OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

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: Brian P. Kaskie, Ph.D.

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

POSITION TITLE: Associate Professor of Health Management and Policy

EDUCATION/TRAINING

| INSTITUTION AND LOCATION | DEGREE | Completion Date | FIELD OF STUDY |
| --- | --- | --- | --- |
| Indiana University, Bloomington | B.A. | 05/1987 | Religious Studies |
| Indiana University, Bloomington | B.S. | 05/1987 | Psychology |
| Washington University in St. Louis | M.A. | 05/1993 | Psychology |
| University of Southern California, Los Angeles | Ph.D. | 05/1998 | Gerontology |
| University of California, San Francisco | Post-Doc. | 05/2000 | Health Services Policy |

# A. Personal Statement

I am a health policy researcher with expertise in federal and state health policies targeting older Americans. I possess subject matter expertise with Medicare, Medicaid and the Older Americans Act, and am skilled in research deign, data collection, and both quantitative and qualitative analysis. I have served as a National Institute on Aging pre-doctoral fellow, an Agency for Health Research and Quality post-doctoral fellow, and most recently was appointed as an Atlantic Philanthropies Health and Aging Policy Fellow. My research involves the mapping and analysis of health policies pertaining to persons over 65, the empirical evaluation of health policy formation, and examining the influence of health policies on individual outcomes. I have served as a primary investigator and co-investigator on projects funded by the Agency for Health Research and Quality, the National Institute on Aging, the National Institute on Mental Health as well as state, private, and non-profit organizations. My recent work focuses on how state surveillance systems monitor the misuse of opioids by older adults and I currently am directing an original study of marijuana use and older persons.

1. Urick B, Kaskie B & Carnahan R. Improving antipsychotic prescribing practices in nursing facilities: The role of surveyor methods and surveying agencies in upholding the Nursing Home Reform Act. Research in Social & Administrative Pharmacy, 2016. 12, 1, 91-103.
2. Nattinger M & Kaskie B. Determinants of the rigor of state protection policies for persons with dementia in assisted living. Journal of Aging and Social Policy. In press.
3. Kaskie B, Ayyagari, P, Milavetz, G Shane, D. The increasing use of cannabis among older Americans: A public health crisis or viable policy alternative? Manuscript revision under review

**B. Positions and Employment**

2000-2008 Assistant Professor, Department of Health Management and Policy, University of Iowa

2008-Present Associate Professor, Department of Health Management and Policy, University of Iowa

2001-2015 Associate Director of Public Policy, Center on Aging, University of Iowa

2008-Present Director, Masters Degree Programs in Health Policy, University of Iowa

# Selected Honors

2012 Invited Participant, Workshop in Public Policy and Aging

Syracuse University, Center for Aging and Policy Studies

#### 2016 Health and Aging Policy Residential Fellow, Atlantic Philanthropies

#### Columbia University, Center for Mental Health Services

# C. Contribution to Science

1. Policy mapping and analysis

One area of my scholarship concerns the mapping and analysis of public health policies pertaining to America’s aging population. I use formal legal research methods to identify policies (e.g., court decisions, laws, regulations) across all levels and branches of government. I then perform content analysis and apply measurement construction techniques to make quantitative distinctions among the policies. My efforts often reveal finite distinctions on matters such as: “incident to staffing”, “dementia special care” and other points that shape health care practice and individual health care outcomes. There are few researchers concerned with the health of older Americans who embrace and deconstruct the component parts of public policies and consider how policies alternatively work together or in conflict to shape health care organizations, providers and individual health care outcomes. This work has contributed to the scholarly fields of aging policy and comparative political science, especially those researchers most concerned with moving beyond the construction of dichotomous variables to represent policy in quantitatively based research. This research also has an immediate impact on the work of policy making bodies and the organizations that work with them.

Kaskie B, Nattinger M & Potter A. Policies to protect persons with dementia residing in assisted living: Is it déjà vu all over again? The Gerontologist, Special Issue White House Conference on Aging, 2015. 55, 2, 199-209.

Kaskie B, Leung C. & Kaplan M. Stemming the rising tide of firearm suicide in older age: A new take on gun control and the role of primary care. Journal of Aging and Social Policy, in press.

