



**Health Maintenance Consortium Resource Center**  
The Science of Maintaining Healthy Behavior

## Site Progress Reports

Principal Investigator	As of December 31, 2008										February 16, 2008 – December 31, 2008			Intervention to be delivered beyond HMC NIH funding	Expanding target population or study setting	Next Steps	Data Share Plan
	Current Recruitment Goal (A)	Actual Recruitment (B)		Minorities		Women		Intervention Completed (C)			Abstract (A) Manuscript (M) Other Work (O)	Reported Challenges	Reported Findings				
		#	#	%	#	%	#	%	(C)	(C/B)							
Beresford	2640	2289	87	437	16	748	28	1476	64	56	M	X	X	X	X	X	
DiClemente	700	701	100	701	100	701	100	701	100	100	A		X		X	X	
Elliot	505	460	91	56	12	38	8	505	100	100	A, M, O			X	X	X	
Friedman	405	397	98	353	89	205	52	190	48	47	A	X			X		
Gorin	402	402	100	91	23	255	63	402	100	100	A			X			
Hooven	528	392	74	114	29	228	58	NA	NA	NA	M						
Hughes	536	536	100	352	66	464	87	486	91	91	A, M, O		X	X	X	X	
Killen	301	301	100	54	18	121	40	301	100	100	M						
Kirby	128	131	102	89	68	46	35	130	99	102	A	X	X		X	X	
Klesges	400	406	102	151	37	207	51	202	50	51							
Lapham	835	718	86	484	67	433	60	NA	NA	NA	A, M	X	X		X	X	
Lowe	238	238	100	174	73	212	89	89	37	37	A	X			X		
Martinson	1000	1049	105	74	7	759	72	491	47	49	M		X	X	X	X	
McKay	300	252	84	231	92	90	36	150	60	50	A, O	X	X	X	X	X	
Rimer	3545	3547	100	427	12	3547	100	3547	100	100	A, M	X		X	X	X	
Roll (LTBC)	120	118	98	50	42	53	45	118	100	98	M, O		X		X		
Roll (CMDE)	120	119	99	63	53	45	38	119	100	99	M, O				X		
Toobert	250	279	112	28	10	279	100	131	47	52	M	X	X		X	X	
Williams, G	950	836	88	222	27	493	59	605	72	64	M	X		X	X	X	
Williams, P	16000	40000	250	6598	27	22203	59	*	*	*	M						
Wing	400	506	127	38	8	421	83	NA	NA	NA	A, M	X	X		X	X	

\*Missing Data

■ Recruitment Incomplete

■ Intervention Incomplete

□ Not an Intervention

HMC PI	Abstracts, Manuscripts and Other Scholarly Work
Beresford	<p>Campbell MK, McLerran D, Turner-McGrievy G, Feng Z, Havas S, Sorensen G, Buller D, Beresford SA, Nebeling L. "Mediation of adult fruit and vegetable consumption in the national 5 a day for better health community studies." <u>Ann Behav Med</u>. 2008;35(1):49-60.</p>
DiClemente	<p>Bradley, E., DiClemente, R.J, Sales, J.M. Measurement matters: Developing a scale to assess sexual self-esteem. American Public Health Association, San Diego, CA.</p> <p>Sales JM, DiClemente RJ, Wingood GM, Rose E, Crittenden CP, Spitalnick J. Mediating role of partner communication skills on HIV/STD-associated risk behaviors in African American Females with a History of Sexual Violence. American Public Health Association. San Diego, CA. October 25-29, 2008.</p> <p>Sales JM, Crittenden CP, Latham TP, Bradley E, Rose E, DiClemente RJ, Wingood GM, et al. Differences between sexually active female adolescents who use dual protection to prevent pregnancy. American Public Health Association. San Diego, CA. October 25-29, 2008.</p> <p>Sales JM, Latham TP, Crittenden CP, Bradley E, Rose E, DiClemente RJ, Wingood GM. Differences in sexual risk taking between adolescent females who use dual protection to prevent pregnancy. American Public Health Association, San Diego, CA.</p> <p>Latham TP, Crittenden CP, Sales JM, Bradley E, DiClemente RJ. Factors associated with lack of protection against HIV and pregnancy among African American adolescents. American Public Health Association. San Diego, CA. October 25-29, 2008.</p> <p>Ukuku M, Crittenden CP, Sales JM, Rose E, DiClemente RJ. Why parents matter: A qualitative examination of parental monitoring on adolescent sexual risk taking. American Public Health Association. San Diego, CA. October 25-29, 2008.</p> <p>Ukuku M, Crittenden CP, Sales JM, Rose E, DiClemente RJ. Role of primary caregiver support as a protective factor against high risk sexual behavior. American Public Health Association. San Diego, CA. October 25-29, 2008.</p>
Elliott	<p>Elliot DL, Kuehl KS, DeFrancesco C, Dulacki K. The effects of a health promotion program among law enforcement officers. American Occupational Health Conference. San Diego, CA. April 26, 2009.</p> <p>Ranby K, MacKinnon D, Elliot D. Mediation analysis of the PHLAME intervention. Society for Prevention Research. Washington, DC. May 26, 2009. Submitted as component organized poster forum on PHLAME.</p> <p>Thoemmes F, MacKinnon D, Elliot D. Long term effects of PHLAME - a longitudinal study of 7 years. Society for Prevention Research. Washington, DC. May 26, 2009. Submitted as component organized poster forum on PHLAME.</p> <p>Burrell G, MacKinnon D, Elliot D. Relationship of Diet and exercise to depressive symptoms in male fire fighters. Society for Prevention Research. Washington, DC. May 26, 2009. Submitted as component organized poster forum on PHLAME.</p> <p>Elliot D, Kuehl K, Goldberg L. National dissemination of an evidence-based worksite wellness program for fire fighters. Society for Prevention Research. Washington, DC. May 26, 2009. Submitted as component organized poster forum on PHLAME.</p> <p>Lockwood CM, DeFrancesco CA, Elliot DL, Beresford SA, Toobert DJ. Mediation analysis: application in nutrition research and reading the literature. J Am Dietetic Association. In review</p> <p>Fairchild AJ, MacKinnon DP. A general model for testing mediation and moderation effects. Prev Science. 2008 Nov 12 [Epub ahead of print]</p>

