cornell University, Ithaca, NY	PhD	1987	Human Service Studies

Positions and HonorsPositions:

- 1967-1969 U.S. Peace Corps Volunteer, Malaysia.
 1970 -1972 Program Coordinator, International Center, University of Michigan, Ann Arbor, MI
 1973-1974 Administrative Assistant to Division Chairman, Division of Social Sciences, University of Maryland Baltimore County, Baltimore, MD.
 1974-1977 Director, Off-Campus and Special Programs, Continuing Education, Elmira College, Elmira, NY.
 1978-1983 Adjunct Faculty, Department of Continuing Education, Elmira College, Elmira, NY.
 1981-1983 Research Assistant, Department of Human Development and Family Studies & Department of Human Service Studies, Cornell University, Ithaca, NY.
 1984-1991 Lecturer, Department of Human Service Studies, Cornell University, Ithaca, NY.
 1991-1993 Senior Lecturer, Department of Human Service Studies, Cornell University, Ithaca, NY.
 1993-2001 Assistant Professor of Medicine-Geriatrics and General Medical Sciences-Oncology, Case Western Reserve University (CWRU) School of Medicine, Cleveland, OH.
 1993- Director/Program Director, Western Reserve Geriatric Education Center, Department of Medicine, CWRU, Cleveland OH.
 1999- Associate Director, Education and Evaluation, Geriatric Research, Education and Clinical Center (GRECC), Louis Stokes Cleveland VAMC.
 2001- Associate Professor of Medicine-Geriatrics and General Medical Sciences-Oncology, with the Award of Tenure, CWRU School of Medicine, Cleveland, OH.
 2002- Associate Professor of Medicine, CWRU School of Medicine, Center for Health Care Research and Policy, MetroHealth Medical Center, Cleveland, OH.

Appointments/Elected Positions 1999-2002:

- Editorial Board, Journal of Applied Gerontology, 2000-
 Guest Reviewer, Study Section (NIH, NIA, Panel on Human Development HUD-2), February, 1999.
 Reviewer, Study Section (NIH, Special Emphasis Panel on End of Life Care ZRG1 NURS-1), July, 1999.
 Guest Reviewer, Study Section (NIH, Panel on Health Services Research ZRG1-SNEM-4 (01), October, 2000.
 Guest Reviewer, Study Section (NIH, Panel on Health Services Research ZRGI-SNEM-4 (01), June/July 2002.
 Reviewer, Clinical Medicine Section, GSA (53rd Annual Scientific Meeting), May, 2000.
 Executive Committee Member, Pilot Programs on All-Inclusive Long-term Care for Frail Elderly Veterans.
 Reviewer, Study Section for GEC Applications (HRSA, BHP), April/May, 2002
 Invited Member, National Leadership Conference for Management Training for Long-term Care. Center for Health Care Innovation, Washington DC., November, 2000
 Elected Council Member, National Association of Geriatric Education Centers, 1999-2002.
 Appointed Program Committee Member, Behavioral and Social Sciences, GSA (52nd Annual meeting), 1999
 Appointed Senior Research Associate, Center on Aging and Health, Case Western Reserve University.

Peer-Reviewed PublicationsPublished Articles:

