



**Health Maintenance Consortium Resource Center**  
Texas A&M University School of Rural Public Health



# **Health Maintenance Consortium Supplement Progress Reports October 2006**

## **Supplements**

Depression – Randell  
Environment – Migneault  
I-5-A-Day – Elliot  
Maintenance – Hughes  
Modality – McKay  
Outcomes – Toobert  
Weight Loss – Phelan

## HMC Supplement Progress Report - DEPRESSION October 2006

**Supplement Title:** The Role of Depression and Context in Health Behavior An Administrative Supplement to:  
*Preventing Suicide Risk Behaviors: Long Term Change*

**Supplement Chair/  
Affiliation:** Brooke Randell, DNSc, CS - University of Washington School of Nursing

**Purpose:** To apply an ecological framework of neighborhood effects on individual health by exploring the relationship between depression and health change for a broad set of health outcomes – suicide risk, sexual practices, diet adherence, and smoking cessation – and specifically exploring how the context in which an individual is embedded contributes to and moderates these effects.

### Depression

**Sharepoint Group:** Sharepoint Contact – Karen Snedker

(In addition to HMCRC Members)

Ralph DiClemente	<a href="mailto:rdiclem@SPH.EMORY.EDU">rdiclem@SPH.EMORY.EDU</a>
Jerald Herting	<a href="mailto:herting@u.washington.edu">herting@u.washington.edu</a>
Laurie Pulver	<a href="mailto:Laurie_Pulver@URMC.Rochester.edu">Laurie_Pulver@URMC.Rochester.edu</a>
Brooke Randell	<a href="mailto:bprand@U.WASHINGTON.EDU">bprand@U.WASHINGTON.EDU</a>
Eve Rose	<a href="mailto:erose2@sph.emory.edu">erose2@sph.emory.edu</a>
Deborah Toobert	<a href="mailto:deborah@ORI.ORG">deborah@ORI.ORG</a>
Jessica Sales	<a href="mailto:jmcdern@emory.edu">jmcdern@emory.edu</a>
Karen Snedker	<a href="mailto:snedker@u.washington.edu">snedker@u.washington.edu</a>
Geoffrey Williams	<a href="mailto:Geoffrey_Williams@URMC.ROCHESTER.EDU">Geoffrey_Williams@URMC.ROCHESTER.EDU</a>

---

**Progress to Date:** The lead site has revised a geocoding protocol that details the procedure for address matching and adding neighborhood-level variables. The initial round of geocoding is complete for Site A, with the corresponding census tracts attached. Geocoding for Site B is complete through matching of problematic addresses.

**Challenges to Date:** Minor challenges associated with geocoding procedures (multiple addresses and adding census tracts) have been resolved. We still face challenges associated with matching a small percentage of valid and verified addresses in Sites A and B to geocode (ArcGIS). We are seeking consultation to solve this challenge that is likely software program related. We are refining a plan to verify that the census tract assignment process is being made (including checking all initially unmatched cases and perhaps a small percentage of addresses chosen at random).

**Next Steps:** In the next month, the lead site will complete the final steps in the geocoding process for Sites A and B. In the next few months, the geocoding process for data from the lead site will be complete. The Site C data will not be ready to geocode until June 2007.

For the three sites that are currently in varying states of the geocoding process, a series of steps will be taken in the coming months. Once each site has finished the matching unmatched addresses phase, the lead site will create a geocoded file to be sent to the respective sites. As a group we will need to determine the final list of substantive variables (e.g., measures of depression) that will be included from each site for comparative analysis. The lead site is also collecting the neighborhood-level variables (at the census tract level or zip code level depending upon availability) from a variety of public datasets including the U.S. Census Bureau for each study. We will continue to discuss including additional neighborhood variables for each site.

## HMC Supplement Progress Report - ENVIRONMENT October 2006

**Supplement Title:** The Impact of the Physical and Socioeconomic Environment on Changes in Diet, Physical Activity, and Obesity

**Supplement Chair/  
Affiliation:** Jeff Migneault, PhD - Boston University School of Medicine

**Purpose:** To investigate the interaction of environmental factors and health behavior interventions and to assist participating sites in the use of social, economic, and built environmental factors in efforts to understand the promotion of long-term behavior change.