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
Elliot (cont.)	<p>Cerin E, MacKinnon DP. A commentary on current practice in mediating variable analysis in behavioural nutrition and physical activity. Public Health Nutrition. 2008 Sep 9:1-7 [Epub ahead of print]</p> <p>Kuehl KS, Elliot DL, Goldberg L. Short-term economic impact of a health promotion program. The PHLAME Study. AmJ Health Promotion. accepted and being revised</p> <p>Kuehl KS, Elliot DL. Contributing authors to the International Association of Fire Fighters third edition of the Wellness &amp; Fitness Initiative. IAFF Wellness &amp; Fitness Initiative (3rd edition)</p>
Friedman	<p>Wright JA, Campbell MK, Turner-McGrievy B, Friedman RH. Generalizability of two commonly used fruit and vegetable screeners. ASPO, Washington, D.C., March 2008.</p> <p>Wright JA, Rubin A, Heeren T, Friedman RH. Who uses automated telephone systems? Examining predictors of using an evidenced-based diet system. SBM, Montreal, QC, April, 2009.</p>
Gorin	<p>Gorin A, Powers T, Raynor H, Wing R. Autonomous self-regulation, autonomy support, and weight loss outcomes. SBM, Montreal, QC, April, 2009.</p>
Hooven	<p>Walsh E, Thompson EA, Hooven C. Trajectories of Adolescent Suicide Risk. Submitted to Journal of Adolescent Health. (in revision).</p>
Hughes	<p>Hughes SL, Seymour RB, Der Ananian C, Desai P. Translation of Fit and Strong!: Focus group findings from suburban and rural providers and instructors. American Public Health Association. San Diego, CA. October, 2008.</p> <p>Seymour RB, Hughes SL, Der Ananian C, Desai P. Fit and Strong!: Focus group findings from providers and instructors in two states. Gerontological Society of America. Washington, DC, November, 2008.</p> <p>Hughes SL, Desai P, Seymour RB. Fit and Strong!: Evidence-based program for older adults with osteoarthritis. Illinois Governor's Conference on Aging. Chicago, IL, December 2008.</p> <p>Hughes SL, Seymour RB, Slezak D. Fit and Strong! An evidence-based exercise program for older adults with lower-extremity OA. National Association of Area Agencies on Aging. Nashville, TN, July, 2008.</p> <p>Sanker S, Seymour RB, Hughes SL, Edmisten A. Implementation of Evidence-Based Programs in NC: CDSMP, Fit and Strong!, and Matter of Balance. North Carolina Conference on Aging. Greenville, NC, October 2008.</p> <p>Hughes SL, Seymour RB, Desai P. Fit and Strong!: Evidence-based Physical Activity/Behavior Change Program for Seniors with Arthritis (symposium). American Society on Aging-National Council on Aging Joint Conference. Las Vegas, NV. March 2009.</p> <p>Seymour RB, Hughes SL, Campbell RT, Huber G, Desai P. Comparison of Two Methods of Conducting Fit and Strong! Arthritis Care and Research (in press).</p> <p>Hughes SL, Seymour RB, Desai P, Resources for Seniors, Inc. Prescription for Better Health, North Carolina winner. CVS, National Council on Aging, State Association of Senior Centers.</p> <p>Hughes SL, Seymour RB, Desai P. Resources for Seniors, Inc. Prescription for Better Health, National-level Honorable Mention. CVS and National Council on Aging.</p>

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
Killen	<p>Killen J. D., Fortmann S. P., Murphy G., Hayward C., Arredondo C. J., Crompton D. <i>et al.</i> Efficacy of extended treatment with bupropion for cigarette smoking cessation. <i>J Consult Clin Psychol</i> 2006; 74: 286–94.</p> <p>Killen JD, Fortmann SP, Schatzberg AF, Arredondo C, Murphy G, Hayward C, Celio M, Crompton D, Fong D, Pandurangi M. Extended cognitive behavior therapy for cigarette smoking cessation. <i>Addiction</i> 2008; 103:1381-1390.</p>
Kirby	<p>Carpenedo CM, Versek BE, Bresani E, Case TF, Clement JE, Carter MC, Rosenwasser BJ, Dugosh KL. Cocaine abstinence in a randomized controlled trial of 3 vs 9 months of voucher-based reinforcement. The College on Problems of Drug Dependence. San Juan, Puerto Rico, June 19, 2008.</p>
Lapham	<p>C’de Baca J, McMillan GP, Lapham SC. Reclassifying DIS-III-R to DSM-IV criteria in a sample of convicted impaired driving offenders. <i>Journal of Studies on Alcohol</i>, 2006, 67(6):898-903</p> <p>Lapham SC, Laxton G. Risk factors for post-traumatic stress disorder in a first driving while impaired offender population. Research Society on Alcoholism, Washington, D.C., June 2008.</p> <p>Lapham SC, Laxton G. Risk factors for post-traumatic stress disorder in a first driving while impaired offender population. <i>Alcoholism: Clinical and Experimental Research</i>, 2008, 32(6).</p> <p>McMillan GP, Lapham SC. Validation of a DIS-III-R rescoring algorithm for DSM-IV alcohol use disorders. Research Society on Alcoholism, Washington, D.C., June 2008.</p> <p>McMillan GP, Lapham SC. Validation of a DIS-III-R rescoring algorithm for DSM-IV alcohol use disorders. <i>Alcoholism: Clinical and Experimental Research</i>, 2008, 32(6).</p> <p>Lapham SC. Long term change in alcohol use and other psychiatric disorders among impaired drivers. World Psychiatric Congress, Florence, Italy, April, 2009.</p> <p>Lapham SC. Factors associated with self-reported DWI 15 years following a first DWI conviction. Research Society on Alcoholism, San Diego, CA, July, 2009.</p> <p>McMillan GP, Lapham SC, C’de Baca J. Validation of a DIS-III-R rescoring algorithm for DSM-IV alcohol use disorders. <i>Journal of Studies on Alcohol and Drugs</i>, 2009.</p> <p>Scheier LM, Lapham SC, C’de Baca J. Cognitive Predictors of Alcohol Involvement and Alcohol Consumption-Related Consequences in a sample of drunk-driving offenders. <i>Substance Use and Misuse</i>, 2008. 43(14), 2089-2115. PMID: 19085438.</p>
Lowe	<p>Thomas JG, Markowitz J, Tappe KA, Chernyak Y, Ochner C, Butryn ML, Lowe MR. Telephone Based Weight Loss Maintenance Interventions for Patients Referred from Primary Care Clinics. Presented at The Obesity Society annual scientific meeting in Phoenix, Arizona, October, 2008.</p>
Martinson	<p>Martinson BC, Crain AL, Sherwood NE, Hayes M, Pronk NP, O’Connor PJ. Population Reach and Recruitment Bias in a Maintenance RCT in Physically Active Older Adults. <i>Journal of Physical Activity and Health</i>.</p> <p>Sherwood NE, Martinson BC, Crain AL, Hayes MG, Pronk NP, O’Connor PJ. A new approach to physical activity maintenance: Rationale, design, and baseline data from the Keep Active Minnesota trial. <i>BMC Geriatrics</i> 8(17): online serial</p> <p>Martinson BC, Crain AL, Sherwood NE, Hayes M, Pronk NP, O’Connor PJ. Maintaining physical activity among older adults: Six-month outcomes of the Keep Active Minnesota randomized control trial. <i>Preventive Medicine</i>. 46(2): 111-119.</p>