- Rose, J.H.** (1990). Social support and cancer: Adult patients' desire for support from family, friends and health professionals. *American Journal of Community Psychology*, 3, 439-464.
- Rose, J.H.** (1991). A life course perspective on health threats in aging. *Journal of Gerontological Social Work*, 17, 3/4, 85-97.
- Rose, J.H.** (1993). Interactions between patients and providers: An exploratory study of age differences in emotional support. *Journal of Psychosocial Oncology*, 10, (2), 43-67.
- Rose, J. H.**, O'Toole, E., Skeist, R., Pfeiffer, B., & Carlsen, W. (1998). Complementary therapies for older patients: An exploratory survey of primary care physicians' attitudes. *Clinical Gerontologist*, 19,(1), 3-19.
- Bowman, K. M., **Rose, J. H.**, & Kresevic, D. (1998). Family caregiving of hospitalized older patients: Caregiver and nurse perceptions at admission and discharge. *Journal of Gerontological Nursing*,24,(8),2-10.
- Rose, J. H.**, & Haug, M. (1999). Book review: Communication and the cancer patient: Information and truth. *Journal of Ethics, Law and Aging*, 5 (1), 71-73.
- Boise, L., Camicioli, R., Morgan, D. L., **Rose, J. H.**, & Congleton, L. (1999). Diagnosing dementia: Perspectives of primary care physicians. *The Gerontologist*, 39, 457-464.
- Rose, J. H.**, Bowman, K. F., & Kresevic, D. (2000) Nurse versus family caregiver perspectives on hospitalized older patients:An exploratory study of agreement at admission and discharge.*Health Communication*, 12(1).63-80.
- Rose, J. H.**, O'Toole, E. E., Dawson, N. V., Thomas, C. Connors, A. F., Wenger, N., Phillips, R. S., Hamel, M.B.,Cohen, H. J., & Lynn, J. (2000). Age differences in care practices and outcomes for hospitalized patients with cancer. *Journal of the American Geriatrics Society*, 48, S25-S32.
- Rose, J. H.**, O'Toole, E. E., Dawson, N. V., Thomas, C., Connors, A. F., Wenger, N., Phillips, R. S., Hamel, M.B., Reding, D. T., Cohen, H. J., Lynn, J. (2000). Generalists and oncologists show similar care practices and outcomes with hospitalized late stage adult cancer patients. *Medical Care*, 28, 1103-1118.
- D'Eramo, A., Papp, K., & **Rose, J. H.** (2001). Complementary therapies training for Nursing Assistants. *Geriatric Nursing*, 22 (4), 201-207.
- Herskovitz, A., Rothschild, B. M., **Rose, J. H.**, Hornick, T, & O'Toole, E. E. (2001). Medical care perceptions in elderly patients with musculoskeletal complaints. *Israel Medical Association Journal*, 3, 822-827.
- Published Abstracts (selected, 1998-2002):
- Dawson, N. V., **Rose, J. H.**, Thomas, C., O'Toole, E. E., Connors, A, for the SUPPORT Investigators (1998). Survival estimates and accuracy of prognostic predictions for cancer patients vary by physician specialty. *Journal of General Internal Medicine*, 13, p. 18.
- Rose, J. H.**, O'Toole, E. E., Dawson, N. V., & Thomas, C. (1998). Age differences in end stage cancer patients' preferences for treatment and decision making style. *The Gerontologist*, 38, S311.
- Dawson, N. V., **Rose, J. H.**, Thomas, C., & O'Toole, E. E. (1998). Accuracy of prognostic predictions for cancer patients vary by patient age and physician specialty. *The Gerontologist*, 38, S312.
- O'Toole, E. E., **Rose, J. H.**, Thomas, C., & Dawson, N. V. (1998). Physicians' decision making practices regarding resuscitation for hospitalized middle-aged and older cancer patients. *The Gerontologist*, 38, S 311.
- Rose, J. H.**, O'Toole, E. E., Dawson, N.V., Thomas, C., Connors, A., Wenger, N., Cohen, H., Hamel, M. B., Lynn, J. (1998). Aging and end of life care for hospitalized cancer patients. *The Gerontologist*, 38, S28.
- Rose, J. H.**, O'Toole, E. E, Dawson, N. V., Thomas, C. (2000). Length of doctor-patient relationship and care practices with hospitalized late stagecancer patients by attending specialty. *The Gerontologist*, 40, S346.
- Rose, J. H.**, O'Toole, E. E., Dawson, N. V., Thomas, C. (2001). Patient preferences for nonaggressive care, discussion about hospice and survival among hospitalized middle-aged and older cancer patients. *Proceedings from the 2001 Annual Meeting of the American Geriatrics Society, Chicago, Illinois*, S107.
- O'Toole, E. E., **Rose, J. H.**, Dawson, N. V., Thomas, C. (2001). Decision making influences on care of hospitalized late stage cancer patients opting for non-aggressive care. *The Gerontologist*, 41, S337.
- Rose, J. H.**, Bowman, K. M., Deimling, G, Stoller, E. (2001). Age group differences in older long-term cancer survivors' health promotion activities and nonmedical decision making support. *The Gerontologist*, 41, S286.
- Bowman, K. M., Deimling, G, **Rose, J.H.** Sage, P. (2002). Correlates of appraisal for older adults in the long term survivorship phase of cancer. *NIH Conference on Cancer Survivorship Resilience across the Lifespan*. Washington, DC, June 2 – 4.

Research Support:

1997 - 1999 J. H. Rose, Principal Investigator,
Title: Aging: End-of-Life Care for Hospitalized Cancer Patients
R0-1 NIH-NCI

This research project was a secondary analysis of SUPPORT Project data on late stage cancer patients to examine age group differences in perspectives, care practices and outcomes for advanced cancer patients during hospitalization and post discharge. In the SUPPORT Project, 1,424 cancer patients completed multiple interviews (in hospital) and 920 completed a month 2 interview (post discharge). We tested hypotheses about age group differences in care practices (i.e., aggressiveness of care and intensity of resource use) and outcomes (i.e., quality of life and satisfaction with care) among older adults, middle aged and young adult patients. Patient and physician perspectives were examined in relation to age. These variables were tested as predictors of practices and outcomes for middle aged versus older cancer patients during hospitalization and post discharge. In addition, attending physicians (i.e., generalists vs. oncologists) were compared in terms of their perspectives, care practices and outcomes for patients. Dr. Rose was responsible for overseeing all aspects of this project.

2001 – 2004 J. H. Rose, Principal Investigator, Evaluation Research and Geriatric Consultation
Title: Model I Pilot Program on All-Inclusive Long-Term Care
Funding Source: New Millennium Bill (Veterans Health Administration).

