



Health Maintenance Consortium Resource Center
The Science of Maintaining Healthy Behavior

Site Progress Reports

Principal Investigator	As of August 31, 2007										February 1, 2007 – August 31, 2007			
	Current Recruitment Goal (A) #	Actual Recruitment (B)		Minorities		Women		Intervention Completed			Abstract (A) Manuscript (M) Other Work (O)	New Measures	Reported Challenges	Reported Findings
		#	%	#	%	#	%	(C) #	(C/B) %	(C/A) %				
Beresford	2908	2908	100	466	16	764	26	1120	39	39			X	
DiClemente	703	703	100	703	100	703	100	196	28	28		X		
Elliot	505	505	100	56	11	38	8	NA	NA	NA	O	X		
Friedman	1050	950	39	242	25	494	52	60	6	6	M		X	
Gorin	402	402	100	91	23	255	63	320	80	80	A			
Hooven	528	381	72	109	29	222	58	NA	NA	NA	A			
Hughes	536	536	100	352	66	462	86	434	81	81	A		X	
Killen	301	301	100	54	18	121	40	301	100	100	M			X
Kirby	131	131	100	89	68	46	35	131	100	100	A		X	X
Klesges	352	352	100	117	33	188	53	32	9	9				
Lapham	835	636	83	427	67	382	60	NA	NA	NA				
Lowe	238	238	100	174	73	212	89	60	25	25		X		X
Martinson	1049	1049	100	74	7	759	72	412	39	39	M			X
McKay	252	252	100	233	92	89	35	65	26	26	M		X	
Rimer	3547	3547	100	957	27	3547	100	3180	90	90	A,M,O			X
Roll	118	118	100	51	43	53	45	66	56	56	M,O			
Roll	119	119	100	64	54	45	38	58	49	49	M,O			
Toobert	279	279	100	28	10	279	100	126	45	45	M			X
Williams, G	950	708	75	197	28	424	60	165	23	17	M		X	X
Williams, P	16000	40000	250	6598	27	22203	59	*	*	*	M			
Wing	400	471	100	28	6	361	77	NA	NA	NA	A,M			X

*Missing Data

■ Recruitment Complete

■ Intervention Complete

□ Not an Intervention

HMC PI	Abstracts, Manuscripts and Other Scholarly Work
Elliot	Elliot, D.L. & Kuehl, K.S. The Effects of Sleep Deprivation on Fire Fighters and EMS Responders. A 100+ page report developed for the International Association of Fire Chiefs and the U.S. Fire Administration.
Friedman	Manuscript in progress
Gorin	Gorin, A.A., Raynor, H.A., Maguire, K.C., Jordan, D., & Wing, R.R. Obesogenic homes: differences in the home food and exercise environments of normal weight and overweight. Obesity Society Annual Meeting, New Orleans, LA, October 2007.
Hooven	Walsh, E., Thompson, E.A., & Randell, B.P. Trajectories of Change in Adolescent Suicide Risk. American Association of Suicidology, New Orleans, LA, April 2007.
Hughes	<p>Seymour, R.B., Hughes, S.L., & Desai, P. Expanding the Reach of Fit and Strong! A Comparison of Implementation Methods. American Public Health Association, Washington, D.C., November 2007.</p> <p>Seymour, R.B., Hughes, S.L., & Desai, P.M. Expanding the Reach of Fit and Strong!: An evidence-based physical activity program for older adults. Gerontological Society of America, San Francisco, CA, November 2007.</p> <p>Hughes, S.L., Seymour, R.B., Desai, P., & Huber, G. Fit and Strong!: Dissemination and implementation of the Evidence-based Program. American Society on Aging – National Council on Aging Annual Meeting, Washington, D.C., March 2008. <i>Note: Pre-conference intensive: full day training for certified exercise instructors planning to implement Fit and Strong!</i></p>
Killen	Manuscript in progress
Kirby	Padovano, A.K., Salber, K.E., Carpenedo, C.M., Rosenwasser, B.J., Dugosh, K.L., & Kirby, K.C. Working Alliance: Comparing Methadone Maintenance Patients' Working Alliance with Counselors versus Research Assistants Administering an Abstinence-based Reinforcement Intervention. Association for Behavioral and Cognitive Therapies Annual Convention, Philadelphia, PA, November 2007.
Martinson	Martinson, B.C., Crain, A.L., Sherwood, N.E., Hayes, M., Pronk, N.P., O'Connor, P.J. Maintaining physical activity among older adults: six month outcomes of the Keep Active Minnesota randomized controlled trial. <i>Preventive Medicine</i> , In press.