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
McKay	<p>McKay JR, Long M, Lynch KG, Van Horn D, Oslin D. Effectiveness of extended telephone continuing care. <i>Addiction Health Services Research</i>. Boston, MA, October 21, 2008.</p> <p>McKay JR, Lynch KG, Van Horn D, Ivey M, Oslin D, Drapkin M. Effectiveness of Extended Telephone Continuing Care: 18 Month Outcomes. <i>Research Society on Alcoholism</i>. San Diego, CA, June 20-24, 2009.</p> <p>McKay JR. Treating substance use disorders with adaptive continuing care. <i>American Psychological Association</i>.</p>
Rimer	<p>Gierisch JM, Earp JL, Brewer NT. Mammography Maintenance: A Longitudinal Population-based Study of Insured Women. <i>Society of Behavioral Medicine Annual Meeting</i>. Montreal, April 22-25, 2009.</p> <p>Gierisch JM, O'Neill SC, Rimer BK, DeFrank JT, Bowling JM, Skinner CS. Factors Associated with Annual-Interval Mammography for Women in Their 40s. <i>Cancer Detection and Prevention</i></p> <p>O'Neill SC, Bowling JM, Brewer NT, Lipkus IM, Skinner CS, Strigo TS, Rimer BK. Intentions to Maintain Adherence to Mammography. <i>Journal of Women's Health</i>, 2008, 17(7),1133-41.</p> <p>DeFrank, J.T., Rimer, B.K., Gierisch, J.M., Bowling, J.M., Farrell, D., Skinner, C.S. (In press). Comparison of Mailed and Automated Telephone Reminders on Receipt of Repeat Mammograms. <i>American Journal of Preventive Medicine</i>.</p>
Roll	<p>Prendergast ML, Hall EA, Roll J, Warda U. Use of vouchers to reinforce abstinence and positive behaviors among clients in a drug court treatment. <i>Journal of Substance Abuse Treatment</i>. 35:125-36. PMID: 17997267</p> <p>Petry NM, Roll JM, Rounsaville B, Ball S, Stitzer M, Peirce JM, Blaine J, Kirby. Serious adverse events in randomized psychosocial treatment studies: Safety or Arbitrary Edicts? <i>Journal of Consulting and Clinical Psychology</i>.</p> <p>Roll JM, Howard J. Economic gain versus economic loss: Role of reinforcer valence in initiating abstinence. <i>Journal of Applied Behavior Analysis</i>.</p> <p>Silverman K, Roll JM, Higgins ST. Introduction to the Special Issue on the Behavior Analysis and Treatment of Drug Addiction. <i>Journal of Applied Behavior Analysis</i>.</p> <p>Peirce JM, Petry NM, Roll JM, Kolodner K, Krasnansky J, Stabile PQ, Brown C, Stitz. Correlates of stimulant abstinence and retention in substance abuse treatment conducted with and with and without abstinence incentives. <i>American Journal of Drug and Alcohol Abuse</i>.</p> <p>Roll JM, Newton T. Contingency management for the treatment of methamphetamine use disorders. In Higgins ST, Silverman K, Hiel SH. (Eds.). <i>Contingency Management In The Treatment Of Substance Use Disorders: A Science-Based Treatment Innovation (80-99)</i>. The Guilford Press.</p> <p>Roll JM, Rawson R, Ling W, Shoptaw S. An Introduction to Methamphetamine Addiction: From Basic Science to Treatment. <i>Methamphetamine Addiction: From Basic Science to Treatment</i>.</p> <p>Roll J, Rawson R, Ling W. Shoptaw S. <i>Methamphetamine Addiction: From Basic Science to Treatment</i>.</p>
Toobert	<p>Barrera M, Strycker L A, MacKinnon DP, Toobert DJ. Social-ecological resources as mediators of two-year diet and physical activity outcomes in type 2 diabetes patients. <i>Health Psychology</i>, 2008; 27, S118-S125.</p>