### Environment

**Sharepoint Group:**  
(In addition to HMCRC Members)

Sharepoint Contact – Jeff Migneault

Leslie Boden	<a href="mailto:lboden@bu.edu">lboden@bu.edu</a>
Lauren Crain	<a href="mailto:Lauren.A.Crain@HealthPartners.Com">Lauren.A.Crain@HealthPartners.Com</a>
Melda DeSalvo	<a href="mailto:Melda@ori.org">Melda@ori.org</a>
Katie Geiser	<a href="mailto:Kathleen@ori.org">Kathleen@ori.org</a>
Amy Gorin	<a href="mailto:agorin@lifespan.org">agorin@lifespan.org</a>
Tim Heeren	<a href="mailto:tch@bu.edu">tch@bu.edu</a>
Susan Hughes	<a href="mailto:shughes@uic.edu">shughes@uic.edu</a>
Russ Lopez	<a href="mailto:rptlopez@bu.edu">rptlopez@bu.edu</a>
Brian Martinson	<a href="mailto:Brian.C.Martinson@HealthPartners.com">Brian.C.Martinson@HealthPartners.com</a>
Kenneth McLeroy	<a href="mailto:KMcleroy@srph.tamhsc.edu">KMcleroy@srph.tamhsc.edu</a>
Jeff Migneault	<a href="mailto:jpm@bu.edu">jpm@bu.edu</a>
Rachel Seymour	<a href="mailto:reseymo1@uic.edu">reseymo1@uic.edu</a>
Deborah Toobert	<a href="mailto:deborah@ori.org">deborah@ori.org</a>
Paul Williams	<a href="mailto:PTWilliams@lbl.gov">PTWilliams@lbl.gov</a>
Julie Wright	<a href="mailto:jwright@bu.edu">jwright@bu.edu</a>

---

**Progress to Date:** We have made significant progress to date. We collaborated with the “The Role of Depression and Context in Health Behavior” supplement (Brooke Randall) which is also using geocoded data to determine an exact protocol for geocoding addresses and a common set of environmental variables to link with these geocodes. We have also developed a self-report Environmental Perception Survey (EPS) that most of the participating studies will administer at least once. We have plans to use this instrument to not only investigate environmental influences on behavior, but also how changes in health behavior might affect perception of ones environment.

We have geocoded the baseline subject addresses from the Martinson project, linked two dozen environmental variables to each subject, and returned the data to the Martinson group. We have also come up with an additional variable: the number of gyms and exercise facilities in a subject’s zip code. We produced a map of the Minnesota-residing subjects that documents the wide geographic distribution of the Martinson project. In discussions with Brian Martinson and Lauren Crain, we have started to conceptualize and plan the analyses of these data. Preliminary analysis will include the distribution of neighborhood environmental variables across this study population and comparison of treatment and control groups.

In response to a suggestions at the August 2005 HMC meeting, we developed US-wide estimates of certain neighborhood built environment variables including population density, dwelling unit density, street intersection density, and estimates of pre-1980 housing percentages. This analysis was conducted for the US as a whole and for subtypes including, rural, rural portions of metropolitan areas, suburban portions of metropolitan areas, and urban portions of metro areas. We are currently writing up the results of this analysis for publication.

**HMC Supplement Progress Report – ENVIRONMENT (Continued)**  
**October 2006**

**Supplement Title:** The Impact of the Physical and Socioeconomic Environment on Changes in Diet, Physical Activity, and Obesity

**Supplement Chair/  
Affiliation:** Jeff Migneault, PhD - Boston University School of Medicine

---

**Challenges to Date:** So far our progress has been fairly smooth. There is always effort needed to find times to discuss issues and gain consensus with multiple collaborators, but this has actually gone quite well.

**Next Steps:** Continue to geocode data as it becomes available across the participating sites. Move forward with the analyses of data from the Martinson project. And start to work with Deborah Toobert and staff on planning the analyses of environmental data from her study.

