

BCC PROJECT STATUS REPORT SUMMARY — July, 2001

Site Name	Principal Investigator(s)	Project Manager(s)	Sample Size	% Recruited	Intervention Start Date	Intervention Length	Recruitment Challenges To-Date
Brown University/ The Miriam Hospital	Belinda Borrelli	TBA	288	10.00	April, 2001	2 months (2 in-person visits at home, plus follow-up phone call within 2 months)	<ul style="list-style-type: none"> • In order to decrease patient attrition, we have streamlined our assessment protocols, so that we are making one less visit to the home for assessments. • <i>Solution:</i> We are also going to petition IRB to allow us to increase the monetary incentive for subjects. Since we are working with a transient population, we are giving telephone cards to subjects so that they may reach us for follow-ups if we cannot reach them.
Cornell University (Weill Medical College- New York Presbyterian Hospital)	Mary Charlson	Lynn Burrell	660	100.00	October, 1999	2 years (delivered every 3 months)	<ul style="list-style-type: none"> • Long Interviews with follow-up phone calls. <ul style="list-style-type: none"> • <i>Solution:</i> In response to this we have shortened our battery, applied more motivational interviewing and supportive phone calls in response to achieve comprehensive data collection.
Emory University	Ken Resnicow	Dhana Blissett	1,000	100.00	2000	1 year	
Harvard School of Public Health	Karen Peterson	Judy Salkeld	700	0.00	2001	18 months (incl. 6 months maintenance phase)	N/A (started recruitment in March, no dropouts to date)

Site Name (cont'd/...)	Treatment/Intervention Delivery Challenges To-Date	Data Collection/Analysis Challenges To-Date	Cross-Site Discussion Topics
Brown University/ The Miriam Hospital	<ul style="list-style-type: none"> • A significant problem has been nurse attrition. We spent a lot of time and money training 8 nurses in the intervention, and 5 have since left due to job changes or illness. • <i>Solution:</i> We are attempting to decrease nurse attrition through bonuses, premium pay, and hiring and training extra nurses. 		<ul style="list-style-type: none"> • More presentations about new statistical techniques for analyzing longitudinal data.
Cornell University (Weill Medical College- New York Presbyterian Hospital)	<ul style="list-style-type: none"> • We are experiencing a complete change over of all four of our research assistants who complete follow-ups every three months with our patients. • <i>Solution:</i> Once new employee's have started we will re-train to utilize motivational interviewing techniques 		
Emory University	<ul style="list-style-type: none"> • Obtaining working telephone numbers from one of the churches. • <i>Solution:</i> Church liaison has followed up with individuals to obtain accurate/working numbers. 	<ul style="list-style-type: none"> • We have had a lot of missing data on our CHAMPS questionnaire. • <i>Solution:</i> We are developing algorithms to determine which data should be coded as missing as opposed to 0 frequency. • <i>Solution:</i> The follow-up questionnaire will be shortened to minimize subject response burden. 	<ul style="list-style-type: none"> • Review the dietary instrument validation study.
Harvard School of Public Health	Difficulties scheduling two women for intervention due to postpartum depression issues. Persistence paid off and they did receive the intervention visit.	Data collection done on paper forms for future computer entry. Investigating optical scanner option. No analyses attempted to date.	Recruitment and retention remain of interest to our project and I assume to all others. Would like to include telephone contact issues and experiences (i.e., phone cards, toll-free numbers, etc).

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Illinois Institute of Technology	Tamara Goldman-Sher	Jennifer Tennant	160	20.00	January, 2000	18 sessions (12-,18-month follow-ups)	<ul style="list-style-type: none"> We have had only minor retention problems. Generally we have found that once people commit to the project, they are invested and conscientious. There have been a few dropouts and one couple who has not dropped out but has failed to attend many sessions. <ul style="list-style-type: none"> <i>Solution:</i> We work hard with a lot of personal attention to all participants in order to keep people motivated.
Kansas State University	David Dzewaltowski	Jennie Hill	16 (schools)	100.00	August, 2000	2 years (1 year follow-up)	<ul style="list-style-type: none"> No loss at the school level. Loss of students due to movement out of schools is anticipated to be a problem in subsequent years. <ul style="list-style-type: none"> <i>Solution:</i> We are tracking all students at the school district level with their cooperation.
Stanford University	Abby King	Cynthia Castro	225	45.00	June, 2000	18 months (assessments at baseline, 6, 12, 18 months)	<ul style="list-style-type: none"> Need to recruit more ethnic minority participants. Continued challenge to maintain interest in the comparison condition.