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
Williams, G	<p>Niemiec CP, Williams GC, Patrick H. The importance of supporting autonomy in facilitating long-term tobacco abstinence. (In Press) <i>Annals of Behavioral Medicine</i>.</p>
Williams, P	<p>Williams PT. Reduction in incident stroke risk with vigorous physical activity. Evidence from 7.7-year follow-up of the National Runners' Health Study. <i>Stroke</i> 2009 (in press).</p> <p>Williams PT, Hoffman KM. Optimal body weight for the prevention of coronary heart disease in normal-weight physically active men. <i>Obesity Research</i> 2009 (in press).</p> <p>Williams PT, Incident diverticular disease inversely related to vigorous physical activity. <i>Med Sci Sports Exer</i> 2009 (in press).</p> <p>Williams PT. Prospective epidemiological cohort study of reduced risk of incident cataract with vigorous physical activity and cardiorespiratory fitness during 7-year follow-up. <i>Invest Ophth Vis Sci</i> 2008;50:95-100.</p> <p>Williams PT. Prospective study of incident age-related macular degeneration in relation to vigorous physical activity during 7-year follow-up. <i>Invest Ophthalmol Vis Sci</i>.2008;50:101-6.</p> <p>Williams PT. Independent effects of cardiorespiratory fitness, vigorous physical activity, and body mass index on clinical gallbladder disease risk. <i>Am J Gastroenterol</i> 2008;103:2239-47</p> <p>Williams PT. Effects of running distance and performance on incident benign prostatic hyperplasia. <i>Med Sci Sports Exer</i> 2008;40:1733-9</p> <p>Williams PT. Lower prevalence of hypertension, hypercholesterolemia, and diabetes in marathoners. <i>Med Sci Sports Exer</i> 2008 (in press).</p> <p>Williams PT. Effects of diet, physical activity and performance, and body weight on incident gout in ostensibly healthy, vigorously active men. <i>Am J Clin Nutr</i>. 2008;87:1480-7</p> <p>Williams PT. Increases in weight and body size increase the odds for hypertension during 7 years of follow-up. <i>Obesity Research</i> 2008;16:2541-8.</p> <p>Williams PT. Incident hypercholesterolemia in relation to changes in vigorous physical activity. <i>Med Sci Sports Exer</i> 2009;41:74-80.</p> <p>Williams PT. Association between walking distance and percentiles of body mass index in older and younger men. <i>Br J Sports Med</i>. 2008;42:352-6.</p> <p>Williams PT. A cohort study of incident hypertension in relation to changes in vigorous physical activity in men and women. <i>J Hypertens</i> 2008;26:1085-93.</p>
Wing	<p>Phelan S, Lang W, Jordan D, Wing RR. Initial results of the LITE (Living Lean in a Toxic Environment) study: Successful weight losers work harder than never overweight individuals to maintain a normal body weight.</p> <p>Phelan S, Lang W, Jordan D, Wing RR. "Exercise dependence" – A problem or natural consequence of high physical activity?</p> <p>Phelan S, Lang W, Jordan D, Wing RR. Weight loss maintainers drink more water and diet soda than the never overweight</p> <p>Phelan S, Gorin A, Liu T, Hogan J, Lowe M, Fava J, Wing R. What distinguishes long-term weight loss maintainers from the treatment-seeking obese? Analysis of environmental, behavioral, and psychosocial variables.</p>

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
Wing (cont.)	<p>Raynor HA, Maier D, Phelan S, Wing RR. Frequency of eating and weight status: Does eating frequently throughout the day help with weight management?</p> <p>Phelan S, Lang W, Jordan D, Wing RR. Empirical evaluation of physical activity recommendations for weight control in women. <i>Medicine &amp; Science in Sport and Exercise</i>.</p> <p>Phelan S, Roberts M, Lang W, Wing RR. Empirical evaluation of physical activity recommendations for weight control in women. <i>Medicine, Science, Sports &amp; Exercise</i>; Oct 2007;39(10):1832-6.</p>

HMC PI	Reported Challenges
Beresford	A few participating companies dropped after randomization with a higher than usual drop-out rate. Financial situations threaten the viability of smaller companies which leads to some dropping out of the study.
Friedman	As we mentioned in the past, recruiting a sample that is representative of the population is increasingly difficult using list-assisted telephone methods. An additional challenge is incorporating the demands of the IRB into the recruitment methods. The IRB requires lengthy introductions and consent just to determine eligibility. Few individuals want to stay on the phone for extended periods of time which adds another barrier to recruiting efficiently as well as obtaining a representative sample.
Kirby	We had trouble maintaining a follow-up rate above 70% at later follow-up points. We increased participant payment and eliminated one measure to shorten the length of the follow-up interview. This slightly improved our follow-up rates, but was implemented too late in the study to positively impact our outcomes.
Lapham	Conducting longitudinal research with a criminal justice population is challenging. In addition to difficulties caused by the use of cell phones and answering machines, some offenders have warrants out and are not enthusiastic about being located by our team. In addition the refusal rates have been high because many state they do not want to be reminded about their past infractions.
Lowe	We experienced high attrition rates presumably because this was a community-based recruitment with ease of participant enrollment. Also, the sample was primarily African American which limits dissemination.
McKay	About 25% of individuals eligible for the intervention did not participate in it. Low rate of participation in most individuals who began the intervention.
Rimer	Previously reported: Upon entering this research study, participants were verified as North Carolina State Health Plan (SHP) members. The SHP provided us with weekly data containing mammography claims. Earlier in the study, the SHP made available to its members a new Preferred Provider Organization (PPO) option along with their Indemnity plan. The new PPO option took effect October 1, 2006. This change impacted our project as we began receiving new data from a new source at that time. The change also posed challenges in finalizing collection of pertinent data. We experienced delays in obtaining mammography claims data via the SHP for those participants who selected the PPO as their new health insurance. Additionally, rather than receiving mammography claims on a weekly basis, for those members in the PPO option, we received claims on a monthly basis. Additionally, we, like all other grantees, received further cuts not only in funding but in time as well. The cut seriously compromised our project. Our project had planned and budgeted for 5 surveys, however, our grant end date was moved to earlier in 2008 and the budget for the final two years of the grant was cut. This caused us to revise our plans for our final survey by cutting short the follow-up time by 6 months and limited the survey length. These changes made it increasingly difficult to collect important project and consortium variables.
Toobert	The behavioral and biologic improvements weaken past 6 months.
Williams, G	Major difficulty with retention. We suspect that we are working with an exceptionally addicted group who may be especially challenged by quitting.
Wing	Recruitment of minority populations remained a challenge throughout this study. Despite numerous efforts, our minority recruitment remained low.