## HMC Supplement Progress Report – I-5-A-DAY October 2006

**Supplement Title:** I-5-A-Day Collaboration Project

**Supplement Chair/  
Affiliation:** Diane Elliot, MD - Oregon Health & Science University

**Purpose:** The main goal of the I-5-a-Day Collaborative Project is to apply statistical techniques to define the common patterns, mediators and theoretical mechanisms of long-term maintenance of healthy dietary behaviors. These issues will be examined as part of a collaborative project of three studies that involve longitudinal (50 to 84 months) follow-up of participants from controlled intervention trials that successfully increased F&V intake.

**I-5-A-Day  
Sharepoint Group:** Sharepoint Contact – Wendy McGinnis  
(In addition to HMCRC Members)

Shirley Beresford	<a href="mailto:beresfrd@u.washington.edu">beresfrd@u.washington.edu</a>
Sonia Bishop	<a href="mailto:sbishop@fhcrc.org">sbishop@fhcrc.org</a>
Carol DeFrancesco	<a href="mailto:defrance@ohsu.edu">defrance@ohsu.edu</a>
Diane Elliot	<a href="mailto:elliottd@ohsu.edu">elliottd@ohsu.edu</a>
Chondra Lockwood	<a href="mailto:chondra@comcast.net">chondra@comcast.net</a>
Shannon McCarthy	<a href="mailto:shannon@ori.org">shannon@ori.org</a>
Dale McLerran	<a href="mailto:dmclerra@fhcrc.org">dmclerra@fhcrc.org</a>
Wendy McGinnis	<a href="mailto:mcginniw@ohsu.edu">mcginniw@ohsu.edu</a>
Esther Moe	<a href="mailto:moe@ohsu.edu">moe@ohsu.edu</a>
Lisa Strycker	<a href="mailto:lisas@ori.org">lisas@ori.org</a>
Deborah Toobert	<a href="mailto:deborah@ori.org">deborah@ori.org</a>

---

**Progress to date:** After reviewing the instruments from the three sites, we have identified common items. A data request for those items was sent to each site. We have received the first year's data from all three sites and begun to synthesize and merge the data sets. We met with mediation consultant Dave MacKinnon in September to discuss our progress and analysis plan.

We have a proposal for a general article describing mediation using the I 5-a-day project as an example. We have contacted editors at the Journal of the American Dietetic Association regarding their interest.

**Challenges to date:** Despite theoretical constructs in common, the survey instruments were significantly different across the three sites. Our first challenge was determining equivalencies across the instruments. A second, but minor challenge was that the sites had multiple data sets, and some miscommunication occurred about the existence of certain variables. An ongoing challenge will be maintaining good documentation of the various data sets.

**Next steps:** With data in hand, we can begin our first analysis, which will be descriptives and cross-site comparisons for the first time point. In anticipation of finding a Journal interested in a descriptive paper, we are working on a 'theory' manuscript addressing the importance of mediation analysis in assessing nutrition interventions.

## HMC Supplement Progress Report - MAINTENANCE October 2006

**Supplement Title:** Maintenance Trajectories across Behaviors & Associated Impact on Quality of Life

**Supplement Chair/  
Affiliation:** Susan Hughes, DSW - University of Illinois, Chicago

**Purpose:** To pool maintenance data across eight funded HMC studies in order to address three main research objectives: (1) to examine variability across behaviors in the way that maintenance is assessed, (2) to assess the degree of variability in maintenance across behaviors, and (3) to determine the level of maintenance necessary across behaviors to impact a common outcome.

