

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.

Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Glasgow, Russell E., Ph.D.

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

POSITION TITLE: Research Professor

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 <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
University of Iowa, Iowa City, Iowa	BS	05/1972	Psychology
University of Oregon, Eugene, Oregon	MS	06/1974	Clinical Psychology
University of Oregon, Eugene, Oregon	PHD	06/1977	Clinical Psychology
American Heart Association	Other training	08/1990	Cardiovascular Epidemiology

**A. Personal Statement**

My role as principal investigator on this application is based upon my experience in cancer prevention and control, including research and mentorship in smoking cessation, cancer screening and dissemination of evidence based programs. This will draw heavily upon my experience using pragmatic models, designs, and measures, and knowledge of the field of implementation science. I am Research Professor of Family Medicine at the University of Colorado and Director of the Dissemination and Implementation Science (D&I) Program at the Adult and Child Consortium for Outcomes Research and Delivery Science (ACCORDS). I was formerly Deputy Director for Implementation Science at the National Cancer Institute. While at NCI I had numerous responsibilities working with national and international agencies, organizations and investigators to advance implementation science and patient-centered, pragmatic cancer research.

Especially relevant is my experience developing and using the RE-AIM framework and related approaches that focus on enhancing the reach, adoption, adaptation and sustainability of evidence based programs. I focus on designing for dissemination and implementation of feasible low-cost, multi-level prevention and illness management programs and methods to promote transparent reporting of implementation outcomes. I have an extensive background in implementation science, especially in the evaluation of health care interventions intended to have population impact. I have over 450 peer-reviewed publications, am listed among the top 1% of the most frequently cited authors in the social sciences, and have been awarded 25 NIH or AHRQ grants. Prior to my time at NIH, I was an investigator at the Kaiser Permanente Center for Health Research in Denver and a member of both the Cancer Research Network and the broader HMO Research Network.

I have considerable experience in leading research teams and training researchers, including mentorship in implementation science. I have mentored both MD and PhD trainees. I have been a primary developer of multiple training programs in D&I science locally and nationally, and currently direct our NHLBI-funded K12 IMPACT (IMpLementation to Achieve Clinical Transformation) Career Development Training program in D&I science.

- a. Glasgow RE, Estabrooks PA. Pragmatic Applications of RE-AIM for health care initiatives in community and clinical settings. Preventing Chronic Disease, 2018 Jan 4;15:E02.

- b. Rhodes W, Ritzwoller D, Glasgow RE (2018). Stakeholder Perspectives on Costs and Resource Expenditures: Addressing Economic Issues Most Relevant to Patients, Providers and Clinics. Transl Behav Med.
- c. Rabin, B., Mccreight, M., Battaglia, C., Ayele, R., Burke, R., Hess, P., Glasgow, R. (2018). Systematic, Multimethod Assessment of Adaptations Across Four Diverse Health Systems Interventions. *Frontiers in Public Health*, 6, 102
- d. Glasgow, RE, Huebschmann, A. & Brownson, RC. (2018). Expanding the CONSORT Figure: Increasing Transparency in Reporting on External Validity. *American Journal of Preventive Medicine*, DOI: 10.1016/j.amepre.2018.04.044

## **B. Positions and Honors**

### **Positions and Employment**

1977 - 1978	Assistant Professor, Department of Social and Preventive Medicine; University of Maryland School of Medicine
1978 - 1984	Assistant to Associate Professor, Department of Psychology; North Dakota State University, Fargo, ND
1984 - 1998	Research Scientist and Science Co-Coordinator (1990 and 1995-96), Oregon Research Institute
1998 - 2002	Senior Scientist, Center for Behavioral and Community Studies; AMC Cancer Research Center, Denver, CO
2002 - 2010	Senior Scientist, Institute for Health Research, Kaiser-Permanente Colorado, Denver, CO
2010 - 2013	Deputy Director, Implementation Science, Division of Cancer Control & Prevention Services, National Cancer Institute, Rockville, MD
2013 -	Program Director, Dissemination and Implementation Science Program of ACCORDS; University of Colorado Denver, Aurora, CO
2013 -	Research Professor, Department of Family Medicine; University of Colorado Denver, Aurora, CO