HMC PI	<p style="text-align: center;"><b>Reported Findings</b></p> <p style="text-align: center;"><b>***DO NOT CITE WITHOUT PERMISSION OF PI***</b></p>
Beresford	<p>Re-recruitment or new recruitment was successful to the EAT 5 for LIFE study, in that 39 companies in all were randomized to maintenance intervention or delayed intervention, after having implemented the Seattle 5 a Day program for a year. More than two thirds had some active maintenance in evidence about 6 months later.</p>
Hughes	<p>We originally tested Fit and Strong! using Physical Therapists (PT) as instructors but have transitioned to using nationally Certified Exercise Instructors (CEI) as part of an effort to translate Fit and Strong! into community based settings. First, we analyzed baseline, 2, and 6 month outcomes for all participants. Fit and Strong! participants improved significantly with respect to participation in physical activity, lower-extremity strength, aerobic capacity, pain, stiffness, and physical function. Second, we compared PT-led participants to CEI-led participants on both outcomes and mediators at 2 and 6 months. There were no significant differences between participants in either mode of instruction on any of the outcome variables at 2 or 6 months. Significant differences favoring the PT-led classes were seen on two of five mediators, self-efficacy for exercise and barriers adherence efficacy. Participant evaluations rated both types of instruction equally highly, attendance was identical and no untoward health events were observed or reported under either instruction mode. We conclude that outcomes under the two types of instruction are remarkably stable. These findings justify the use of CEIs in the future to extend the reach and adoption of Fit and Strong!. We are currently analyzing the impact of two post intervention strategies- with and without telephone reassurance to boost maintenance of physical activity after the two month program ends. Half of the sample was assigned to negotiated/tailored plans for ongoing PA and half were assigned to a best practice multiple component program offered at the same facility that offered Fit and Strong. Participants in both the negotiated and mainstreamed groups were assigned to telephone reinforcement vs no reinforcement over the following 16 months. We will have data to present from these analyses at the March meeting.</p>
Kirby	<p>Results from analyses conducted on weekly urinalysis tests collected during the first 6 months of treatment indicate that those that received extended vouchers following an escalating voucher schedule had increased abstinence compared to those that received an aftercare phase following an escalating voucher schedule. However, these differences appear to diminish once the extended voucher phase ends. These findings suggest that while extended periods of voucher delivery does lead to longer periods of abstinence, it is not enough to maintain this abstinence once the vouchers are removed.</p>
Lapham	<p>We have modeled long-term predictors of continued impaired driving 15 years after a first DWI conviction. Ten percent of participants report having driven after drinking over the legal limit (DD) in the past three months. Participants who reported DD in the past 90 days are more likely to have recent symptoms of alcohol dependence. Of the participants who reported DD in the past 90 days, 27% have recent alcohol dependence symptoms while only 5% who did not DD have recent alcohol dependence symptoms. No differences were reported for driving after drinking in past 90 days by gender, ethnicity, race, or age at interview. We also examined the persistence of symptoms of psychiatric disorders. Women are more likely than men to report current psychiatric disorders and nicotine dependence, Hispanics are more likely than non-Hispanics to report current Phobia symptoms, and Whites are more likely than other ethnic/race groups to report current nicotine dependence. Age at interview does not appear to be a factor in recent symptoms, with the exception of current drug dependence or abuse. Younger participants are more likely to have current drug dependence or abuse symptoms. This is a unique longitudinal study of a community (non treatment seeking) population with high rates of alcohol dependence and tracks recovery, with and without treatment.</p>
Martinson	<p>Based on self-report using the CHAMPS questionnaire, it appears that our intervention was successful in helping adults ages 50-70 maintain a significant amount of their baseline physical activity over a two year period, compared to those randomized to the control arm.</p>