### Maintenance

**Sharepoint Group:** Sharepoint Contact – Rachel Seymour  
(In addition to HMC Members)

Richard Campbell	<a href="mailto:Dcamp@uic.edu">Dcamp@uic.edu</a>
Lauren Crain	<a href="mailto:Lauren.A.Crain@HealthPartners.com">Lauren.A.Crain@HealthPartners.com</a>
Diane Elliot	<a href="mailto:elliott@ohsu.edu">elliott@ohsu.edu</a>
Robert Friedman	<a href="mailto:rfriedma@bu.edu">rfriedma@bu.edu</a>
Susan Hughes	<a href="mailto:shughes@uic.edu">shughes@uic.edu</a>
Kimberly Kirby	<a href="mailto:kkirby@tresearch.org">kkirby@tresearch.org</a>
Bob Klesges	<a href="mailto:Bob.Klesges@stjude.org">Bob.Klesges@stjude.org</a>
Bryan Martinson	<a href="mailto:Brian.C.Martinson@HealthPartners.com">Brian.C.Martinson@HealthPartners.com</a>
Jeff Migneault	<a href="mailto:jpm@bu.edu">jpm@bu.edu</a>
Larue Pulver	<a href="mailto:Larue_Pulver@URMC.Rochester.edu">Larue_Pulver@URMC.Rochester.edu</a>
John Roll	<a href="mailto:johnroll@wsu.edu">johnroll@wsu.edu</a>
Rachel Seymour	<a href="mailto:reseymo1@uic.edu">reseymo1@uic.edu</a>
Mark Vander Weg	<a href="mailto:VanderWeg.Mark@mayo.edu">VanderWeg.Mark@mayo.edu</a>
Geoffrey Williams	<a href="mailto:Geoffrey_Williams@URMC.Rochester.edu">Geoffrey_Williams@URMC.Rochester.edu</a>

---

**Progress to Date:** Following presentation of preliminary findings of the Maintenance Survey at the August 2005 HMC meeting, we revised the maintenance survey to improve its clarity. Collaborating Supplement sites were asked to complete the revised survey. Preliminary analyses of the revised survey were presented and discussed at the March 2006 HMC meeting. We identified an important need to be able to “map” each of the studies to understand variability across studies in data collection time points that address maintenance, adherence, grace periods, etc. We decided to use data collected by the Modality supplement to do this to reduce the burden of multiple requests for the HMC sites.

We have received notification of final approval from the UIC IRB to proceed with the research.

We took the lead in creating a data sharing protocol to be used across three of the supplements (Maintenance, Outcomes, Environment) as a foundation for cross-site data transfers. The protocol was developed in collaboration with representatives from each of the supplements, the HMCRC, and HMCRC consultants.

We also worked with the HMCRC to organize the analytic plenary sessions and breakouts for the October 2006 meeting.

**Challenges to Date:** One challenge has been making sure that we are all talking about the same underlying construct when we use common terminology (e.g., maintenance, adherence).

**Next Steps:** We will review the data collected by the Modality Supplement to “map” each of the collaborating sites. Collaborating sites will be asked to review the maps for accuracy. We will then ask all HMC investigators to review and revise their responses to a condensed version of the original Maintenance survey. We will use the findings from the survey to develop a manuscript that describes the conceptualization and operationalization of the construct of maintenance across HMC studies. We plan to have a first draft manuscript by January 2007. We will ask sites to transfer baseline data to the lead center at UIC after the October 2006 meeting so that we can begin to work on analyses.

## HMC Supplement Progress Report - MODALITY October 2006

**Supplement Title:** Identifying Components of HMC Interventions that Predict Outcomes

**Supplement Chair / Affiliation:** Jim McKay, PhD - University of Pennsylvania Treatment Research Center

**Purpose:** To extend a new methodology for characterizing diverse multi-dimensional psychosocial and behavioral interventions across a set of common components and examining the relationships of individual intervention components to study outcomes.

