

Project Site PI/Contact	Target Population			Institutional Retention			Individual Retention		
	Age/Gender	Actual N	Prerequisites	Sources	Strategies	Tracking Methods	Sources	Strategies	Tracking Methods
<p>Brown/Miriam - Belinda Borrelli, Ph.D.</p> <p>PAQS-Motivating the Parents of Asthmatics to Quit Smoking</p> <p>Manager: Deborah Sepinwall</p> <p>Contact: Beth McQuaid emcquaid@lifespan.org</p>	<p>Children: 0 - 18 Male/Female</p> <p>Parents: 18+ 60% Female</p>	<p>30% in 1-2 families /week</p> <p>Expect 288</p> <p>To try direct ER rec.</p>	<p>Smoker; not using quitting TX therapy</p> <p>Primary caregiver of child with asthma referred to asthma education program</p> <p>To try direct ER recruitment to increase sample</p>	<p>HMO serving primarily Medicaid Population</p> <p>HMO Plan Physicians</p>	<p>Once the HMO was recruited, we have actively focused on retention through having ongoing meetings with administrative staff, and pooling resources for patient identification and recruitment into the treatment protocol</p>		<p>HMO Health Plan Member</p>	<p>\$ compensation per visit</p> <p>Phone cards-visits</p> <p>Project gifts (e.g. magnetic boards w/ logo)</p>	<p>1 month active intervention</p> <p>3, 6, 12 month fu post intervention</p> <p>Regular phone calls, Letters, call contacts (relatives), call HMO</p>
<p>Oregon Health Sciences University - Diane Elliott, M.D.</p> <p>PHLAME-Promoting Health Lifestyles: Alternative Models' Effects</p> <p>Managers: Rosemary Johnson and Sara Dolen</p> <p>Contact: Sara Dolen dolens@ohsu.edu</p>	<p>Mean age 41 96% Male</p>	<p>608</p> <p>Unit of RZ is Fire Station</p> <p>100% in</p>	<p>Adult, fit-for-duty, fire fighters;</p> <p>Ranked composite demographic and fire station characteristics for matching sites for balanced randomization</p> <p>Portland OR metropolitan area (Salem, OR & 3 SW WA districts)</p> <p>36 fire stations + 3 pilot stations</p>	<p>Fire districts in and around Portland, OR metropolitan area</p> <p>Did pre- evaluation to determine if health promotion program already in place and whether job structures worked with study objectives</p>	<p>We provide fire fighters within districts comprehensive health assessments as part of the study at no charge. This is considered a benefit to fire districts</p> <p>We provide fire districts group data (not individual) about the health and health risks of fire fighters in their district.</p> <p>We made videos, brochures, & did live shows on TV</p>	<p>We work closely with fire bureau staff and attend bureau meetings to engender support for the program</p> <p>We also have a system to track transfers of individuals within departments</p>	<p>All active fit for duty fire fighters performing shift work (24 hr on, 48 hr off) who are assigned to a specific station at the time of testing</p>	<p>Fire fighters receive comprehensive health assessments as part of the study at baseline, 12, 24 months</p> <p>We also provide incentives for completing testing and questionnaires (e.g. t-shirts, mugs, etc...)</p>	<p>We send letters and flyers to stations, encouraging fire fighters to continue participation and for reminders of re-testing.</p> <p>Multiple calls to reschedule if miss station testing day</p>

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University of Rhode Island (URI) - Phillip G. Clark, Sc.D. SENIOR Project-Study of Exercise and Nutrition in Older Rhode Islanders Managers: Faith Lees and Sandra Saunders Contact: Sandra Saunders s.saunders@uri.edu	65+ Male and Female	1270 100% in	Community living in East Providence, Rhode Island area Able to supply informed consent	NA	NA	NA	General community- 65+ residents of East Providence and community organizations (e.g. senior centers, housing sites, churches, synagogues, social organizations, supermarkets, and pharmacies)	Scheduled baseline, 12, and 24 month follow up assessments Holiday party mugs at year interview & Birthday Card w/ magnet Con't. to offer basic health screening programs and health topic presentations; Con't. to meet w/ Community Advisory Committee	Ongoing scheduling of health interviews
Illinois Institute of Technology (IIT) - Tamara Goldman Sher, Ph.D. Partners for Life-A Couples' Intervention for Cardiac Risk Reduction Manager: Jennifer Tennant jennifer_tennant@rush.edu	18+ Male and female Couples with one partner having CAD	33% of 160 patients (80 couples) Broader criteria #'s doubled since July	1) Have CHD or had event, acute symptoms, or risk-reducing procedure 2) LDL criteria 3) BMI >25 or high fat diet 4) Partner willing participate	4 Hospitals, in-patients but primarily out-patients	Notified by 1) clinic, 2) phone and 3) mail MD pocket cards Grand Rounds presentations Pt. Info sheets on Rehab bulletin boards	Communication with MDs on behalf of participants regarding lab results; RN available for questions regarding health care/meds/exercise	Patients (in or out) from 4 urban hospitals	Brief visit at month 9 primarily to assess/revise exercise routine; month 12 and 18 visits for measures, draw labs, vitals/ht/wt/waist; assess/revise exercise routine Class attendance during intervention (group support to participate)	Call prior to scheduled appointments; send cards (Valentine's Day, holidays, birthdays); gifts (water bottles, key chains, t-shirts); communication with patient and MDs regarding lab results; RN available for questions regarding health care/meds/exercise