HMC PI	<p style="text-align: center;"><b>Reported Findings (continued)</b></p> <p style="text-align: center;"><b>***DO NOT CITE WITHOUT PERMISSION OF PI***</b></p>
McKay	<p>Alcohol dependent patients (N=252) who had achieved initial engagement in publicly funded Intensive Outpatient Treatment programs (IOPs), as indicated by regular attendance for 3 weeks, were randomized to one of three conditions: IOP treatment as usual (TAU); TAU plus telephone calls that included monitoring and brief feedback for 18 months (TM); or TAU plus telephone calls that included monitoring, brief structured counseling with MI and CBT elements, and stepped care as needed over 18 months (TMC). Calls were scheduled weekly for 8 weeks starting in the week after randomization, twice monthly for 10 months, and monthly for the last 6 months. Average number of calls received was 11 in TM and 9 in TMC. Outcome data were collected via the Time-Line Follow-Back (TLFB) every 3 months, and supplemented by urine toxicology and liver function measures. Data on percent days alcohol use and percentage of participants with any drinking in each 3 month segment of the 18 month follow-up are reported here. The follow-up rate for TLFB data exceeded 80% at each follow-up. The results indicated effects favoring TMC over TAU that increased in size over the 18 month follow-up. With percent days alcohol use, the treatment condition x time interaction was significant (<math>p = .01</math>). Pair-wise comparisons indicated TMC produced less frequent drinking than TAU at 9 and 12 months (<math>p &lt; .05</math>), 15 months (<math>p &lt; .001</math>), and 18 months (<math>p &lt; .03</math>), and less frequent drinking than TM at 6 months (<math>p = .01</math>). In addition, TM produced less frequent drinking than TAU at 12 months (<math>p = .03</math>). Similar results were obtained with percent days heavy drinking. With the dichotomous measure of any drinking within each 3 month segment of the follow-up, there was a significant main effect for treatment condition (<math>p = .04</math>). Difference of least squares means indicated lower rates of any drinking in TMC relative to TAU across the follow-up (<math>p = .02</math>), and a trend in the comparison of TM to TAU (<math>p = .08</math>). These results suggest that telephone-based continuing care is an effective method for sustaining good outcomes in alcohol dependent patients receiving outpatient care. Shorter telephone calls that provide monitoring and feedback but no counseling appear to confer some benefit, but are not as effective as longer calls that include a counseling component.</p>
Roll (LTBC)	<p>Initial results from this study suggest that the contingency management conditions outperformed the treatment as usual conditions. Differences between the various contingency management conditions are not immediately apparent, although analyses to tease apart any differences are ongoing. During the initial week of treatment approximately 38% of participants in the control condition provided methamphetamine-negative urine samples compared to approximately 68% in the contingency management conditions. During the last week of the contingency management treatment approximately 21% of those in the treatment as usual condition tested negative for methamphetamine compared to approximately 51% in the combined contingency management condition. Initial results suggest that differences were obviated at the follow up assessments. Given recent findings from Stitzer and colleagues (including Dr. Roll) that early abstinence interacts with treatment to moderate contingency management efficacy, statistical analyses are ongoing to assess these interactions in the present data set. In addition, given Dr. Roll's observations from the CTN 006 data set regarding the impact of late treatment abstinence and attendance on abstinence at follow-up, statistical analyses are ongoing to assess these interactions in the present data set. Finally, given the work of Dr. Prendergast and colleagues (including Dr. Roll) suggesting that contingency management outcome is moderated by criminal justice involvement the current data set is also being analyzed to assess for criminal justice impacts on outcome.</p>
Wing	<p>In our first paper, we found that the weight loss maintainer group spent significantly more minutes per day than the always normal weight group in physical activity (58.6 vs. 52.1; <math>p = 0.0001</math>), due, in large part, to more time spent in higher intensity activities (24.4 vs. 16.9; <math>p = .02</math>). The majority of individuals in the always normal weight group engaged in 30-60 minutes per day of physical activity, whereas a greater proportion of individuals in the weight loss maintainer group engaged in &gt;60 minutes (<math>p = 0.002</math>). Findings support current recommendations that more activity may be needed to prevent weight regain than to prevent weight gain. Including some higher intensity activity may also be advisable for weight loss maintenance.</p>

<b>HMC PI</b>	<b>Intervention Delivered beyond NIH Funding</b>
Beresford	The intervention involves training companies to continue the program on their own.
DiClemente	We received continuation funding to complete intervention and assessment activities another 18 months
Hughes	Currently, two collaborative efforts are underway to translate and diffuse Fit and Strong!. The first effort is funded by the Centers for Disease Control and Prevention (CDC) and supports dissemination of the program in two states (1R18DP001140). Fit and Strong! is being diffused in two areas on aging in Illinois and two areas on aging in North Carolina with a minimum of 30 providers, involving the enrollment of 1,200 new participants. The Fit and Strong! team is also working with the National Arthritis Foundation (NAF) to translate and diffuse the program in four additional states.. The goal of this partnership is to have 24 new providers (6 per state) adopt the program, train and evaluate the implementation of the program by 24 new instructors (6 per state) and enroll an additional 480 persons in the program.
McKay	the city of Philadelphia is implementing a version of our telephone intervention in some programs
Rimer	We are in discussions w/ other researchers at UNC on feasibility of expanding our intervention.
Williams, G	Intervention to bypass and vascular patients at UR cardiothoracic surgery

HMC PI	Currently Expanding Target Population and/or Study Setting
Elliot	We have submitted a grant to NIOSH to apply a modified/adapted team-based worksite intervention for law enforcement officers.
Gorin	<p>We are moving into working with families with children.</p> <p>We are exploring using community health workers to provide parts of our intervention.</p>
Hughes	<p>Our original proposal included 600 older adults in the greater Chicago area. We are now working to disseminate Fit and Strong! nationally and have enrolled 292 to date. We have also finalized training materials and curricula for T and master trainers, exercise instructors and participants, have finalized ongoing participant outcome and program evaluation materials, instructor program evaluation materials and have developed an interactive website (FitandStrong.org) which has the capacity to monitor program attendance, evaluations and outcomes at adopting site nationally.</p> <p>Our two dissemination and translation studies described above have allowed us to expand nationally and to implementation with different types of providers, in urban, suburban, and rural settings. Specifically, we now offer the program in 7 states at 26 sites with 54 trained instructors and 292 participants.</p>
Martinson	With supplemental funding obtained from NIA, we are currently conducting a pilot study in a sample of N=63 adults ages 60-80 in which we are testing the effect of a lifestyle intervention based, in part on the intervention we developed and tested in this "parent" project. The outcome of interest is health brain aging, and the behavioral targets of the intervention are increased physical activity, brain-healthy nutrition, increases social integration, and increased participation in brain-stimulating activities.
McKay	We are enrolling patients from the point of intake, rather than after 2 weeks of treatment participation
Rimer	We are currently in discussions with other researchers at UNC on the feasibility of expanding the dissemination of our intervention to all eligible members of the North Carolina State Health Plan (SHP). Expansion depends in part on securing funding from outside sources and cooperation/collaboration with the SHP.
Toobert	<p>The Mediterranean Lifestyle Program is currently being evaluated with a Latina population.</p> <p>Our Viva Bien program, for Latinas is set at Kaiser Permanente in Denver, Colorado.</p>
Wing	We will examine successful weight control in adolescent populations.

