BIOGRAPHICAL SKETCH

NAME: **Robert Charles Block, MD, MPH, FACP, FNLA**

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

POSITION TITLE: Associate Professor, Division of Epidemiology, Department of Public Health Sciences; Cardiology Division, Department of Medicine; and Center for Community Health and Prevention

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
Cook College, Rutgers University, New Brunswick, NJ	BA	1978-1985	Political Science/ Environment Science
Rutgers-New Jersey Medical School	MD	1985-1991	Medicine
Michigan State University	Internship	1991-1992	Medicine
Mayo Clinic School of Graduate Medical Education	Residency	1992-1995	Medicine
University of Rochester, Rochester, NY	MPH	2004-2006	Masters of Public Health
University of Rochester, Rochester, NY	K30 Cert. in Clinical Res.	2004-2006	Clinical Research Epidemiology & Biostatistics
University of Rochester, Rochester, NY	NHLBI T32 Post-Doc Fellowship	2004-2006	Preventive Cardiology

A. Personal Statement

As a board-certified internist, trained at the Mayo Clinic, and board diplomat in clinical lipidology, I direct the University of Rochester's Clinical Lipidology and LDL Apheresis Programs. I am Director of The Epidemiology and Prevention of Cardiovascular Disease course and Co-Director of The Epidemiology and Prevention of Chronic Diseases course in the University of Rochester's graduate programs. My primary faculty appointment is in the Department of Public Health Sciences with secondary appointments in Cardiology and the Center for Community Health and Prevention. I have led projects sponsored by PCORI in which the focus has been partnering with patients with familial hypercholesterolemia in order to improve their health and develop research ideas. Familial hypercholesterolemia is a genetic disorder of very high LDL cholesterol that predisposes to premature cardiovascular disease events including death. Only 10% of affected patients are diagnosed. These projects were PCORI Pipeline to Proposal Tier I, II, and III Awards with Tier III ending July 31, 2018. These projects created a Steering Committee (including patients, a nurse, physicians, and a pharmacist, as well as a representative of the organization partner called the FH Foundation) that assumed a leadership role to provide governance, recruitment, and infrastructure sustainability. The overarching principle for the Committee was that discussions were meant to be patient-led, with agendas and protocols that are determined by patients, so that their roles were highly valued. This Committee generated ideas for future studies via highly active and robust think tank duties. The Committee also took into account all ideas, suggestions, concerns, and other issues expressed by project partners within the larger community group, including family members of patients and patients connected to the FH Foundation. Confidentiality of each Committee member's personal information was maintained. If a Committee member could not participate in some meetings due to time constraints, their participation was welcome, and took place in person-to-person interactions. Any new members were approached by a Committee member after there has been a vote where the majority of current members agreed for this person to be offered membership. For the majority of issues, Committee members made decisions as a group (via consensus) not individually. A Committee Governance Document was created and modified when a Committee member expressed a suggested change. This led all members to come to consensus as to how to move forward with any adaptations.

I served as Principal Investigator for a research project which resulted from the PCORI Tier-sponsored projects called "Educating Patients and Care Providers About Familial Hypercholesterolemia using EPIC", which resulted from these prior PCORI-sponsored projects. This study had 2 phases with the overarching goal of improving this disorder's diagnosis. The first was the Formative Phase in which we conducted key informant interviews and focus groups with patients with this disorder and primary care physicians to determine what is most appropriate to integrate into eRecord's physician and patient portals (the University of Rochester Epic Electronic Health Record) regarding this disorder and how it is diagnosed. The second phase involved integrating this content into eRecord and testing its effectiveness in improving diagnosis, LDL and non-HDL cholesterol, as well as motivation, connectedness, and feelings of competence (the main elements of Self-Determination Theory). I served as Principal Investigator for another research project which resulted from the PCORI funded projects called "Familial Hypercholesterolemia: Improving Health Via Songwriting". It is investigating the effects of music therapy on the elements of Self-Determination Theory in order to understand its effects on them dealing with having the disorder and ways of managing it.

1. DeAngelis EJ, McIntosh S, Ahmed CA, **Block R**. Familial Hypercholesterolemia Patient-Determined Themes for Community-Engaged Research. *Health Education Journal.* 2017 Dec. 20.
2. **Block R**, Duron V, Creigh P, **McIntosh M**. International service and public health learning objectives for medical students. *Health Education Journal.* 2013. 72(5): 530-536.
3. Williams GC, Lowenstein L, Cox III, JF, Patrick H, Adams MJ, **Block RC**, Rigby CS. Brief Report of Virtual Clinician Research Tools for Tobacco Dependence or Dyslipidemia. *Journal of Health Psychology.* 2016 Feb 29. PMID 26929166.
4. **McIntosh S, Block RC,** Kapsak G, Pearson TA. Training medical students in community health: A novel required fourth-year clerkship at the University of Rochester. *Academic Medicine.* 2008 Apr;83(4):357-64. PMID: 18367896.