

**Health Education and Research
Behavior Change Consortium Special Issue
BCC Project Summary**

| Principal Investigator (Institution) | Submission Title | Primary Purpose | Target Population (Sample Size) | Intervention Setting^a | Behaviors^b | Theoretical Approach to Treatment/ Intervention^c | Mediating Variables^d |
|--|--|--|--|---|------------------------------|--|--|
| Belinda Borrelli, Ph.D. (Miriam Hospital/Brown University) | Motivating Parents of Kids With Asthma to Quit Smoking | Increased smoking cessation and health outcomes among parents of children with asthma | Smokers, who have children with asthma (<u>N</u> =288) | C | 4 | B,J | 5,16,21 |
| Mary E. Charlson, M.D. (Cornell University) | Improving Health Behaviors and Outcomes After Angioplasty | Improved health behaviors and outcomes in coronary artery disease patients | Angioplasty patients, with or without stent (<u>N</u> =660) | B | 1,3 | E | 22 |
| Phillip G. Clark, Sc.D. (University of Rhode Island) | Stage-based Health Promotion With the Elderly | Increased physical activity and fruit & vegetable consumption in older adults | Seniors aged 65+ (<u>N</u> =1,300) | C | 2,3 | R | 5,20,21 |
| David A. Dzewaltowski, Ph.D. (Kansas State University) | Youth Environments Promoting Nutrition and Activity | Increased physical activity and fruit and vegetables consumption in youth | Middle-school children (<u>N</u> =2,200); 16 schools | D | 1,2,3 | M,N | 8,9,10, 14,21,22 |
| Diane L. Elliot, M.D. (Oregon Health Sciences University) | Promoting Healthy Lifestyles: Alternative Models' Effects | Improved diet and physical activity in firefighters | Firefighters (<u>N</u> =600); 35 fire stations | E | 1,2,3,7 | H,M,Q,R | 3,8,14,20, 21,22,23 |
| Robert Garrison, Ph.D. (University of Tennessee, Memphis) | A Randomized Trial to Reduce Sedentary Behavior in a High-Risk Minority Population | Increased physical activity in at-risk adults | Overweight, sedentary, low-SES adults (<u>N</u> =360) | B | 3 | L | 5,21,23 |
| Tamara Goldman Sher, Ph.D. (Illinois Institute of Technology) | A Couples Intervention for Cardiac Risk Reduction | Long-term adherence to physical activity, weight management and medication adherence regimens cardiac patients | Cardiac patients and partners (<u>N</u> =160 couples) | B,C | 1,2,3,6 | C,K | 5,23 |

| Principal Investigator (Institution) | Submission Title | Primary Purpose | Target Population (Sample Size) | Intervention Setting ^a | Behaviors ^b | Theoretical Approach to Treatment/ Intervention ^c | Mediating Variables ^d |
|--|--|---|--|--------------------------------------|------------------------|---|-------------------------------------|
| Robert W. Jeffrey, Ph.D. (University of Minnesota) | Theory-based Interventions for Smoking and Obesity | Long-term success in smoking cessation and weight loss | Overweight adult smokers (N=600) | C | 4,7 | M | 14,19,26 |
| Abby King, Ph.D. (Stanford University) | Exercise Advice by Human or Computer: Testing Two Theories | Increased physical activity among middle-aged and older adults | Older adults aged 55+ (N=225) | C | 3 | K,O | 3,5,6,12,14, 17,20,21,23 |
| Karen Peterson, Sc.D. (Harvard School of Public Health) | Reducing Disease Risk in Low-income, Postpartum Women | Improved diet and physical activity in low-income, postpartum women | Low-income, minority, post- partum, females (N=680) | B,C | 1,2,3 | N | 1,7,22,23,25 |
| Barbara Resnick, Ph.D. (University of Maryland) | Testing the Exercise Plus Program Following Hip Fracture | Increased physical activity in female hip fracture patients | Women, post-hip fracture (N=240) | C | 3 | A,M | 14,20,21 |
| Ken A. Resnicow, Ph.D. (Emory University) | Health Promotion Through Black Churches | Increased physical activity and fruit and vegetables consumption in African- American adults | African-American adults (N=1,000) | A | 2,3 | H | 12,14,21 |
| Victor Strecher, Ph.D. (University of Michigan) | Tailored Interventions for Multiple Risk Behaviors | Increased smoking cessation rates, diet and physical activity in adults | Adults (N=2,700) | C | 2,3,4 | A,F,H,I,K,M,P,R | 4,5,11,13, 21,23,24,26 |
| Deborah J. Toobert, Ph.D. (Oregon Research Institute) | Enhancing Support for Women At Risk for Heart Disease | Reduced CHD risk in postmenopausal women with type 2 diabetes | Postmenopausal women with type 2 diabetes (N=250) | A | 1,3,4,5, | M,N | 1,8,17,18, 21,23,24 |
| Geoffrey C. Williams, M.D., Ph.D. (University of Rochester) | Self-determination, Smoking, Diet, and Health | Decreased tobacco use and LDL cholesterol in adults smokers | Adult smokers (N=1,000) | B,C | 1,4 | K | 3,15 |

Note. ^a **Intervention Setting:** A=community. B=health facility (e.g., clinic, hospital). C=home. D=school. E=workplace.

^b **Behaviors:** 1=dietary fat intake. 2=fruit and vegetable consumption (5-a-day). 3=physical activity/exercise. 4=smoking. 5=stress management. 6=medication adherence. 7=weight loss.

^c **Theoretical Approach:** A=Attribution Theory. B=Behavioral Action Model. C=Cognitive Behavioral Theory. D=Cognitive Evaluation Theory. E=Economic Model of Behavior Change. F=Health Belief Model. G=Model of Motivation (The Wheel That Moves). H=Motivational Interviewing. I=Patient Empowerment Readiness Model. J=Precaution Adoption Process Model. K=Self-Determination Theory. L=Social Action Theory. M=Social Cognitive/Learning Theory. N=Social Ecological Theory. O=Social Influence Model. P=Solution-Focused Therapy. Q=Theory of Reasoned Action. R=Transtheoretical Model.

^d **Key Mediators:** 1=attendance/service utilization. 2=attributions. 3=autonomous motivation/self-determination. 4=cues to action. 5=decisional balance. 6=extrinsic motivation. 7=food insecurity. 8=group cohesion. 9=group efficacy. 10=group environment. 11=health risk behaviors. 12=intrinsic motivation. 13=motivation. 14=outcome expectations. 15=perceived competence. 16=perceived risk. 17=perceived stress. 18=problem solving. 19=process expectations. 20=processes of change. 21= self-efficacy. 22=social norms. 23=social support. 24=stress. 25=television viewing. 26=withdrawal symptoms.