Solve Your Problem

	Statement of the Problem	Attempted Solutions	Questions for HMC
Bob Klesges	Recruiting in a small community where there are two distinct primary care providers – one serving primarily more affluent participants where the other is the county medical center serving low income participants. How can you recruit in one organization that is inherently "at odds" (e.g., they compete for patients) with the other?	Recruiting and intervening "on site" at the county health center to minimize suspicion; enhancing recruitment at the "parent institution".	Have others encountered such problems and what solutions have worked? How does one recruit participants in a community that is small with limited access to underserved populations?
Geoff Williams	The Lung Health Study recently reported that intensive treatment of tobacco dependence prolongs life compared to community care. Tobacco users may be discouraged when randomized to community care or brief interventions. Anthonisen NR, Skeans MA, Wise RA, Manfreda J, Kanner RE, Connett JE. The effects of a smoking cessation intervention on 14.5 year mortality. A randomized clinical trial. Annals of Internal Medicine. 2005;142:233-9.	In our previous study, we offered our intervention to all those in community care who were still smoking at the end of the study. We have adjusted our community care group because of this event and because our BCC intervention has been "translated" by the State for treatment in our community.	Have others encountered such problems and what solutions have worked? When do you consider changing the "minimum" standard of care in research projects?

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Susan Hughes/ Rachel Seymour	Longitudinal analysis affords the opportunity to understand changes in behavior and maintenance of behavior change in a variety of ways, including patterns of change and maintenance, time to important outcomes related to health and well-being, and the "dose" of behavior needed to effect changes in outcomes. Arriving at the most valid and efficient ways of analyzing what can be a mountain of longitudinal data can be a serious challenge. We are collecting data on our primary outcome "maintenance of physical activity" at baseline, 2, 6, 9, 12, 15, 18 and 21 months. We are also collect secondary outcomes at baseline, 2, 6, 12, and 18 months. Maintenance data are also being collected bi-weekly from those in the telephone reinforcement intervention arm, and from daily exercise logs. We hope that collecting information on exercise behavior at all of these intervals and from all of these sources will allow us to categorize careers of maintenance, and prevent us from missing critical changes.	We believe that there are two critical questions that we need to address in our planned analyses. 1. Missing data- we need to try to identify random attrition, *e.g. , attrition due to factors such as moving, illness of family members,* vs. attrition related to one of our study outcomes like change in health status, in order to understand what is happening with attriters and how their failure to complete follow-up surveys is likely to affect study outcomes. 2. Longitudinal Data analysis options under consideration (all conducted within the context of random effects modeling): • Use survival analysis to model maintenance (categorizing maintenance as a dichotomous variable) – length of maintenance to relapse and/or survival analysis that allows for multiple "entrances and exits" • categorize maintenance as consisting of different levels based on empirical examination of patterns and examine trajectories • Identify levels of maintenance using latent class analysis to identify the levels. • Include in all of the above a mix of time-fixed and time varying covariates.	How is "maintenance" conceptualized and how is "maintenance" conceptualized as a process? How are careers of maintenance over time being examined especially by those investigators who have already accumulated a substantial amount of data and spent some time working on this issue? What methods are people using to address missing data? Specifically, what methods are people using to address the different types of missing data (i.e., missing completely at random (MCAR), missing at random (MAR), non-ignorable missing data)?