Site Name (cont'd/...)	Treatment/Intervention Delivery Challenges To-Date	Data Collection/Analysis Challenges To-Date	Cross-Site Discussion Topics
Illinois Institute of Technology	<ul style="list-style-type: none"> • Our primary challenge has been recruitment. <ul style="list-style-type: none"> • <i>Solution:</i> We have worked to branch out in terms of hospitals and in using mass media. We have also relaxed our eligibility criteria to include all people who have ever had a cardiac event, as opposed to those experiencing an event within the past 6 months only. Both of these changes seem to have made a big difference for us. 	<ul style="list-style-type: none"> • Our biggest question now is how to handle missing data. We are working to come up with a formula both for missing items, missing questionnaires, and missed sessions. The last area is the hardest for us. That is, we do not know when to officially count someone as “dropped,” as opposed to missing. We have not solved this yet and wonder what others are doing in projects involving repeated measures. 	<ul style="list-style-type: none"> • Missing data.
Kansas State University	<ul style="list-style-type: none"> • We underestimated the cost of this activity in terms of time and talent. <ul style="list-style-type: none"> • <i>Solution:</i> Investigator time has been reallocated to the development and delivery of intervention. Technology always seems to cost more and take more time to develop than expected. 	<ul style="list-style-type: none"> • Schools have backed out of agreed on data collection protocols (N.B. this was expected). <ul style="list-style-type: none"> • <i>Solution:</i> We have had to modify our data collection protocol to meet school needs. 	<ul style="list-style-type: none"> • Using technology to assist in data collection and data reduction.
Stanford University	<ul style="list-style-type: none"> • The computerized exercise advice system is operating with fewer glitches. 	<ul style="list-style-type: none"> • Participants complain that the questionnaire packet is too long. <ul style="list-style-type: none"> • <i>Solution:</i> We sometimes have to “triage” the packet to get the most important Qs returned. 	

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Site Name	Principal Investigator(s)	Project Manager(s)	Sample Size	% Recruited	Intervention Start Date	Intervention Length	Recruitment Challenges To-Date
Oregon Health Sciences University	Diane Elliot	Rosemary Johnson	602 fire fighters	100.00	October, 2000	2 years	<ul style="list-style-type: none">• Initial recruitment was aided by making informational brochures and videos, as well as individually visiting each fire station to explain the program. Firefighters are randomized by fire station. Transfer among stations disrupts the initial group assignment, especially for those in the “team” format. We are keeping records of who, where, when for transfers to incorporate dosage of intervention in the analyses.

Site Name (cont'd/...)	Treatment/Intervention Delivery Challenges To-Date	Data Collection/Analysis Challenges To-Date	Cross-Site Discussion Topics
Oregon Health Sciences University	<ul style="list-style-type: none"> • Team intervention is dependent on scheduling the team meetings and easier to postpone meeting. <ul style="list-style-type: none"> • <i>Solution:</i> RA station liaisons make multiple phone calls and observe sessions to ensure they occur and monitor fidelity. • Team squad leaders' enthusiasm and team dynamics/ department mood are influences which we are attempting to measure with questionnaire items about group cohesion and work climate, but some aspects appear more dynamic and change week to week. • Both the team and MI intervention have sessions during the firefighters at work hours. <ul style="list-style-type: none"> • <i>Solution:</i> We have needed to be flexible in scheduling sessions to work around the firefighter's work schedules and other duties. • MI format for follow-up meetings has been problematic. <ul style="list-style-type: none"> • <i>Solution:</i> We have tried to have more firefighter input into setting the agenda for follow up phone calls and visits. Strict MI format would have a firefighter follow up only if they declare its need, but also recognize the importance of follow up/provider contact. 	<ul style="list-style-type: none"> • Pilot year allowed revising the data collection protocols, many items (e.g., consent, lab data, physical measures, surveys, diet histories) to assemble for each firefighter and worked out a system with the pilot study. <ul style="list-style-type: none"> • <i>Solution:</i> Manageable number of taped motivational interviews to implement coding system. 	<ul style="list-style-type: none"> • Other sites' "practical" strategies for subject retention and long term follow-up. • Experts discussing cholesterol/diet recommendations, in light of recent <i>Science</i> article questioning current guidelines. • We do not use a caltrac or other activity monitor, so a demonstration of these and discussion practical issues about their use would be helpful. • Demonstrations and show and tell from other BCC sites or health promotion studies. • Information on NIH funding issues (e.g., renewal grants, supplements, insights into the process, what will be future funding priorities? etc.)

