

HMC OUTCOMES WORKING GROUP
Meeting Minutes

Meeting Date and Time: Thursday, September 24, 9:45 – 11:15

Present: Diane Elliot, Wendy McGinnis, Lisa Strycker, Russ Glasgow, Geoff Williams, Heather Patrick, Christopher Niemiec, Marcia Ory, Sue Hughes, Rachel Seymour, Robert Friedman, Nancy Sherwood.

NEXT CALL: Schedule for December

- Preliminary results tables and analyses:
- Action items for all: When sending data to Lisa, remember to label things carefully. Lisa's preference is for folks to send raw data versus pre-determined scales.
- Action items for Geoff Williams**
 - **Geoff Williams will get the NCI Fruit and Vegetable Screener to Lisa Strycker**
 - **Geoff is checking on whether or not he has the Healthy Days measure for his BCC sample**
- Action items for OSHU**
 - **OSHU is able to calculate frequency of physical activity in times per week and days per week. Does Lisa have this variable?**
 - **OSHU look at direction of fat on table 5. Was it high or low fat intake that predicted quality of life?**
 - **Follow up with OSHU to see if they have something similar to Healthy Days we can use for Quality of Life**
- Reactions to the VERY PRELIMINARY results:
 - Good news there is variability within and across sites; not topped out on healthy days;
 - There was nothing outlandish and so far we don't have spurious data
 - Geoff Williams doesn't think Quality of life should correlate with BMI for the morbidly obese, and there may be a confound with income.
 - Marcia mentioned that it was hard to predict Healthy Days in another of her projects with an unhealthy sample; need to think about other things in people's lives that predicts quality of life.
 - Diane Elliot commented that OSHU has a homogenous sample in terms of age, employment, lack of comorbidities, income, type of job, so maybe the reason her demographics don't correlate with quality of life
- More analyses or things to look at:
 - Look at BMI categorically; so many things are confounded;
 - For the present, we are conducting analyses within each site and we will replicate the analyses across sites
 - Lisa will look to see if smoking more cigarettes per day predicts greater quality of life for table 4
 - Lisa will clean data as they come, and the final data product will be loaded on to Sharepoint
- Development of cross-site measures discussion
 - Develop a simple minded threshold-type measure; are people at criterion? Use national criterion to extent possible. Responses: Yes or No?

- Discuss criterion (30% calories from fat; 5 fruits and vegetables; smoking yes or no?; PA 5 days or more exercising or use calories expended; BMI with 30 plus as obese) for each behavioral area;
 - How to handle individual measures so we can combine them; some of our outcomes are collected differently; can we get a continuous measure of outcomes?
- **ACTION: RUSS, Deborah will take the lead on this; think of criterion on all three variables; for continuous variables we might also consider percent change from baseline.**
- A cross-site measure based on epidemiologic data or health outcomes or consequences.
 - Physical activity has an age basis; if you develop and maintain physical activity at a certain level how much health is that worth? (The reason we are asking people to change their behavior is because it will improve their health). The IOM is just now working on age-based physical activity guidelines.
 - Smoking has a metric – life expectancy; life increases if you change this behavior; Framingham suggests an increase in number of life years or risk of CVD as a result of quitting smoking; if people continue to smoke they lose life years; if they quit smoking Geoff is less certain;
 - Is there something parallel to this for dietary change? The Centers for Disease Control has examined clinical preventable burden. They looked at a variety of behaviors including screening and treatment for cholesterol; Physical Activity didn't meet the criteria for brief interventions. To be included there needs to be a means of determining clinically preventable burden and it needs to be something that is quickly intervened upon like smoking, or taking aspirin
 - US preventive task force is a place to explore for this; shows obesity interventions work at intense but not brief level.
- ACTION:
 - make a rationale and find supporting literature, it is not necessary to conduct any analyses; propose some weights; **Geoff Williams**
 - Healthy days measure take a look at what the CDC measures; however, the CDC uses the BRFSS which is cross sectional rather than a measure of change so they may not be useful; Marcia recommended contacting Dave Buchner. **Marcia will send materials by Dave Buchner to see if CDC has a metric on a diet dose/response metric; she will also check to see if there is anything on Physical Activity**
 - **Robert Friedman will look within Harvard Nurses Health study as a source of data for Diet**
 - **GEOFF WILL TAKE lead on this measure**
- Exploration of a composite continuous measure –
 - Ideas for this included using standardized or z scores for physical activity (or various behaviors?) so that if each project is using a different measure you can convert to a standard or z score and combine them. Problems arise when combining different measures across studies because the measures will have different sensitivities and this approach also assumes all interventions were equally effective; point would be to evaluate which interventions are more vs. less effective overall.
 - Another idea was percent improvement. The problem here is that outcomes are often different for different (e.g., older vs. younger) populations – *[not sure there is a problem here unless intervention is confounded with age--editor]*. The outcome of

- interest in an older population may be living independently vs running a marathon in a younger sample. Another issue is that if one person's baseline score is zero there percentage increase will be enormous, whereas a person who is already fit at baseline would have a lower percent increase.
- **ACTION: Rachel Seymour is interested; a small group will work with her with time frame being the first of the year ☺**
- Heather Patrick raised the idea of a meta-analytic approach or the percent of variance accounted for in each health domain. The plus side is that this would help us get around reliability issues and would give us the power to combine effects if we don't have much in each study. It would give us the power to replicate an effect even if we are not accounting for a huge amount of variance in quality of life. We can use correlations as an indicator of an effect size. The downside is that we may not have enough studies, but there have been recent meta-analyses conducted with only seven studies. This approach will only work once we have an effect to study and we do want something that will work at baseline.
 - **ACTION:** hold this until we have post test results
 - Other issues
 - We are interested in the temporal issue. That is, when might we see behavior change between time 1 and 2?
 - Action: next call or mtg see how comparable the time frames are across studies; Everyone email Lisa when you will have 6- and 12-month follow up. And give Lisa an idea of where you are in terms of numbers
 - Paper Production discussion
 - Call for Papers for special issue to Appear in *Preventive Medicine* Conceptualizing Multiple Health Risk Behavior Research. The paper is due **March 31.**
 - There was general agreement that we will submit something for this
 - **Geoff is willing to lead; it would be a conceptual paper with illustrations; Heather, Deborah; Rachel, and Russ agreed to help.** Marcia is also glad to help—react, etc. We will give people an opportunity to help write this but need to put in the time
 - Look at AJPM issue on multiple risk Michael Goldstein; Russ will send this around to the committee
 - **Marcia will touch base with Claudio Nigg to see if a lot of others are wanting to do something on outcomes**
 - For the future: There is also interest in a paper on outcomes on multiple behavior risk factors- that is, do people who have multiple risk factors change more than one thing? What about multiple risk factor relapse?
 - **Summary of Next steps and Action items**
 - Everyone email Lisa when you will have 6- and 12-month follow up. And give Lisa an idea of where you are in terms of numbers
 - Marcia will touch base with Claudio Nigg to see if a lot of others are wanting to do something on outcomes
 - Have an manuscript outline and rough draft proposals for 2 approaches above to combine trans-behavioral outcomes for our December phone call;
 - Schedule a call in December, progress report

- Have something out for group to think about on the various measures by first of year; empirically look at these different approaches, and then decide if they will work for us
- The Outcomes Group is “Texas permeable”; if a group is collecting quality of life; we will allow them to cross the border....maybe.