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
McKay	<p>Murphy, S.A., Lynch, K.G., Oslin, D., McKay, J.R., TenHave, T. (2007). Developing adaptive treatment strategies in substance abuse research. <i>Drug and Alcohol Dependence</i>, 88 Suppl 2: S24-30.</p> <p>Morgenstern, J. & McKay, J.R. (2007). Rethinking the paradigms that inform behavioral treatment research for substance use disorders. <i>Addiction</i>, 102(9), 1377-89.</p> <p>Mensingher, J.L., Lynch, K.G., TenHave, T.R., & McKay, J.R. Mediators of telephone-based continuing care for alcohol and cocaine dependence. <i>Journal of Consulting and Clinical Psychology</i>, In press.</p> <p>Murphy, S.A., Oslin, D.A., Rush, A.J., Zhu, J., et al. Methodological challenges in constructing effective treatment sequences for chronic psychiatric disorders. <i>Neuropsychopharmacology</i>, In press.</p> <p>McKay, J.R. Lessons learned from psychotherapy research. <i>Alcoholism: Clinical and Experimental Research</i>, In press.</p>
Rimer	<p>DeFrank, J.T., Bowling J.M., Rimer, B.K., Gierisch, J.M., & Skinner, C.S. (2007). Triangulating differential non-response by race in a telephone survey. <i>Preventing Chronic Disease</i>, 4(3)</p> <p>Gierisch, J.G., O'Neill, S.O., Rimer, B.K., Skinner, C.S., & Bowling, J.M. Who's Getting Annual Mammograms? Academy Health's Annual Research Meeting, Orlando, FL, June 2007</p> <p>Gierisch, J.G. Why Don't They Return? Predictors of Regular Mammography Use. 13th Annual NRSA Trainees Research Conference, Orlando, FL, June 2007.</p> <p>O'Neill, S.C., Bowling, J.M., Brewer, N.T., Lipkus, I.M., Skinner, C.S., Stringo, T.S., & Rimer, B.K. Intentions to maintain adherence to mammography. <i>Manuscript under review</i>.</p> <p>Lipkus, I.M., Bowling, J.M., Gierisch, J.M., O'Neill, S.C., & Rimer, B.K. When felt ambivalence predicts repeat mammography screening: it's the amount of thought that counts. <i>Manuscript under development</i>.</p> <p>DeFrank, J.T., et al. Comparison of enhanced usual care, enhanced, print, and automated telephone reminders on receipt of annual mammograms. <i>Manuscript under development</i>.</p> <p>Gierisch, J.G., O'Neill, S.C., Rimer, B.K., et al. Predictors of annual-interval mammography for women in their 40s. <i>Manuscript under development</i>.</p>
Roll	<p>Myeres, L., Masisis, K., & Roll, J.M. (2007). Promising treatments for methamphetamine use disorders. <i>Primary Care Provider</i>, April 2007, 101-103.</p> <p>Roll, J.M. (2007). Contingency-management: an evidence-based component of methamphetamine use disorder treatments. <i>Addiction</i>, 101: 1546-1560.</p> <p>Roll, J.M. & Newton, T. Contingency management for the treatment of methamphetamine use disorders. In: <i>Contingency Management in the Treatment of Substance Use Disorders: A Science-Based Treatment Innovation</i>, in press.</p>

