

BCC PROJECT STATUS REPORT SUMMARY — July, 2002

Site Name [Principal Investigator(s)]	Project Name	Project Manager(s)	Sample Size	% Recruited	Sample Description	No-Cost Extension
Brown University/ The Miriam Hospital [Belinda Borrelli]	PAQS Project	Deborah Sepinwall	288	41	95% female; mean age=32.2 (\pm 8.1); 58% White, 19% Black, 17% Hispanic; 33% married; 35% high-school, 24% post-secondary	yes
Cornell University [Mary Charlson]	Healthy Behaviors Program	Lynn Burrell	660	100	27% female; mean age=63.2 (\pm 11.6, range 33-93); 74.5% Caucasian, 11.7% AA, 9.1% Hispanic; 62.6% married; 41% HS/some college	N/A
Emory University [Ken Resnicow]	Healthy Body, Healthy Spirit	Dhana Blissett/Alice Jackson	1,000	100	76% female; mean age=45.2 (range 18- 86); 98% AA; 51% married; 70.6% some college or higher	yes
Harvard School of Public Health [Karen Peterson]	Reducing Disease Risk Among Low- income, Postpartum Women	Judy Salkeld	700	45	100% female; mean age=26; Ethnicity: 75% Hispanic/Latina, 9% Black/African American, 12% White	yes
Illinois Institute of Technology [Tamara Goldman-Sher]	Partners for Life	Jennifer Tennant	160	30	30% female; 60% ethnic minorities; 100% married; exercise and high cholesterol as risk factors for CHD, plus history of CHD.	N/R

**Project Status Summary
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Site Name (cont'd/...)	Baseline Data Completion	Baseline Data Ready to Analyze	Intervention Completion	Final Data Collection Point	Final Data Set Ready to Analyze	Lessons Learned
Brown University/ The Miriam Hospital	July, 2003	August, 2003	September, 2003	September, 2004	October, 2004	<ul style="list-style-type: none"> We have learned that it is difficult to find multiple Spanish speaking staff members who would work on different facets of the project, so that we could recruit Spanish-speaking participants.
Cornell University	March, 2001	September, 2002	March, 2003	March, 2003	July, 2003	<ul style="list-style-type: none"> With respect to multi-behavior change, 59% of patients reached action on at least one behavior and two or more behaviors. In total 33% of patients reached maintenance on one behavior and 17% reached maintenance on two or more behaviors. Challenges lie with the initiation and maintenance of multi-behavioral change.
Emory University	May, 2001	July, 2002	May, 2002	May, 2002	October, 2002	<ul style="list-style-type: none"> Our questionnaire is too long. We will have to cut out some measures in future studies. Reaching participants by phone was more difficult than we had thought. Using Masters' level MI counselors seemed more effective than using dieticians.
Harvard SPH	October, 2002	November, 2002	October, 2003	April, 2004	May, 2004	N/R
Illinois Institute of Technology		December, 2003	July, 2003	July, 2004	November, 2004	<ul style="list-style-type: none"> Collecting data on couples takes twice as long (at least) as collecting data from individuals. Once enrolled in an intervention, couples tend to stick it out, however. Group format is a benefit for group support but a hindrance in terms of pace, as groups need to be filled before the intervention can begin.

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Site Name (cont'd/...)	Publications To-Date	Future Discussion Topics
Brown University/ The Miriam Hospital		
Cornell University		
Emory University		<ul style="list-style-type: none">• Funding for additional analyses.
Harvard SPH		
Illinois Institute of Technology		<ul style="list-style-type: none">• Data management, specifically missing data in large data sets.

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Site Name [Principal Investigator(s)]	Project Name	Project Manager(s)	Sample Size	% Recruited	Sample Description	No-Cost Extension
Kansas State University [David Dzewaltowski]	Healthy Youth Places Project	Judy Johnston	16 (schools)	100		yes
Oregon Health Sciences University [Diane Elliot]	PHLAME Study	Rosemary Breger	608	100	3.5% female; mean age=40.7 (\pm 8.8); 90.5% White; some college; 82% married;	yes

**Project Status Summary
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Site Name (cont'd/...)	Baseline Data Completion	Baseline Data Ready to Analyze	Intervention Completion	Final Data Collection Point	Final Data Set Ready to Analyze	Lessons Learned
Kansas State University	May, 2000	September, 2001	May, 2002	May, 2003	October, 2003	N/R
Oregon Health Sciences University	May, 2002	September, 2002	March, 2003	March, 2003	September, 2003	<ul style="list-style-type: none"> Participant input and choice in intervention activities is important in improving participation. We used participant feedback from the first year of the team curriculum to develop second-year booster sessions, and included a menu of activities so teams could individualize their sessions. Initial and informal feedback from the second-year team sessions was more positive. Having a staff with ability to deal with the unexpected has been important in maintaining the study's momentum. The pilot year was important in training staff so that we could better deal with unanticipated events.