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Site Name	Principal Investigator(s)	Project Manager(s)	Sample Size	% Recruited	Intervention Start Date	Intervention Length	Subject Retention Challenges To-Date
Oregon Research Institute	Deborah Toobert	Lisa Strycker	250	114.00	July, 2000	6 months (weekly meetings an additional 1.5 years; 6, 12 and 24 month follow-ups)	<ul style="list-style-type: none">• We have had 45 drop-outs (16%) of our sample.• <i>Solution:</i> We consulted with an MI expert; designed contests, including attendance rewards; and dismantled as many barriers to attendance as possible.

Site Name (cont'd/...)	Treatment/Intervention Delivery Challenges To-Date	Data Collection/Analysis Challenges To-Date	Cross-Site Discussion Topics
Oregon Research Institute	<ul style="list-style-type: none"> • Re-randomization to one of two maintenance conditions. Some of those randomized to the personalized support condition were emotionally upset and having to stop coming to the weekly meetings. The first wave was the worst. The subsequent waves we have reminded them over and over that this is coming up. One woman in the first wave dropped because of rerandomization. 	<ul style="list-style-type: none"> • Completion of all the assessment pieces at all assessment points (we have people who don't do the blood draw, people too sick to come in, people who put off the appointment or don't return our calls). Some participants don't return 2-week diaries, and 7-day monitoring forms. It's just too much for them to do. <ul style="list-style-type: none"> • <i>Solution:</i> We try asking them to do 4 days (on the 7-day form) and that has helped some. But other participants have not been able to do any days. A few people have not returned for the 2nd part of their 6-month assessment visit. • It is difficult to decide who is a drop-out. Some of the women have dropped the weekly meetings but are willing to come to the assessments. • Complaints about the length of assessments by study participants. • People physically unable to do some of the physical assessments (sit-and-reach). • Problems with equipment (misuse of the pedometers, lost pedometers, or pedometers not working). • Problems with compliance on the 7-day self-monitoring form. • Dealing with missing responses in a large survey battery. 	<ul style="list-style-type: none"> • Attrition is our biggest problem. We would benefit from an open discussion on how to keep the spirit up and the motivation to come to such a long-term (2-year) program. Just hearing that others are struggling to would be cathartic. And picking up some new ideas would be great. • How to get people to exercise. We have an exercise program, some of the women come, and sit and knit. We cajole, beg, provide contests, interesting activities, teams, buddies. It's hard to get some of them to move!

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University of Maryland	Barbara Resnick	Denise Orwig	240	21.00	August, 2000	12 months (Follow ups are done at 2, 6 & 12 months post hip fracture.)	<ul style="list-style-type: none"> • With regard to retention we do great. With older adults the biggest problem is acute illness, death and acute cognitive changes. This is particularly true of the hip fracture population. We have also had some people who moved out of the area to live with children and that is another loss to follow up. • We do great with retention because the participants generally really enjoying being a part of the study. We give lots of gifts along the way for participation, and best of all follow-up is done in the home setting.
University of Michigan/ Henry Ford Health Center	Vic Strecher	Holly Derry (UM)/Lucy Robinson (HFHS)	3,000	5.00	March, 2001	baseline assessment; intervention 1 (+2 weeks); intervention 2 (+2 weeks); 3-month assessment; intervention 3 (+2 weeks); intervention 4 (+2 weeks); 12-month assessment	
University of Minnesota	Bob Jeffery; Alex Rothman	Emily Finch	smoking 1=600; weight 2=300; smoking 3=600; weight 4=300	SS1 = 100%; WS2 = 100%; SS3 = 20%; WS4 = 0%	October, 1999	SS1: 8-week intervention, 18-month follow-up; WS2: 8-week intervention, 18-month follow-up; SS3: 36-week intervention, 15-month follow-up; WS4: 36-week intervention, 15-month follow-up	