HMC PI	Abstracts, Manuscripts and Other Scholarly Work (continued)
Toobert	<p>Barrera, M., Toobert, D. J., Angell, K. L. & Glasgow, R. E. Social support and social-ecological resources as mediators of lifestyle intervention effects for type 2 diabetes. <i>Health Psychology</i>, in press</p> <p>Toobert, D. J., Glasgow, R. E., Strycker, L. A., Barrera, M., Ritzwoller, D. P., & Weidner, G. (2007). Long-term effects of the Mediterranean lifestyle program: a randomized clinical trial for postmenopausal women. <i>International Journal of Behavioral Nutrition and Physical Activity</i>, 4: 1-12.</p>
Williams, G	Manuscript in press
Williams, P	<p>Williams, P.T. Self-selection accounts for inverse association between weight and cardiorespiratory fitness. <i>Obesity Research</i>, In Press.</p> <p>Williams, P.T. Changes in weight and waist circumference and incident hypercholesterolemia during 7 year follow-up. <i>Obesity Research</i>, In press.</p> <p>Williams, P.T. Asymmetric weight gain and loss from increasing and decreasing exercise. <i>Med Sci Sports Exer</i>, In press.</p> <p>Williams, P.T., Franklin, B. Vigorous exercise and diabetic, hypertensive, and hypercholesterolemia medication use. <i>Med Sci Sports Exer</i>, In press.</p> <p>Williams, P.T., La, I., Hoffmann, K.M. Weight-related increases in hypertension, hypercholesterolemia, and diabetes risk in normal weight men and women. <i>Arterioscler Thromb Vasc Biol</i>, 2007 Aug;27(8):1811-1819.</p> <p>Williams, P.T. Maintaining vigorous activity attenuates 7-year weight gain in 8,340 runners. <i>Med Sci Sports Exer</i>, 2007 May;39(5):801-9.</p> <p>Williams, P.T. Changes in vigorous physical activity and incident diabetes in male runners. <i>Diabetes Care</i>, In press.</p>
Wing	<p>Phelan, S., Roberts, M., Lang, W., Wing, R.R. Empirical evaluation of physical activity recommendations for weight control in women. <i>Medicine, Science, Sports, & Exercise</i>, In press.</p> <p>Phelan, S., Lang, W., Jordan, D., & Wing, R.R. Exercise dependence – a problem or natural consequence of high physical activity. North American Association for the Study of Obesity, New Orleans, LA, October 2007.</p>

HMC PI	Added Measures
DiClemente	Education related measures, sexual self-esteem scale
Elliott	Sleep, television viewing, screen time, new fatigue measures
Lowe	The Hollingshead measure of socioeconomic status

HMC PI	Reported Challenges
Beresford	We recruited to the new phase of the study a single location of a large, national corporation. Corporation policy does not allow outside solicitations and intervention was considered outside solicitation. Corporation halted participation in study. Another challenge we have experienced is maintaining high survey response rates at follow-up many years after baseline.
Friedman	We have a few challenges that we have encountered during recruitment. The first one is the fact that we had a high screen out rate using the NCI FV screener. Inclusion criterion of < 5 servings was not appropriate using this screener. We have since adjusted the criterion. The second problem was recruiting an equal number of males and females. We had to target males only for two months to get a balance. This took considerable effort given that we could recruit 3-4 females for every male. The third challenge has been with managing a large amount of data that are transferred between two collaborators. We lost a main server in March, which caused some data transfer issues and loss of subjects who were not willing to tolerate technical difficulties. Lastly, a tremendous challenge has been the ability to recruit and retain subjects on a limited budget. Given our recruitment costs, we may have to sacrifice a follow-up time point.
Hughes	retention of participants in posttest measurement continues to be a challenge, also implementation of the telephone reinforcement
Kirby	We are having trouble contacting participants for follow-up that have left the treatment program. We have recently been able to contact some of these participants, but continue to have low follow-up rates.
McKay	Continued struggles around getting follow-up rate up
Williams, G.	Recruitment remains a constant problem for the study.