### **Other Experience and Professional Memberships**

	Reviewer, Editorial Board: Implementation Science, American Journal of Preventive Medicine. Frequent reviewer for Diabetes Care, Translational Behavioral Medicine, American Journal of Public Health, Addictive Behaviors, Health Psychology. Reviewer for NIH and RWJF study sections, British Diabetes Association, abstracts for ADA and SBM.
1988 - 2007	Member, Technical Advisory Committee, CDC, Division of Diabetes Translation
1996 - 1997	Member, Research Policy Committee American Diabetes Association
1998 - 1999	Member, Provider Recognition Committee, American Diabetes Association
1998 - 2000	Member, Board of Directors, American Diabetes Association
1999 - 2002	Behavioral Science Chair, Break Through Series on Improving Chronic Illness Care, sponsored by the Robert Wood Johnson Foundation
2002 - 2006	Member, Evidence-based Behavioral Medicine Committee, Society of Behavioral Medicine
2004 -	Member, Health Policy Committee, Society of Behavioral Medicine
2004 - 2010	National Diabetes Education Outcomes System Advisory Group, American Association of Diabetes Educators
2011 - 2014	Chair, Advisory Committee for Veterans Administration eHealth QUERI
2014 - 2016	Co-Lead, Cancer Research Network Scientific Work Group on Communication and Dissemination

### **Honors**

2000	Distinguished Scientist Award, Society of Behavioral Medicine
2006	Behavioral Medicine and Psychology Council Lectureship for Distinguished Contributions, American Diabetes Association
2009	McGovern Award, University of Texas School of Public Health

- 2012 Presidential Citation, American Psychological Association
- 2012 Elizabeth Fries Health Education Award for Contributions to Health Education Research, James T and Sarah F Fries Foundation
- 2013 NIH Directors Award; Core Member of NIH Health Care Systems Collaboratory, NIH

### C. Contributions to Science

1. Frameworks for Implementation Science. Most evaluation models place predominant emphasis on internal validity concerns. The Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM [www.re-aim.org](http://www.re-aim.org)) framework, of which I have been the primary developer, places equal emphasis on external validity issues and focuses on factors important to translate research into practice. This model has been used in over 430 articles to review the literature, evaluate interventions and more recently, to help design programs to reduce health disparities. Other conceptual contributions include and expansion of RE-AIM to focus on contextual factors (PRISM), a framework for integrating evidence-based programs into practice (article c below) and a model of sustainability of interventions (see mybibliography).
  - a. Glasgow RE, Green LW, Taylor MV, Stange KC. An evidence integration triangle for aligning science with policy and practice. *Am J Prev Med.* 2012 Jun;42(6):646-54. PubMed PMID: [22608384](https://pubmed.ncbi.nlm.nih.gov/22608384/); PubMed Central PMCID: [PMC4457385](https://pubmed.ncbi.nlm.nih.gov/PMC4457385/).
  - b. Glasgow RE. What does it mean to be pragmatic? Pragmatic methods, measures, and models to facilitate research translation. *Health Educ Behav.* 2013 Jun;40(3):257-65. PubMed PMID: [23709579](https://pubmed.ncbi.nlm.nih.gov/23709579/).
  - c. Glasgow RE, Askew S, Purcell P, Levine E, Warner ET, Stange KC, Colditz GA, Bennett GG. Use of RE-AIM to Address Health Inequities: Application in a low-income community health center based weight loss and hypertension self-management program. *Transl Behav Med.* 2013 Jun 1;3(2):200-210. PubMed PMID: [23750180](https://pubmed.ncbi.nlm.nih.gov/23750180/); PubMed Central PMCID: [PMC3671594](https://pubmed.ncbi.nlm.nih.gov/PMC3671594/).
  - d. Chambers D and Glasgow RE. The Dynamic Sustainability Framework: Addressing the Paradox of Sustainment amidst Ongoing Change. *Implement Sci.* 2013 8(1):117.
  