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Kansas State University- David Dzewaltowski, Ph.D. Manager: Jennie Hill Contact: Judy Johnston jjohnsto@kumc.edu	Schools are the level of recruitment and assignment Children 11 - 15 Male and Female KS is 51% female	16 schools 100% in	Middle schools with 7 th & 8 th grade at one location. Grade 9 at another location At least 100 students per grade	Kansas Middle Schools	Data feedback Monthly conference calls Quarterly meetings & training Interactive web-site		Teachers		Student ID tracked across school districts as students move among schools
Oregon Research Institute (ORI) - Deborah Toobert, Ph.D. Enhancing Support for Women at Risk for Heart Disease Coordinator: K. Geiser Contact: Lisa Strycker lisas@ori.org	< 75 Female	277 100% in	Postmenopausal Type 2 diabetes for at least 1 year; living independently; telephone; reads English; not devel. disabled; in area for study duration No overt CHD; no other life-threatening disease Lane County, OR	Primarily physician practices (4) within a large medical group; also churches, beauty salons, social organizations frequented by African-American and Latino women	Letters, clinic mtgs., phone calls, patient lists		Patients referred by MDs in participating practice groups and patients responding to physician direct mailings	Peer/staff bonding Small lifestyle related incentives for goal keeping \$ for attendance contests Calls from support group \$ for transport or potluck, carpools, taxis, referrals CD-ROM lifestyle program; reminder letters; follow up calls; newsletter w/ testimonials	Mailings Phone calls

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University Michigan (UM), Henry Ford Health System (HFHS)-Victor Strecher, Ph.D. Tailored Interventions for Multiple Risk Behaviors Managers: Lucy Robinson (HFHS) and Holly Derry (UM) Contact: Lucy Robinson lrobins3@hfhs.org	Ages 21 - 70 Male and Female	3,600 415 as of 12/5 12% in	Health Alliance Plan (HAP) members aligned to a primary care provider in the Henry Ford Medical Group; Must have 2 or more risk factors; current smoker > 5 cigarettes a day, eats <3 servings of vegetables/day, does <4 physical activity session /week; English speaking	Henry Ford Medical Group	Contact with HAP members	All contacts are recorded in a profile for each patient	List of current HAP patients approved by their PCP	Letters Phone calls	Study database recording all patient contacts
University of Tennessee (UT) - Bob Garrison, Ph.D. HOPE-Health Opportunities With Physical Exercise Coordinator: Elizabeth Harts Contact: Mace Coday mcoday@utmem.edu	25 – 65 Male and Female 88% Female	361 100% in	BMI \geq 25 Sedentary Urban dwelling Referred by inner-city medical clinics or a H&H walk-in for preventive services	3 Urban Medical Clinics serving working poor population; all clinics utilize volunteer doctors or Residents in training for services Hope and Healing	Referral pads to MDs Bring in lunch and give study presentation to residents in training Send lab results to MDs Reception @ H&H Go to H&H staff mtgs; communicate w/ directors	Referral source and physician contact/clinic information in tracking database	MD referred patients from three clinics Hope and Healing walk-ins	Visit packet mailed; letter from MD/Rev. director Frequent calls to schedule & remind Provide taxi Call contacts, MD, relatives, recovery centers to locate Offer shopping mall gift cert./t-shirt, mugs, squeeze balls	Shared database with one of clinics and with Hope and Healing members Visit window reports Triage on case-by-case basis w/ Co-I Phone calls from Investigator after multiple staff attempts to locate/offer cash incentive