Site Name (cont'd/...)	Publications To-Date	Future Discussion Topics
Kansas State University	<ul style="list-style-type: none">• Ryan, G.J., & Dzewaltowski, D.A. (2002). Relationships among types of self-efficacy and after-school physical activity in youth. <u>Health Education and Behavior</u>, 29, 491-504.• Dzewaltowski, D. A., Estabrooks, P., Johnston, J., & Gyurscik, N. (2002). Promoting physical activity through community development. In J. L. Van Raalte & B. W. Brewer (Eds.), <u>Exploring sport and exercise psychology</u> (2nd ed.). Washington, DC.• Glasgow, R. E., Bull, S. S., Gillette, C., Klesges, L. M., Dzewaltowski, D. A. (in press). Behavior change intervention research in health care settings: A review of recent reports, with emphasis on external validity. <u>American Journal of Preventive Medicine</u>.	<ul style="list-style-type: none">• Future funding opportunities, and how to continue this collaborative effort after individual study funding runs out.• 'Show and Tell' of each study's materials and initial results (e.g., set up tables for each study and people could circulate and have time to ask questions and review intervention materials, such as questionnaires, manuals, recruitment flyers, computer software, etc.).
Oregon Health Sciences University		

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Site Name [Principal Investigator(s)]	Project Name	Project Manager(s)	Sample Size	% Recruited	Sample Description	No-Cost Extension
Oregon Research Institute [Deborah Toobert]	Mediterranean Lifestyle Program	Kate Bennett, Melda DeSalvo, Katie Geiser, Sally Huck	250	100	100% female; mean age=60.2 (\pm 9.3); 57% married; some college; 94% White; targeted risk factor: type 2 diabetes	yes
Stanford University [Abby King]	CHAT	Cynthia Castro	225	100	67% female; mean age=60.8 (\pm 5.8); 85% Caucasian; targeted risk factor: sedentary	yes
University of Maryland [Barbara Resnick]	Testing the Effectiveness of the Exercise Plus Program	Veritas Custis Buie	240	50	100% female; 96% White	yes

Site Name (cont'd/...)	Baseline Data Completion	Baseline Data Ready to Analyze	Intervention Completion	Final Data Collection Point	Final Data Set Ready to Analyze	Lessons Learned
Oregon Research Institute	May, 2001	June, 2001	November, 2002	March, 2003	April, 2003	<ul style="list-style-type: none"> • We started conducting diabetes research in 1983, when it was much easier to recruit people into samples. People are busier. Have more experienced researchers experienced this change over time? • It is terribly difficult to work with physicians. They are just too busy to answer the phone. • We will need to form collaborations with others who have more diverse populations. Our study lacks an ethnically diverse population. • Targeting multiple risk factors, especially 4 or 5, increases the subjects-to-variable ratios. • Our design presented interesting problems. After 6 months of attending weekly meetings, we re-randomized our treatment group into two groups. One group continued to attend the weekly meetings; the other was assigned a tailored support intervention working one-on-one with a coach. Re-randomizing after the women were bonded was not well received.
Stanford University	April, 2001	August, 2002	November, 2003	November, 2003	December, 2003	<ul style="list-style-type: none"> • As is typical for these types of projects, the most challenging part of the project was getting the technology (computerized telephone-based expert system) fully operational. This created some delays early on in the project.
University of Maryland	September, 2003	January, 2003	September, 2004	January, 2005	March, 2005	<ul style="list-style-type: none"> • Major problems are finding eligible hip fracture patients that consent to participate. Some hospitals changed patient practices and don't do as many hips as anticipated. • Major challenge for us—unknown at time of funding—has been HIPPA regulations. Because of these regulations (and fear of same) we have been unable to recruit in some hospitals that would have been great sources for subjects.