HMC PI	Next Steps
Beresford	Plans are under way to disseminate the intervention and evaluate the dissemination.
DiClemente	We will continue our study through the 36 month post-randomization follow-up
Elliot	We continue to work with the International Association of Fire Fighters and Fire Chiefs to disseminated PHLAME. We are completing a training DVD and actively seeking organizations to partner with us in disseminating PHLAME.
Friedman	We have not analyzed pre-post findings. We are still collecting follow-up data. Given that we do not know the outcome of the maintenance interventions, it is difficult to determine our next steps. If there is a significant maintenance of diet behavior across time in either of the 2 intervention arms, we will propose a study to examine implementation of the intervention in various settings.
Hughes	We plan to examine factors that facilitate and impede program adoption, fidelity and adaptation and sustainability at adopting sites.
Kirby	We are currently in the fourth year of a development grant examining the sustainability of contingency management in community treatment settings. This Group Contingency Management development grant is examining providing low cost vouchers in a group format to make it more acceptable to treatment providers. We are also working on projects to train treatment center counselors in the Community Reinforcement Approach, which uses natural reinforcers to initiate and maintain abstinence. We plan to examine whether this approach will produce long-term improvements in abstinence.
Lapham	We have proposed evaluating Vivitrol, a once a month injection, to treat alcohol dependence in repeat DWI offenders and to reduce continued DD. We also are planning to conduct fMRI studies to determine response to naltrexone treatment in this high-risk population.
Lowe	Continue collecting follow-up data and begin running analyses. To date, only preliminary analyses have been conducted.
Martinson	Completion of the previously described pilot study and resubmission of a grant proposal to test this pilot intervention in a full-scale RCT.
McKay	We plan to do more implementation work with this intervention in the VA system, and expand its use in the City of Philadelphia. Programs in Arkansas, Rhode Island, Delaware, and California are also adopting the intervention for pilot programs
Rimer	PRISM used a stepped study design, where after delivery of one of three minimal interventions, women who became off-schedule received supplemental intervention consisting of printed materials and telephone counseling tailored to their barriers and knowledge deficits. Upcoming analysis will identify which stepped intervention combination is most effective for promoting mammography maintenance. Additionally, as mentioned previously, we're researching the feasibility of delivering our reminder interventions to all eligible members of the NC State Health Plan.
Roll (LTBC)	Recall that this trial was conducted in parallel with (HMC CMDE). Both included essentially the same measures. DA 017084 has recently concluded and final data cleaning is occurring. Once that process is complete, data from both the current project (and HMC CMDE) will be combined to answer the applicable secondary aims questions as this will double our sample size, vastly increasing our power to detect subtle, yet potentially meaningful, differences. Given the identical control conditions and some similarity between the contingency management interventions under investigation we may also elect to combine some of the conditions across the two trials

HMC PI	Next Steps (continued)
Roll LTBC (cont.)	to enhance our power to detect meaningful relationships among the types of variables discussed above (i.e., early abstinence, late abstinence, and criminal justice involvement) and outcome. In addition, the two trials make use of the two most popular types of contingency management (voucher-based and prize-based) permitting a direct comparison of the two types of contingency management for the treatment of methamphetamine addiction. We have currently adopted this combined approach and are working on two manuscripts using baseline data from both projects. One is examining the relationships between PTSD, methamphetamine addiction and quality of life and one is examining the manner in which dissatisfaction with one's life, especially physical health, increases the likelihood of using methamphetamine.
Roll (CMDE)	Recall that this trial was conducted in parallel with (HMC LTBC). Both included essentially the same measures. HMC LTBC has recently concluded and final data cleaning is occurring. Once that process is complete, data from both the current project (and HMC LTBC) will be combined to answer the applicable secondary aims questions as this will double our sample size, vastly increasing our power to detect subtle, yet potentially meaningful, differences. Given the identical control conditions and some similarity between the contingency management interventions under investigation we may also elect to combine some of the conditions across the two trials to enhance our power to detect meaningful relationships among the types of variables discussed above (i.e., early abstinence, late abstinence, and criminal justice involvement) and outcome. In addition, the two trials make use of the two most popular types of contingency management (voucher-based and prize-based) permitting a direct comparison of the two types of contingency management for the treatment of methamphetamine addiction. We have currently adopted this combined approach and are working on two manuscripts using baseline data from both projects. One is examining the relationships between PTSD, methamphetamine addiction and quality of life and one is examining the manner in which dissatisfaction with one's life, especially physical health, increases the likelihood of using methamphetamine. This study has potentially very high significance as methamphetamine use continues to plague the United States and many other parts of the world. The early results suggest that CM is an effective component of methamphetamine treatment strategies. Combined results from this study and others will undoubtedly result in the publication of several notable articles which will directly inform best-practice for the management of methamphetamine use disorders.
Toobert	We would like to study maintenance issues for the Mediterranean Lifestyle program but are having trouble mounting an intervention and a maintenance intervention within the budgetary limits of an NIH proposal.
Williams, G	We are working to virtualize our intervention to minimize clinical contact while maintaining intervention integrity. Also working to implement program as part of employee health and moving toward intervening with cardiothoracic patients per earlier remarks.
Wing	We aim to examine the characteristics of successful weight control in adolescents

