BCC PROJECT STATUS REPORT SUMMARY

July, 2000

Site Name	(Co-)Principal Investigator(s)	Project Manager(s)/ Coordinator(s)	Sample Size	% Recruited	Intervention Start Date	Intervention Length
Cornell University	Dr. Mary Charlson	Candace Young	660	53.00	October, 1999	Patients followed for 2 years
Emory University	Ken Resnicow	Colleen DiIorio	1,000	0.00		
Harvard School of Public Health	Karen Peterson	Rachel Levine	700	0.00	November, 2000	18 months
Illinois Institute of Technology	Tamara Goldman Sher; Albert Bellg	Jeff Canar; Jennifer Tennanat	160	0.50	July, 2000	26 weeks

Site Name (cont'd/…)	Recruitment Challenges To-Date	Intervention Challenges To-Date	Cross-Site Discussion Topics
Cornell University			• Brainstorming and strategizing in order to avoid sample attrition during the follow-up period.
Emory University			• Motivational Interviewing
Harvard School of Public Health	• We have not begun to recruit yet. However, we did meet some challenges related to recruiting. The first had to do with scheduling conflicts that arose from our use of multiple health centers as recruiting sites. We also met challenges in finding space in the health centers where we could conduct private interviews with the women in our study. We were able to resolve both of these challenges.		
Illinois Institute of Technology	• Recruitment criteria too restrictive. • Logistical issues with regard to clinic operation. • Fewer patients seen in center than anticipated. • Operational issues with regard to possible restructuring of medical center.	• Too early to tell.	• Networking/marketing strategies to increase community contacts beyond advertising.

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Kansas State University	Davis Dzewaltowski	Jennie Hill	16	100.00	September, 2000	2 years
The Miriam Hospital/ Brown University	Belinda Borrelli	Suzanne Moriarty	288	0.00	September, 2000	2 months
Oregon Health Sciences University	Diane Elliot	Rosemary Johnson	36	100.00	January, 2000	1 year + boosters in year 2
Oregon Research Institute	Deborah Toobert	Deborah Toobert; Lisa Strycker	250	30.00	July, 2000	2 years for each wave

Site Name (cont'd/…)	Recruitment Challenges To-Date	Intervention Challenges To-Date	Cross-Site Discussion Topics
Kansas State University	• Competition for schools among different funding sources.		Theoretical analysis of mediation and moderation.
The Miriam Hospital/ Brown University	• Right now we are in the pilot phase. We have eight subjects enrolled. Based on our experience to date, we do not expect to have any problems with study recruitment.	• Retention of subjects may be a challenge for our study. During this pilot phase we are starting to see a pattern of unkept and canceled intervention sessions. We will be exploring options for ensuring that the nurse educators (intervention delivery) have a high rate of completion for intervention sessions.	
Oregon Health Sciences University	• Interfacing with Fire Department administration, which is in process of reconsidering general orders and fitness. • Defining variables used to randomize stations.	• Team-based format is new curriculum and pilot was needed to revise scope and sequence. • Development of motivational interviewing protocol, hiring counselors, and training counselors for MI technique.	• Motivational interviewing. • Specifics of supplemental grant.
Oregon Research Institute	• Eligibility requirements too restrictive; may need to relax postmenopausal status.		• Joint publication plans/start making outlines. • Preparing for longer-term follow-up of samples. • Future collaborations

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Stanford University	Abby King	Toni Toledo	225	10.00	June, 2000	12 months
University of Maryland	Barbara Resnick	Denise Orwig	240	0.00	July, 2000	12 months
University of Michigan	Vic Strecher	Holly Derry	2,700	0.00	January, 2001	4 months

Site Name (cont'd/…)	Recruitment Challenges To-Date	Intervention Challenges To-Date	Cross-Site Discussion Topics
Stanford University	• We are fortunate that our intervention is ideal for the Silicon Valley population. It is designed to be flexible and convenient, so it is not a difficult project, in terms of recruitment.	• Our study utilizes a relatively new interactive technology (Telephone-Linked Communications), so we have had to deal with some logistical issues stemming from using this innovative program. We have been able to resolve these initial challenges with the assistance of our subcontractors at Boston. Medical Center and Miriam Hospital/Brown University.	• We would be interested to hear more about creative and effective recruitment strategies that other sites are employing, for future reference. • We would like to hear how other sites deal with a wait list intervention or delayed intervention for their control groups. It would be very interesting to know what sorts of strategies others employ to market that arm of the study to prospective participants.
University of Maryland	• Concerns by the acute care facilities about letting us look at things like patient admission logs, IRB approvals, clinical and administrative staff concerns.		• Issues related to implementing research programs in the current health care arena. • Continued emphasis on treatment fidelity and measurement issues (i.e., reliability and validity throughout the course of the study).
University of Michigan		• Developing the interventions has been extremely time-consuming, since we have 4 different interventions across 3 risk areas.	

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University of Minnesota	Bob Jeffery; Alex Rothman	Christie King	600	80.00	October, 1999	1 year
University of Rhode Island	Phil Clark	Claudio Nigg	1,300	10.00	July, 2000	12 months
University of Rochester	Geoffrey Williams	TBA	1,200	14.00	January, 2000	18 months
University of Tennessee	Robert Garrison	Mace Coday	360	26.00	March, 2000	3 years

Site Name (cont'd/…)	Recruitment Challenges To-Date	Intervention Challenges To-Date	Cross-Site Discussion Topics
University of Minnesota	• We have had difficulty recruiting large numbers of smokers for this study. We have had difficulty with people scheduling but not attending orientation meetings.	• We have had some difficulty with dropouts from treatment	
University of Rhode Island	• Manpower to give appropriate attention to advertisement.	• Computer intervention programming is slightly behind schedule.	• How to pool data for baseline papers.
University of Rochester	• Paid media has been disappointing.	• Keeping intervention length short and focused has been challenging, but we are currently much improved in this regard.	• Recruitment, especially the advisability of using paid media. • Measurement of treatment fidelity.
University of Tennessee	• Having resources to book at least 12 sceening visits per week in order to clear at least 8 eligibles per week after positive treadmills and other exclusions. • Getting 3 clinics on board in terms of providing steady flow of enough referrals who show up (many barriers to referred patients showing up to Hope & Healing first time).	• Biggest challenge has been integrating our intervention staff needs/procedures with those of Hope & Healing staff needs/procedures, so that we are complementary and not adversarial. • Resources to provide regular QC and training for peer interventionists.	• Ways to maximize resources (e.g. without inducing staff burnout). • Ways to increase speed of recruitment without inducing burnout. • Optimal tracking methods