### Modality

**Sharepoint Group:**  
(In addition to HMCRC Members)

Sharepoint Contact – Jim McKay

Steven Belle	<a href="mailto:belle@edc.pitt.edu">belle@edc.pitt.edu</a>
Shirley Beresford	<a href="mailto:beresfrd@u.washington.edu">beresfrd@u.washington.edu</a>
Sara Czaja	<a href="mailto:SCzaja@med.miami.edu">SCzaja@med.miami.edu</a>
Diane Elliot	<a href="mailto:elliottd@ohsu.edu">elliottd@ohsu.edu</a>
Kimberely Kirby	<a href="mailto:kkirby@tresearch.org">kkirby@tresearch.org</a>
Kevin Lynch	<a href="mailto:lynch_k@mail.trc.upenn.edu">lynch_k@mail.trc.upenn.edu</a>
Brian Martinson	<a href="mailto:Brian.C.Martinson@HealthPartners.com">Brian.C.Martinson@HealthPartners.com</a>
Jim McKay	<a href="mailto:McKay_J@mail.trc.upenn.edu">McKay_J@mail.trc.upenn.edu</a>
Laurie Pulver	<a href="mailto:Laurie_Pulver@URMC.Rochester.edu">Laurie_Pulver@URMC.Rochester.edu</a>
Barbara Rimer	<a href="mailto:brimer@unc.edu">brimer@unc.edu</a>
John Roll	<a href="mailto:johnroll@wsu.edu">johnroll@wsu.edu</a>
Rich Schulz	<a href="mailto:schulz@pitt.edu">schulz@pitt.edu</a>
Celette Skinner	<a href="mailto:skinn008@mc.duke.edu">skinn008@mc.duke.edu</a>
Deborah Toobert	<a href="mailto:deborah@ori.org">deborah@ori.org</a>
Geoffrey Williams	<a href="mailto:Geoffrey_Williams@URMC.Rochester.edu">Geoffrey_Williams@URMC.Rochester.edu</a>

---

**Progress to Date:** The final version of the modalities survey we will use to collect data for the supplement analyses has been completed. After considering both Word and SNAP versions, we decided to go with the Word version because it was easier to complete. The final revisions were done on the basis of feedback from grantees who completed earlier versions of the survey, and the consultation of Drs. Sara Czaja, Rich Schulz, and Steve Belle. This work involved fairly substantial revisions to the survey that was presented at the February 2006 meeting, much of which was done by Sara following a series of conference calls in which problems with the survey were identified and solutions discussed. At this point, the revised survey has been completed by the three groups from the BCC, and all the substance abuse groups from the HMC.

**Challenges to Date:** The primary challenge has been to create a survey that would yield the data necessary for the planned analyses while remaining short enough to be useable. The work has been a series of successive approximations in which some problems were solved and new ones identified in each iteration. A potential challenge is whether there will be sufficient variation in the data to allow for the identification of relations between treatment components and outcomes.

**Next Steps:** The completed surveys are being sent to Sara, who will arrange to get the data entered into a data base. First, however, the group will work on a scheme to code responses from particular items on the survey that do not have a categorical response format or yield continuous data. This work will be done via conference calls over the next few months and possibly a face-to-face meeting. At the same time, we will also be determining which data we need from the BCC studies to conduct the planned analyses. These data will include covariates and outcome measures from the three BCC projects that are involved in the supplement. The data from these BCC projects have apparently been merged into one data base, and arrangements will be made to obtain them. We will also get a data dictionary to facilitate the selection of variables and creation of a database for the planned analyses. Due to limitations in personnel at Penn, the data will likely be housed at the University of Miami, and be analyzed by Sara and her staff. As outcome data from the HMC become available, we will add these projects to our supplement database.

# HMC Supplement Progress Report - OUTCOMES

## October 2006

**Supplement Title:** Transbehavioral and Quality of Life Outcomes: Cross-Site Analyses and Resources

**Supplement Chairs/  
Affiliation:** Russell E. Glasgow, Kaiser Permanente, Denver, CO, and Deborah J. Toobert, Ph.D., Oregon Research Institute

**Purpose:** To advance the science of **multiple-risk-factor** behavior change and its evaluation by analyzing results using common metrics and relating interventions to outcomes and maintenance based on epidemiologic risk and patient functioning, and to advance the measurement and evaluation of behavioral intervention outcomes, investigate important linkages among these outcomes, and identify intervention and social-environmental factors influencing these outcomes.

### Outcomes

#### Sharepoint Group:

(In addition to HMCRC Members)

Sharepoint Contact – Lisa Strycker

Diane Elliot	<a href="mailto:elliottd@ohsu.edu">elliottd@ohsu.edu</a>
Russ Glasgow	<a href="mailto:russg@ris.net">russg@ris.net</a>
Susan Hughes	<a href="mailto:shughes@uic.edu">shughes@uic.edu</a>
Laurie Pulver	<a href="mailto:Laurie_Pulver@URMC.Rochester.edu">Laurie_Pulver@URMC.Rochester.edu</a>
John Roll	<a href="mailto:johnroll@wsu.edu">johnroll@wsu.edu</a>
Deborah Toobert	<a href="mailto:deborah@ori.org">deborah@ori.org</a>
Sally Skolnick	<a href="mailto:sallyh@ori.org">sallyh@ori.org</a>
Lisa Strycker	<a href="mailto:lisas@ori.org">lisas@ori.org</a>
Geoffrey Williams	<a href="mailto:Geoffrey_Williams@URMC.Rochester.edu">Geoffrey_Williams@URMC.Rochester.edu</a>