HMC PI	Data Sharing Plan
Beresford	It is envisioned that the data and related documentation will be archived using a public data archiving server, currently in the planning stage, that would be maintained by the computing and communications resources of the FHCRC.
DiClemente	When analyses relating to the major aims of the study have been reported, we will deposit the data with the Inter-University Consortium for Political and Social Research (ICPSR) located at the University of Michigan. We will also make the data directly available to our HMC colleagues. The final database will be submitted to ICPSR in SPSS format for archiving. ICPSR has confidentiality requirements for all datasets it catalogs, and we will follow those ( <a href="http://www.icpsr.umich.edu/irb/index.html">http://www.icpsr.umich.edu/irb/index.html</a> ). ICPSR will make the data permanently available to over 400 academic member institutions, permitting other researchers to conduct secondary analyses using the data set. Data availability will be announced at the ICPSR website.
Elliot	Only as components of the supplements
Hughes	We plan to archive the data per the requirements for NIH funded studies.
Kirby	All data shared with other researchers will be de-identified (according to HIPAA) and in a data analysis program such as SPSS. We will include both the instrument as it was administered and the codebook with all variables and value labels. In addition we will outline all steps taken to ensure data integrity, including data entry procedures and cleaning protocols.
Lapham	We originally planned to develop a public use database but the funding was cut so much that we are unable to produce this data set. We are willing to share data with other investigators, however.
Martinson	We do not have a formal data sharing plan, but we have been and will continue to be open to sharing our data as needed for any collaborative activities to which the addition of our data would add value, provided such sharing does not conflict with our own primary analyses and can be conducted in a fully de-identified way.
McKay	Once the study is completed in the late fall of 2009, we will clean and assemble all data with all personal identifying information removed.
Rimer	Our goal is to create a de-identified data file that could be made available to researchers who sign a study agreement. This would be available for use about two years after the study ends. Given very substantial budget cuts, we won't be able to provide the kind of package we'd envisioned when we wrote the grant application. This project, like most interventions before it, has produced printed materials, phone scripts, survey instruments, algorithms, database interfaces, message libraries, pretest protocols and reports, and lessons learned that would be invaluable in carrying the intervention to new populations. We will provide materials to Cancer Control PLANET at NCI for users of that resource.
Toobert	Once analyses are completed, the final data set will be sent to HMCRD. Lisa Strycker from Oregon Research Institute will prepare the OUTCOMES supplement dataset with variables of interest, we will have de-identified the cases, and it will be made available to the HMCRC in multiple formats according to the data archiving guidelines from the Inter-University Consortium for Political and Social Research (ICPSR).
Williams, G	Data will be archived at Michigan, per HMC agreement. No formal documentation on the data sharing/archiving plan is available.

<b>HMC PI</b>	<b>Data Sharing Plan (Continued)</b>
Wing	We have data sharing agreements with two other HMC sites. We will continue to collaborate with other investigators and consider requests for other data sharing agreements. Data will be archived using standard onsite procedures.

Principal Investigator	Months of follow Up (last assessment point)	Date follow up to be completed	Data Analyzed (B=Baseline data, #=month of follow up data)	Program Outcomes	Areas with significant Improvements
Beresford	24	10/1/2009	B	Nutrition	
DiClemente	(18 done) 36	7/1/2010	B, (partial sample to 18)	Sexual Behavior/STDs	Incident CT/GC and condom use
Elliot	60		>24	Physical Activity, Servings fruit & veg., BMI, Quality of Life	PA (12, >24); servings fruit & veg (12, >24); BMI (12); Quality of Life (12)
Friedman	24	6/22/2010	B	Nutrition	
Gorin	18		B, 6	Physical Activity, Nutrition, Weight Loss	WL (6)
Hooven	~72	8/31/2009	B	Depression, Suicide risk behaviors, emotional distress	
Hughes	18		B, 6	Physical Activity	PA(6)
Killen	12		B, 12	Smoking	
Kirby	24		6, 12	Substance Abuse	SA (6)
Klesges	24			Smoking	
Lapham	180		B, >24	Substance Abuse, Depression	SA (>24), Depr (>24)
Lowe	24	6/25/2010		Physical Activity, Nutrition, Weight Loss	
Martinson	24		B, 6, 12, 24	Physical Activity	PA(6,12, 24)
McKay	24	12/1/2009	B, 6, 12, 18	Substance Abuse	SA (6,12,18)
Rimer	42		B, 12, 24, >24	Mammogram Screening	Mam (12, 24,>24)
Roll (LTBC)	12		B	Substance Abuse	
Roll (CMDE)	12			Substance Abuse	
Toobert	80		B, 6, 12, 24, >24	Physical Activity, Nutrition, Smoking, Stress management and social support	PA(6, 12, 24); Nut (6,12,24); WL (6)
Williams, G	24	9/1/2010	B	Smoking	
Williams, P	84	6/1/09		Physical Activity	
Wing	N/A		B	Physical Activity, Nutrition, Weight Loss	

■ Follow Up complete

Principal Investigator	Effect Sizes				
	6 months	12 months	18 months	24 months	>24 months
Beresford					
DiClemente			<b>0.56</b> incident STDs; condom-protected vaginal sex acts (11% relative mean difference; P=.03)		
Elliot				<b>.4</b> (PA) <b>.4</b> (servings fruit & veg) <b>.2</b> (BMI) <b>.25</b> (Quality of Life)	<b>.4</b> (PA) <b>.4</b> (servings fruit & veg)
Friedman					
Gorin					
Hooven					
Hughes					
Killen					
Kirby	<b>0.38</b>				
Klesges					
Lapham					
Lowe					
Martinson	<b>0.156</b>	<b>0.129</b>		<b>0.160</b>	
McKay	<b>0.42</b>	<b>0.32</b>	<b>0.59</b>		
Rimer		<b>-.1079</b> (on schedule for mammography) <b>.1565</b> (in maintenance for mammography)		<b>-.0930</b> (on schedule for mammography) <b>.0970</b> (in maintenance for mammography)	At 36mos: <b>-.1087</b> (on schedule for mammography) <b>.1038</b> (in maintenance for mammography) At 42 Mos: <b>-0.994</b> (on schedule for mammography) <b>.1066</b> (in maintenance for mammography)
Roll (LTBC)					
Roll (CMDE)					
Toobert*	<b>0.6544</b> (PA) <b>0.4657</b> (stress mgmt)	<b>0.5417</b> (PA) <b>0.4849</b> (stress mgmt)		<b>0.3627</b> (PA) <b>0.4716</b> (stress mgmt)	At 36 mos: <b>0.2318</b> (PA) <b>0.2890</b> (stress mgmt) At 48 mos: <b>0.0254</b> (PA) <b>0.0378</b> (stress mgmt)
Williams, G					
Williams, P					
Wing					

\*has effect sizes for baseline, 6, 12, 24, 24, 36, 48, 60, 72, and 84 months for the following variables: Diet, Prob-solving total, support, BMI, HbA1c, PA, and stress mgmt practice