Site Name (cont'd/...)	Treatment/Intervention Delivery Challenges To-Date	Data Collection/Analysis Challenges To-Date	Cross-Site Discussion Topics
University of Maryland	<ul style="list-style-type: none"> • Our biggest challenge with regard to the intervention is the ongoing hiring and training the trainers. We have had several trainers that have been with the study since inception but others have started and had to leave for a variety of reasons. • <i>Solution:</i> We have had to put ads out in a number of places and do best generally word of mouth. We are also covering a large area and so it is essential to find individuals willing to drive and/or who live in specific locations. • <i>Solution:</i> We are doing treatment fidelity checks to be sure the intervention is being given as designed and those have been extremely useful in terms of providing reinnocuations of training. 	<ul style="list-style-type: none"> • Scheduling the follow up visits and coordinating the placement of the SAM (step activity monitor). The study nurses have been great about coordinating this with each other and through a project manager. • Other challenges are those found when working with older adults —hearing and vision problems, cognitive changes, and fatigue during testing. 	<ul style="list-style-type: none"> • Continued discussion of cross-site analyses and ways to coordinate same.
University of Michigan/ Henry Ford Health Center			
University of Minnesota	<ul style="list-style-type: none"> • Our primary challenge has been to get participants to complete our action assignments between treatment meetings. 		

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University of Rhode Island	Phillip G. Clark	Faith Lees	1,300	85.00	June, 2000	12 months (follow-up assessments at 0, 12, and 24 months)	<ul style="list-style-type: none"> Challenges to date have been mainly in the area of recruitment, though we are now moving into emphasizing retention strategies.
University of Rochester	Geoffrey Williams	Chantal Levesque	1,000	61.5	2000	6 months (1,6,18-month assessments)	<ul style="list-style-type: none"> Recruitment has required getting phone consent from 2 to 3 times the number of participants who make it into the study. Once in the study we are able to retain 60-70% at our follow-ups. Change in phone number, address or simply not returning calls have been our challenges. <i>Solution:</i> We obtain multiple phone numbers so we can track them down. Also increasing our number of contact attempts helps.
University of Tennessee	Robert Garrison	Mace Coday	360	100.00	March, 2000	24 months (baseline, 6, 12, 24 months)	<ul style="list-style-type: none"> Hard to reach population (low SES) <ul style="list-style-type: none"> <i>Solution:</i> Persistent contact by phone at off-hours of regular business day; flexible schedule times (Saturdays and evenings for visits); frequent rescheduling; and contacting relatives, associates at Hope and Healing, and other known providers.

Site Name (cont'd/...)	Treatment/Intervention Delivery Challenges To-Date	Data Collection/Analysis Challenges To-Date	Cross-Site Discussion Topics
University of Rhode Island	<ul style="list-style-type: none"> • Challenges in two areas: <ol style="list-style-type: none"> 1. “match” perceived by subjects between expert system assessments and reports; and 2. maintaining proper “window” for phone counseling intervention • <i>Solution:</i> 1) train phone counselors in how to clarify individual stage-based responses from expert system reports; 2) hire and train new phone counselors. 	<ul style="list-style-type: none"> • Collection of physical assessment data (height and weight) for BMI calculation at central field office. <ul style="list-style-type: none"> • <i>Solution:</i> Equip interviewers with portable scales and stadiometers for measurement at time of interviews. 	<ul style="list-style-type: none"> • <i>Retention Strategies:</i> As our project shifts from recruitment to retention focus, it would be helpful to learn about strategies for subject/participant retention used by other projects.
University of Rochester	<ul style="list-style-type: none"> • We have weekly supervision meetings to problem solve and address treatment fidelity. We check to see if people are on track to receive our full intervention. 		<ul style="list-style-type: none"> • We should invite Steven Woolf (Medical College of Virginia), an MD, MPH to discuss common metric for health benefit gained across behaviors. He published important article in JAMA in December ‘99 addressing the evidence base of treatments. Perhaps we could ask him for the for the January 2002 meeting.
University of Tennessee	<ul style="list-style-type: none"> • Peers documenting intervention contacts. <ul style="list-style-type: none"> • <i>Solution:</i> Regular training times with peers; monthly meetings with rest of staff; QC checks on charts; one-on-one time. 	<ul style="list-style-type: none"> • Setting up knew system in Access. <ul style="list-style-type: none"> • <i>Solution:</i> Hired a programmer consulting with stat co-I. 	<ul style="list-style-type: none"> • Is anyone is submitting a competing renewal plan?