---

**Progress to Date:** Review of baseline measures of interest to the Outcomes Working Group. All sites have now received IRB approval for sharing data for this cross-site project. Sites are either in the process of collecting, or have already collected, cleaned, and sent the requested baseline data to Lisa Strycker at the Oregon Research Institute. In addition to demographic variables, the following health-related and quality-of-life measures are being utilized in this cross-site investigation:

1. *Quality of Life.* CDC Healthy Days quality of life measure.
2. *Diet.* NCI fat and fruit-and-vegetable screeners.
3. *Physical Activity.* All sites are collecting the CHAMPS with the exception of Dr. Elliot's project, which is collecting a number of measures related to fitness, including maximum oxygen uptake, one-minute push-up and sit-up counts, grip strength, the Sorenson back endurance score, a wall sit score, and a sit-and-reach score.
4. *Smoking.* Sites are all collecting the BCC tobacco items.
5. *Body Mass Index.* All sites were already collecting BMI except Drs. Williams and Roll, who have added height and weight (to compute BMI) variables for this project.
6. *Geocoding.* With the exception of two sites, all sites will have their samples geocoded. Geocoding is a problem for the Elliot group. Their intervention was randomized by fire station, and there are 12 to 24 stations within which firefighters trade station assignments. Also, the firefighters spend 1 day at the station, then 2 days at home. We determined that we would do geocoding for the Elliot site, but may not elect to use the data – and in any case we plan to use data from that site for analyses not involving geocoded data. Dr. Roll will not be able to geocode his sample because many participants are homeless.

Baseline data-gathering is progressing as planned.

1. Lisa Strycker created a data dictionary, coding rules, and formatting suggestions for sites to follow to transfer data.
2. A data request for our HMC Outcomes Supplement was issued, and data requested by Aug. 1. The deadline was extended for several sites.

## HMC Supplement Progress Report – OUTCOMES (Continued) October 2006

**Supplement Title:** Transbehavioral and Quality of Life Outcomes: Cross-Site Analyses and Resources

**Supplement Chairs/  
Affiliation:**

Russell E. Glasgow, Kaiser Permanente, Denver, CO, and Deborah J. Toobert, Ph.D.,  
Oregon Research Institute

---

3. We have received data in various formats from Williams, Roll, OHSU, and ORI. We have received replies from everybody else. Sue Hughes/Rachel Seymour will be coming in late November, as we opted to wait for a fuller sample. After reviewing the initial data submitted from OHSU, which was for the baseline data from the BCC study, we discovered that there was no quality of life data, so we issued a second request for baseline data from the HMC study. These data, which needed further cleaning before they could be sent, have not yet been received.

Analytic work is under way. Steps include:

1. Clean data. Although initial cleaning was performed by the individual sites, the data are being cleaned again at ORI prior to analysis. This process involves going through each data set, ensuring that all the requested variables are present, and resolving questions with the original sites about missing data, coding schemes, and variable definitions. Data have been cleaned in the datasets received thus far.
2. Repackage data from all sites into a common SPSS format with common variable naming conventions. Data were received in a variety of incompatible formats with a variety of variable naming schemes. This work is in progress.
3. Creation of composite variables for each site, including CHAMPS and quality-of-life constructs and body mass index. This work is in progress.
4. Compute simple descriptive statistics for each site. A table will be created to show means and standard deviations on the key health behaviors and quality-of-life measure by project. The table shell has been created, and the analyses are in progress.
5. Discuss and determine a scheme for summarizing for each project, likely a combination of study topic, sample, research design, and recruitment procedures. Drs. Toobert and Glasgow and Ms. Strycker have been working on this issue.
6. Discuss and determine a scheme for standardizing or establishing a criterion (e.g., percent at criterion) to handle various health-behavior measures across projects. Drs. Toobert, Glasgow and Ms. Strycker have been working on a proposal on this issue.
7. Merge data sets from all sites. This will be completed when all data are received at the end of 2006.
8. Analyze the relationships between (1) demographic characteristics, (2) quality of life, and (3) different summary scores on health outcomes (e.g., number of areas at criterion, weighted scores), by individual sites and across sites. These analyses will be conducted for each site individually after steps #5 and #6 are completed.
9. Merge individual-level data with GIS data (e.g., U.S. Census variables such as racial composition, unemployment, poverty, vacant housing and community data, such as shopping, parks, traffic, restaurants). Analyze the extent to which these environmental-level variables affect individual-level quality-of-life and health behaviors. These analyses will be conducted after step #8 has been completed.