2. Pragmatic Measures. Many measures of health behaviors and psychosocial issues are too lengthy, burdensome or impractical to use in real world settings. I have developed and evaluated practical measures that prioritize usability, sensitivity to change and breadth of application. The articles below address key issues in this area, contributions to assessment of chronic illness self-management, diabetes self-care, and a battery of brief health behavior and mental health measures in an Web-based automated health risk assessment system.
  - a. Glasgow RE, Wagner EH, Schaefer J, Mahoney LD, Reid RJ, Greene SM. Development and validation of the Patient Assessment of Chronic Illness Care (PACIC). *Med Care.* 2005 May;43(5):436-44. PubMed PMID: [15838407](https://pubmed.ncbi.nlm.nih.gov/15838407/).
  - b. Glasgow RE, Riley WT. Pragmatic measures: what they are and why we need them. *Am J Prev Med.* 2013 Aug;45(2):237-43. PubMed PMID: [23867032](https://pubmed.ncbi.nlm.nih.gov/23867032/).
  - c. Glasgow RE, Kessler RS, Ory MG, Roby D, Gorin SS, Krist A. Conducting rapid, relevant research: lessons learned from the My Own Health Report project. *Am J Prev Med.* 2014 Aug;47(2):212-9. PubMed PMID: [24953520](https://pubmed.ncbi.nlm.nih.gov/24953520/); PubMed Central PMCID: [PMC4609529](https://pubmed.ncbi.nlm.nih.gov/PMC4609529/).
  - d. Rabin BA, Lewis CC, Norton WE, Neta G, Chambers D, Tobin JN, Brownson RC, Glasgow RE. Measurement resources for dissemination and implementation research in health. *Implement Sci.* 2016 Mar 22; 11:42.
  
3. Building the Implementation Science Field. Especially during my time at NIH and since, I have helped to build, define, and train researchers in implementation science. The publications below include one on NIH directions in D&I; a chapter on implementation science approaches to comparative effectiveness research in the primary textbook on D&I research; and summaries and lessons learned from both the NIH/VA and a local training program in D&I research for which I was a core member of both planning groups.
  - a. Glasgow R, Steiner J. Dissemination and Implementation Research in Health: Translating Science to Practice. Brownson R, Colditz G, Proctor E, editors. New York: Oxford University



IP1 HX001996 Ho (PI) 09/01/15 – 08/31/20  
VA QUERI Program, Triple Aim QUERI Program  
This implementation science project leverages healthcare data to identify actionable care gaps and implement innovative healthcare delivery interventions comparing audit and feedback alone vs. with facilitation to improve the triple aims of VA health care. We employ D&I modals and methods across three diverse projects.  
Role: Co-I

IPA Schwartz (PI) 06/01/15 – 05/31/19  
Eastern Colorado VA Health System  
Geriatric Research, Education and Clinical Center (GRECC)  
The goal of this GRECC is to improve the health of older Veterans through development of innovative research, clinical and educational initiatives. We collaborate with investigators across the T1-T4 spectrum.  
Role: Co-Investigator and Implementation Scientist

R01 HL136403 Matlock (PI) 05/05/17 – 02/28/19  
NIH  
A Multicenter Trial of a Shared Decision Support Intervention for Patients Offered Implantable Cardioverter-Defibrillators: DECIDE-ICD Trial  
Project Narrative Strong scientific evidence supports the idea that shared decision making can be achieved through the use of patient decision aids, however, many attempts at real-world implementation have not been successful largely due to a focus on low-risk decisions in primary care where clinicians are either too busy or the stakes are too low for the decision aid to be perceived as valuable. This team's overall goal is to assess real-world effectiveness (Aim 1) and implementation (Aim 2) of patient decision aids for high-risk decisions using the implantable cardioverter-defibrillator (ICD) as a model. By simultaneously exploring effectiveness and implementation, this project will provide pragmatic information that will inform a growing national agenda to better involve patients in their health care via shared decision making.  
Role: Key Personnel

*Note: During my time at NIH in 2010 – 2013 I was not able to hold NIH grants.*

### **Completed Research Support**

1310-06998 Allen (PI) 02/01/14-11/30/17  
Patient Centered Outcomes Research Institute (PCORI)  
A Multicenter Trial of a Shared Decision Support Intervention for Patients and their Caregivers Offered Destination Therapy for End-Stage Heart Failure (DECIDE-LVAD)  
The major goals of this project are to test the effectiveness and study the implementation of shared decision support intervention for both patients and caregivers considering LVAD.  
Role: Co-I

71732 Glasgow (PI) 05/01/14-10/30/16  
Robert Wood Johnson Foundation  
Understanding How Local Health Care Adaptions Affect Primary Care  
A study on how primary care settings adapt evidence-based interventions to local circumstances. We developed a conceptual model of adaptations relevant to primary care delivery and validated it for primary care practices that implemented patient centered medical home interventions.  
Role: PI

U24 CA171524 Kushi (PI) 09/25/12-06/15/16  
NCI  
CRN4: Cancer Research Resources and Collaboration in Integrated Health Care Systems  
Supports infrastructure to facilitate cancer research in integrated health care delivery settings, including an Informatics Core to enhance data resources; promotion of research in strategic scientific areas; a Career Development and Training Program; and a Developmental and Pilot Projects program.  
Role: Co-Investigator