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Cornell University - Mary Charlson, M.D. Healthy Behaviors Manager: Lynn Burrell lyb2004@med.cornell.edu Or Contact: Carla Boutin-Foster cboutin@mail.med.cornell.edu	Expected mean age of 65; range from 35 - 100 35% Female 65% Male	660 100% in	provide consent within 1 month of having angioplasty or stenting speak English telephone	1) Cardiac cath lab at NY Presbyterian Hospital 2) Permission from over 100 cardiologists in NY metro area who refer patients to cath lab for angioplasty or stenting;			All eligible patients who have angioplasty or stenting at our center		
Stanford University - Abby King, Ph.D. CHAT (Exercise Advice by Human or Computer: Testing Two Theories) Manager: Cynthia Castro cynthia.castro@stanford.edu	55+ Male and Female	225 60% in	medically able to exercise at moderate intensity generally healthy no regular PA 2+ times per week for 30+ minutes have touch tone telephone and OK to take calls in area 2 years	NA	NA	NA	General public, Stanford community, corporate retirees, senior centers, retirement communities Community reached via newspaper ads, radio ads, mass mailings, brochures Randomizing at individual level only	Reg. Scheduled contact with clinic & intervention staff Offer incentives (t- shirts, insulated lunch bags, exercise towels) for participation Begging & pleading Triage assessment measures to get most important measures completed first Monitor participants for potential signs that may lose them	Now-Contact and Now-Up-to-Date scheduling & calendar software Obtain contact info friends & relatives Repeat calls from different staff followed by letter 5 clinic contacts (phone intvw/3 mnts & clinic exam/6 mnts. Mthly intervention contacts over 18 mnt. Fu w/ calls, emails & letters if participant misses any intervention or clinic contact

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University of Rochester- Geoffrey Williams, M.D. Smokers' Health Study Manager: Chantal Levesque levesque@psych.roches- ter.edu	18 - 75 Male and Female	1000 76% in	Smoker English Greater Rochester, N.Y Area (Monroe County)	Hospitals, private medical offices, workplaces, Blue Cross/Blue Shield Large employers (e.g., Kodak)			Patients in private practice offices employees in large local companies Greater Rochester N.Y. community	Participants are contacted at 1, 6, and 18 months after their initial baseline visit ;A qst. is mailed and must be returned in a timely manner; call before 2 nd mailing 2 weeks apart; If pts. report not smoking at 6 and 18 mo., they are asked to have a cotinine blood test to confirm that they are not smoking. If participant's cholesterol level is high, they will receive up to 9 phone calls to recall what they ate the previous day	Keep trying to reach participants, either by phone or e-mail; Check the phone number in case it is incorrect or the person changed phone number; Call the participant's doctor office to see if they moved or changed phone number; Make repeated attempts to contact the participants at different times of the day; Try to talk to the person – try until you reach them
Harvard University - Karen Peterson, Sc.D., RD Reducing Disease Risk among Low-income, Postpartum Women Manager: Judy Salkeld jsalkeld@hsph.harvard. edu	18-44 Female	700 15% in	Postpartum; WIC clients or WIC eligible; telephone; absence of type 1 diabetes, thyroid disease, htn, eating do; infant birthwgh >1500g; absence of major psychosocial or substance abuse, Massachusetts	WIC clinics in 1) Springfield, 2) Holyoke Health Center (pending), 3) Boston					

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University of Minnesota- Robert Jeffery, Ph.D. Challenge Study Manager: Emily Finch finch009@umn.edu	18+ Male and Female	600 for smoke 100% in Expect 300 for weight	Smoker, at least 10 cigarettes per day for 1 year Minneapolis-St. Paul metro area	NA	NA	NA	General public Community	Con't media recruitment Monthly mailed questionnaires for 16 mnths post- treatment	Questionnaires are mailed. Participants are called under special circumstances such as attendance at final measurement session
University of Maryland- Barbara Resnick, Ph.D. Exercise Effectiveness Following Hip Fracture Director: Denise Orwig dorwig@epi.umaryland .edu	65 or older Female	240 25% in	Post hip fracture patients in acute care settings	5 Hospitals	Meet with Heads and staff Give presentations		Patients post hip fracture in the acute care setting		
Emory University - Ken Resnicow, Ph.D. Healthy Body, Healthy Spirit Managers: Dhana Blissett and Alice Jackson Contact: Dhana Blissett dblisse@sph.emory.edu	Adults 18+ Male and Female	1065 100% in	Low fruits and vegetable diet	Church-based program 15 African American churches in study	Church liaison hired from within congregation Church incentive (\$) Advisory board Payment & documentation of biannual meeting	Contact w/ liaison Payment Documentation	Church congregation	Postcards, phone calls, newsletter Mail outs (gospel music audiotape, Potholder w/ logo) Church recves \$ if member attends health fair Church Liaisons Ministers wives	Documentation Pre-test and post- test spaced one year apart