**Challenges to Date:** None, except usual issues of IRB approvals, data exchange issues in multi-site projects.

**Next steps:**

1. Analyses will continue as outlined in detail above.
2. The group will consider submitting an article for the special issue on multiple health behaviors in *Preventive Medicine*. Several of the domains outlined regarding this topic could be of interest to the group. Geoffrey Williams noted that “outcome measurement would be directly related to our workgroup, technology, optimal delivery, clinical interventions might also be something that would be a shared interest.” We will discuss this opportunity at our in-person meeting.

# HMC Supplement Progress Report – WEIGHT LOSS

## October 2006

**Supplement Title:** Predictors of Long-Term Successful Weight Loss

**Supplement Chair/  
Affiliation:** Suzanne Phelan, PhD - Brown Medical School / The Miriam Hospital

**Purpose:** To 1) identify the latent cluster of environmental, dispositional, and behavioral factors that best distinguish a group of Long-Term Successful Weight Losers from a group of overweight Unsuccessful Weight Losers; 2) examine whether the latent cluster of factors may be used to predict who, among those losing weight after 6 months of treatment, will remain successful at 12 and 18-month follow-ups; 3) compare the relative importance of each latent factor (i.e., environmental, dispositional, and behavioral) in predicting successful weight loss at 12 and 18-month follow-ups; and, 4) determine whether the same cluster of latent factors are associated with successful weight loss in Caucasian and African-American participants.

### Weight Loss

#### Supplement Group:

(In addition to HMCRC Members)

Amy Gorin	<a href="mailto:agorin@lifespan.org">agorin@lifespan.org</a>
Michael Lowe	<a href="mailto:lowe@drexel.edu">lowe@drexel.edu</a>
Suzanne Phelan	<a href="mailto:sphelan@lifespan.org">sphelan@lifespan.org</a>
Rena Wing	<a href="mailto:rwing@Lifespan.org">rwing@Lifespan.org</a>

---

**Progress to Date:** All three sites are more than halfway through recruitment for this study. The Wing site has completed recruitment and the Gorin and Lowe sites, which are treatment studies, have also begun treatment. We have conducted preliminary analyses comparing the Long-Term Successful Weight Losers (LTSWL) with the Unsuccessful Weight Losers (UWL) (Gorin site only) on television viewing. The LTSWL reported fewer televisions in the home and less time spent watching TV than the UWL. Moreover, TV viewing was related to body weight in both samples. We have submitted an abstract of the findings to the Society of Behavioral Medicine and, thus, hope to present these findings at next year's conference.

**Challenges to Date:** We have made fairly smooth progress. As the sites are using different methods to administer questionnaires (i.e., scannable forms vs. manual entry forms), each site has formatted the questionnaires to fit their needs. The Wing site has exceeded recruitment goals but is employing different strategies to improve minority representation in the sample. Some difficulty was encountered in transferring funds to the Lowe site, but these have since been resolved.

**Next Steps:** We anticipate recruitment to be completed by January, 2007. We will continue to assemble baseline data from the three study sites and conduct the first stage of our analyses, comparing "successful" and "unsuccessful" weight losers, in upcoming months. After treatment is completed (at the Gorin and Lowe sites), we will begin analyzing predictors of weight regain across the studies.