

ACT 1
**A RANDOMIZED TRIAL OF
MEDICAL OFFICE-BASED
PHYSICAL ACTIVITY
INTERVENTION**

Proponent:
David Buller

Judge, Jury, & Executioners:
Ross Brownson and Jon Kerner

The Evidence-Based Program

- Patient-centered Assessment and Counseling for Exercise (PACE).
- Selected from NCI Cancer Control PLANET Website as an evidence-based program.

Where Can You Find Evidence-Based Program?

- Own research.
- Website resources (PLANET; NREPP).
- Systematic reviews.
 - Preventive Services Task Force
 - Cochrane Reviews
- Other literature.
 - Evidence to link program to other settings & populations

Follow 5 steps to develop a comprehensive cancer control plan or program



Find information by cancer control topic

[Learn why these steps are important](#)

Step 1 Assess program priorities

[State Cancer Profiles](#) (CDC, NCI)

- Statistics for prioritizing cancer control efforts in the nation, states, and counties

Step 2 Identify potential partners

[Find Program Partners in Cancer Control](#)

[Find Research Partners in Cancer Control](#)

- Contact information for ACS, CDC, CoC and NCI program partners and research partners by state and region

Step 3 Research reviews of different intervention approaches

[Guide to Community Preventive Services](#) (Federally sponsored)

- Recommendations for population-based intervention approaches

[Guide to Clinical Preventive Services](#) (AHRQ)

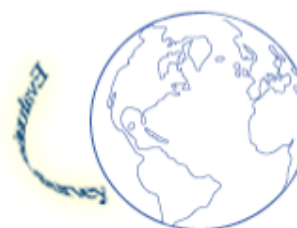
- Recommendations on screening, counseling, and other clinical regimens

[Additional Research Evidence Reviews](#)

- [Breast Cancer](#)
- [Cervical Cancer](#)
- [Colorectal Cancer](#)
- [Diet / Nutrition](#)
- [Informed Decision Making](#)
- [Physical Activity](#)
- [Sun Safety](#)
- [Tobacco Control](#)

**Help us improve
this resource!**

**Complete the
Cancer Control PLANET
Evaluation.**



**It will take no more than
5 minutes of your time.**

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

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Important Note



Welcome to the National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Getting Started



NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

NREPP Updates




A program of the U.S.
Department of Health and
Human Services Substance
Abuse & Mental Health
Services Administration

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USA.gov 

Existing Evidence of Program Effectiveness

- Efficacy of PACE established with 255 sedentary patients.
- PACE increased minutes walking per week (validated with accelerometer).
- Did not assess reach, other effects on weight, quality of life, etc.

Specific Aims

- To adapt PACE and evaluate its implementation in community health clinics and with Latino patients.
 - To make PACE culturally and contextually relevant by conducting local needs analysis and focus groups.
 - To evaluate PACE relative to usual care, using an RCT, on its reach and impact on physical activity, weight, and quality of life.

Research Setting

- 18 community health centers.
 - Strong letters of support from directors.
- Part of larger PBRN of 62 centers.
- Health centers serve a patient population that is 40% Latino.

Phase I: Formative Assessment

- Needs assessment interviews with administrators, delivery staff, & patients.
- Observation of usual care and discussion with staff about how to integrate PACE.
- Focus groups with sedentary Latino patients on program appeal, barriers, title, etc.

Phase II: Randomized Trial

- Pretest-posttest cluster randomized controlled design.
- Sites pair matched on baseline levels of patients physical activity.
- Health centers randomized within pairs to PACE program or usual care.

Patient Selection Criteria

■ Inclusion:

- Age 21-70; sedentary based on screening; English speaking; in preparation or contemplation stage.

■ Exclusion:

- Existing chronic illness; planning move within two years; participating in other dietary or activity program; another family member in study; substance abuse or psychological disorder.

Program Reach Outcomes

- Worked with developers to identify set of 5 core elements; clinician checklist completed.
- Allow adaptation on recruitment methods, number calls (1-3), center staff who performs calls.
- Research staff prompt clinician and give program materials to centers.

Health Behavior Outcomes

Multiple, equally important outcomes:

- Change in physical activity level.
- Change in weight.
- Change in quality of life.
- Percent of eligible sedentary adults in health centers who participate.

Physical Activity Assessment

The CHAMPS self-report questionnaire.

- Broadly applicable; has been used with Latino patients.
- Sensitive to change.
- Assesses low level activities.
- Not feasible to distribute, implement and collect activity monitors/ accelerometers.

Analysis Plan

- **Primary:**
 - Mixed model linear regression analyses using Bonferroni correction for multiple comparisons.
- **Secondary:**
 - “Robustness” analyses to see if effect size varies based on patient characteristics, type person delivering calls.



Strengths and Limitations

Issues for Discussion