Site Name (cont'd/...)	Publications To-Date	Future Discussion Topics
Oregon Research Institute	<ul style="list-style-type: none"><li data-bbox="575 305 1225 500">• Toobert, D.J., Strycker, L.A., Glasgow, R. E., & Bagdade, J. D. (in press). If you build it, will they come? Reach and adoption associated with a comprehensive lifestyle management program for women with type 2 diabetes. <u>Patient Education and Counseling</u>.<li data-bbox="575 505 1225 667">• Toobert, D. J., Strycker, L. A., Glasgow, R. E., Barrera, M., & Angell, K. (2002). Behavioral and psychosocial effects of the Mediterranean Lifestyle Trial among women at risk for heart disease. Manuscript submitted for publication.	<ul style="list-style-type: none"><li data-bbox="1247 305 1889 362">• Future collaborations with sites that have minority populations.
Stanford University		
University of Maryland		<ul style="list-style-type: none"><li data-bbox="1247 1146 1857 1203">• Continued discussion of additional funding, and ways to keep some of the cross-site work going.

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Site Name [Principal Investigator(s)]	Project Name	Project Manager(s)	Sample Size	% Recruited	Sample Description	No-Cost Extension
University of Michigan/ Henry Ford Health System [Vic Strecher]	Tailored Interventions for Multiple Risk Behaviors	Holly Derry (UM); Lucy Robinson (HFHS)	3,000	60	68% female; 78% White, 17% Black; 86% = 35-54 years old; targeted risk factor: exercise (49.3%), smoking (16.6%), veggies (35.6%)	yes
University of Minnesota [Bob Jeffery; Alex Rothman]	Challenge Study	Emily Finch	600	100		
University of Rhode Island [Phil Clark]	The SENIOR Project	Faith Less; Sandra Saunders	1,270	100	70% female; mean age=75.4 (± 6.7); 76% White, 14% Portuguese/Cape Verdean; mean education (yrs.)=12.7 (± 2.9); 53% unmarried; health status=70% VG/G; targeted risk factors: sedentary, low F&V intake	yes
University of Rochester [Geof Williams]	Smokers' Health Study	Holly McGregor	1,000	100	67% female; mean age=44; 82% White; health status: 77% G/VG; 39% married; mean education=12th grade; targeted risk factors: smoking and diet	yes
University of Tennessee [Robert Garrison]	HOPE (Health Opportunities With Physical Exercise)	Mace Coday	360	100	88% female; 72% AA, 25% White; concentration low SES; targeted risk factors: sedentary, overweight	yes

Site Name (cont'd/...)	Baseline Data Completion	Baseline Data Ready to Analyze	Intervention Completion	Final Data Collection Point	Final Data Set Ready to Analyze	Lessons Learned
University of Michigan/HFHS	December, 2002	May, 2003	April, 2003	December, 2004	January, 2005	<ul style="list-style-type: none"> • People have seriously overestimated their exercise levels in our study. We had to 'raise the bar' in our eligibility criteria. • Another major challenge has been (and still is) recruitment. Telephone technology (e.g., privacy manager) seems to be the biggest culprit.
University of Minnesota						
University of Rhode Island	August, 2001	January, 2002	September, 2002	September, 2003	December, 2003	<ul style="list-style-type: none"> • Major lessons in our project were learned about the challenges of recruiting a large sample from the community, especially in reaching out to minority populations. • Additionally and similarly, we are now learning how important it is to keep those subjects we have recruited from dropping out of the study.
University of Rochester	June, 2002	October, 2002	January, 2003	December, 2003	February, 2004	<ul style="list-style-type: none"> • Difficult to recruit such a large sample of people in the community. • In community studies, you will need to contact and screen 3 times more participants than you need in your final sample.
University of Tennessee	June, 2001	August, 2002	June, 2003	June, 2003	August, 2003	<ul style="list-style-type: none"> • Major challenge was collaborating with community partner and with sharing database, housing of staff, etc., and with training peer mentors and keeping them in the paperwork loop for documentation of intervention activity. • Found that working closely with partner well ahead of time is key to success and in being persistent/consistent with partner even in face of numerous problems that arise when combining two institutions.

Site Name (cont'd/...)	Publications To-Date	Future Discussion Topics
University of Michigan/HFHS		
University of Minnesota		
University of Rhode Island		<ul style="list-style-type: none">• How to find federal and/or foundation funding for implementation phase (e.g., community-wide application) of research project interventions.
University of Rochester		
University of Tennessee		<ul style="list-style-type: none">• Extensions and renewals• Keeping paper writing groups active when BCC no longer meets.