This evaluation research project is a randomized clinical trial to test the effects of a care coordination model of all-inclusive long term care with the VA as sole provider. Frail elderly veterans are enrolled from primary care clinics at the Dayton , Ohio VAMC and randomly assigned to the intervention group (N=200), a placebo control group (N=100) and a usual care control group (N=100). The intervention group receives all-inclusive long-term care services with the assistance of elder care coordinators (i.e. geriatrics trained clinical nurse specialists). The placebo control group is notified of access to similar care but does not receive elder care coordination. (The placebo control group is included to test for potential unique effects of elder care coordination on intervention outcomes.) Frail elderly veterans/surrogates and caregivers are being assessed in repeated measures (baseline, 3, 6, 12, 18, 24 months). Telephone interviews and record reviews are being conducted to assess the use of institutional and acute care and other services, veteran's health and functional status, as well as veteran and caregiver satisfaction and total costs of care. Attitudes about acceptability of services and caregiver health, function and burden are assessed as well. Dr. Rose is responsible for implementation of all aspects of evaluation research for this pilot program and works closely with a national VA Health Services Research team that is comparing three different models of all-inclusive long term care for frail elderly. Results of the pilot programs and recommendations will be submitted to the US Congress in February 2005.

1998 - 2003 G. Deimling, Principal Investigator
J. H. Rose, Co-Investigator,
Title: Quality of Life of Older Adult Long-Term Cancer Survivors
Funding Source: NIH-NCI RO1-CA78975

This research project is a cohort study of older long-term cancer survivors who were originally treated for breast, colorectal or prostate cancer. Subjects are 60 years and older and have survived original cancer diagnosis for five or more years (N = 320). In-person interviews are being conducted with respondents once a year for 3 years to assess quality of life over time. Dr. Rose's primary role in this research is to assess patient health care decision making and quality of care during original diagnosis and over time in long term survivorship.

2001 – 2006 L. Siminoff, Principal Investigator
J. H. Rose, Co-Investigator
Title: Family Conflict and Decision Making for Advanced Cancer
Funding Source: NIH-NCI RO-1

The goal of this research project is to develop an instrument that can validly and reliably measure congruence among family members with regard to treatment decision for advanced cancer patients. This instrument is

being pilot tested and refined to accurately assess the frequency and level of family discordance about treatment decisions. This instrument is expected to allow future researchers to more thoroughly examine how cancer patients' and family members' physical and psychological well-being are influenced by communication and decision making dynamics. Dr. Rose's role in this project is to provide expertise on aging and potential age differences in communication and decision making during advanced cancer.

2000 - 2005 K. Smyth, Principal Investigator
J. H. Rose, Co-Investigator
Title: Impacts of Computer Mediated Caregiver Support Groups
Funding Source: NIA (ADC Research Project)

The overall goal of this research project is to evaluate the effectiveness of computer-mediated support groups (CMSGs) for caregivers of persons with Alzheimer's disease and related dementias. Primary questions in this research are: 1) To what extent are theoretically-derived goals of CMSGs for caregivers achieved in practice? 2) Which caregivers are most likely to use CMSGs? 3) Does participation in CMSGs ameliorate the negative outcomes associated with caregiving? and 4) Does the effectiveness of CMSGs vary by type of leadership (professional vs. lay)? Dr. Rose's responsibilities are to analyze and interpret data about communication processes and outcomes professionally led versus lay led groups.

2000 – 2005 J. H. Rose, Principal Investigator
Title: Western Reserve Geriatric Education Center (WRGEC)
Funding Source: DHHS, HRSA Bureau of Health Professions

The WRGEC consortium, headquartered at the Department of Medicine, Case Western Reserve University (CWRU), includes the Northeastern Ohio Universities College of Medicine (NEOUCOM), Bowling Green State University (BGSU), Ohio University College of Osteopathic Medicine (OUCOM), and Miami University (MU) and affiliated institutions and clinical sites serving urban and rural areas. In the current grant cycle, education and dissemination programs are tied to four organizing themes: 1) optimizing physical and mental health from prevention to palliation; 2) building safe and supportive communities; 3) respecting and valuing diversity; and 4) encouraging students into health careers and geriatrics. On an annual basis, the WRGEC offers over 100 educational programs, reaching between two thousand and three thousand trainees, including physicians, nurses, social workers, allied health professionals, and paraprofessionals throughout Ohio.

2000 - 2005 K. Herrup, Principal Investigator
J. H. Rose, Co-Investigator
Title: University Memory and Aging Center, Education and Information Transfer Core Alzheimer Disease
Funding Source: NIA UHC/CWRU ADRC grant, P50 AG08012-13:

The major goals of this project are: to manage research into the clinical and biological basis of AD and related dementias; to explore the impact of the disease on persons providing care for the individual with dementia; and to provide core resources to affiliated investigators doing similar research and to share data and materials within the network of NIA Alzheimer Disease Centers.