2. Policy development

A second area of scholarship concerns the *development* of public health policies pertaining to older adults. This line of research involves collecting primary data on a particular policy (see above), creating a set of explanatory variables from primary and secondary data sources, and conducting statistical tests of different theoretical models of policy formation. A review of the research literature confirms that such an empirically based approach to studying public policy formation is not common. This research contributes to the scholarly fields of aging policy analysis and comparative state policy research. For example, I helped establish the validity of a state policy making model that suggests political actors operate variably within organizations which are shaped variably by political, economic and social environments. This research also has an immediate impact for policy makers and the organizations that work directly with them. By showing how legal counsel plays a critical role on state medical boards, we illuminated an easily modifiable variable that corresponds with improving pain management policies at the end of life.

Nattinger M & Kaskie B. Determinants of the rigor of state protection policies for persons with dementia in assisted living. Journal of Aging and Social Policy. In press.

Imhof S & Kaskie B. Promoting a good death: Determinants of pain policy across the United States. Journal of Health Politics, Policy and Law, 33, 5, 907-941, 2008.

3. Policy Implementation

A third area of scholarship concerns how public health policies *impact* health care organizations, health care providers and individual health outcomes relative to other variables traditionally included in health services research. This line of research consists of securing individual level (claims) data and linking these data with county level, market level and state level variables including public health policies (or the management practices dictated by these policies). Once these multi-source data sets are created, I test more fully specified theoretical models using statistical applications such as multi-level regression modeling. While research studies that feature policy constructs as an explanatory variable have increased in recent years, my work is distinctive for several reasons. First, I take a more comprehensive, complex view of what policies are and how they should be measured. Second, my work focuses on identifying more definitive points for change--the variables in my research (e.g., eligibility criteria, management practices) are inherently more modifiable than a person’s age, gender or other variables typically examined in health services research.

Kaskie B, Walker M & Andersson M. Efforts to address the aging academic workforce: Assessing progress through the Three Stage Model of Institutional Change. Innovations in Higher Ed. In press.

Kaskie B, Gregory D & Van Gilder, R. Community mental health service use by persons with dementia. Psychological Services, 6, 1, 56-67, 2009.

# D. Research Support

**Recently Completed Research Support**

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| Kaskie, B (PI) | 01/01/10-06/30/14 |  |
| TIAA-CREF Foundation |  |  |
| Successful Aging within Academic Institutions | | |
| This study examines programs, services, and role accommodations that promote successful aging among employees within academic institutions, and will produce empirically based insights about how academic institutions can address the challenges presented by their rapidly aging workforce. | | |
| Role: Principal Investigator | | |

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| 1 R18 HS018447-01  Kaskie, B (PI) | 08/01/10-7/31/13 |  |
| Agency for Healthcare Research and Quality |  |  |
| The Collaborative Model of Mental Health Care for Older Adults | | |
| The objective of this project was to implement the evidence-based Collaborative Model of Mental Health Care for Older Iowans in three rural clinic locations where a community mental health center partnered with a primary health care clinic. Over the three year project period, the sites screened more than 1,600 older Iowans, completed formal diagnostic assessment on at least 320 of these individuals, and engage in a six month course of treatment with at least 160 older adults. | | |
| Role: Principal Investigator | | |

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| Kaskie, B (PI) 1/01/11 – 12/31/11 |
| Iowa Department of Human Services |
| The Mental Health and Aging Project |
| This project fields a survey among the providers of services to older Iowans with behavioral health needs and psychiatric symptoms. The survey questions collect information concerning the providers’ awareness and response to recently enacted federal regulations concerning the screening, admission and continued evaluation of older Iowans admitted to residential long-term care facilities. |
| Role: Principal Investigator |

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| 1R21 AG031307-01 Wolinsky, F (PI) | 2/01/08-6/30/10 |  |
| NIH/National Institute on Aging |  |  |
| ED Use Patterns: Antecedents and Consequences in Older Adults | |  |
| This project develops one or more typologies that reflect patterns of ED use over time among a nationally representative sample of older Medicare beneficiaries, and examines antecedents and consequences of these ED use patterns. | |  |
| Role: Co-Investigator |  |  |