HMC PI	<p style="text-align: center;">Reported Findings</p> <p style="text-align: center;">***DO NOT CITE WITHOUT PERMISSION OF PI***</p>
Killen	Treatment effect for extended CBT at 20 weeks, expired-air carbon monoxide confirmed 7 day point prevalence abstinence: CBT: 45%, telephone support: 29%, $p=.006$, history of depression moderated treatment response ($p=.03$).
Kirby	At the annual meeting of The College on the Problems of Drug Dependence we reported findings that showed significant differences between the treatment groups. After adjusting for the cocaine results of the intake urine sample, those receiving vouchers for 9 months were 2 times more likely to provide cocaine negative urine samples during a stepped-down contingency management phase than those that received vouchers for 3 months.
Lowe	For the following analyses, only participants with data for both 3-month assessment and 12-month assessment (i.e. completers) are included. Randomization to condition was effective at eliminating differences between groups on starting weight ($F(3,58) = 1.105, p = .354$), starting BMI ($F(3,58) = 1.471, p = .232$), and weight lost during the first 12 weeks ($F(3,56) = 0.793, p = .503$). An ANOVA was conducted to examine the effect of group on weight change from Assessment 2 to Assessment 3 (i.e., maintenance). No significant effects were found for Meal Replacements ($F(1,56) = 0.812, p = .371$), Energy Density ($F(1,56) = 0.104, p = .749$), or the interaction ($F(1,56) = 0.378, p = .541$). However, visual inspection of a graph of the results suggests that Meal Replacements result in weight loss during maintenance, whereas no Meal Replacements results in weight gain. Energy Density provides a weight maintenance advantage when meal replacements are given. These results are essentially unchanged when BMI at Assessment 1 is entered as a covariate. When the above analysis was repeated while controlling for amount of weight lost during the 12-week weight loss phase, the pattern of the non-significant results was largely similar. No significant effects were found for Meal Replacements ($F(1,55) = 0.148, p = .702$), Energy Density ($F(1,55) = 0.296, p = .588$), or the interaction between Meal Replacements and Energy Density ($F(1,55) = 0.450, p = .505$). The effect of the amount of weight lost during the 12-week weight loss phase is significant ($b = .453, SE = .161, t = 2.806, p = .007$).
Martinson	As shown in our recent Prev Med publication - our intervention was successful at helping participants maintain their level of PA at 6 months. Total PA at baseline was similar for treatment and control participants ($p < .44$) as was moderate/vigorous PA ($p < .21$). Maintenance of PA was higher among treatment participants whose mean 6 month change in total kcal/wk energy expenditure was -91, compared to -683 for control participants ($p < .002$). Mean 6-month change in kcal/wk expenditure in moderate or vigorous activities was -49 for intervention participants, compared to -612 for control participants ($p < .001$).

HMC PI	<p style="text-align: center;">Reported Findings (cont.)</p> <p style="text-align: center;">***DO NOT CITE WITHOUT PERMISSION OF PI***</p>
Rimer	<p>1) We are comparing the efficacy of our enhanced usual care, enhanced print, and automated telephone reminders on receipt of annual mammograms (manuscript in progress). Preliminary analyses showed women assigned to automated telephone reminders were more likely to have on-schedule mammograms compared to enhanced usual care (OR=1.31, 95% CI 1.08 - 1.59; p=.006). There was no difference in efficacy for enhanced print compared to enhanced usual care reminders (OR=1.16, 95% CI=.962-1.41; p=.118). Tests for interaction showed ATRs were particularly effective for married women (p=.027) and those whose previous mammograms were off-schedule (p<.0001). 2) We are in the process of finalizing analyses on the correlates of repeat annual mammography for women in their 40s. Preliminary results suggest that repeat mammography rates are low (39%). Having a family history and recalling receiving a mammography reminder in the past year are positively associated with repeat mammography use. Women who reported more barriers to and expressed less satisfaction with their previous mammography experiences were less likely to have received repeat mammograms on an annual interval. Further analyses of barriers suggests that being too busy or reporting that forgetting to make/keep mammography appointment may be particularly salient for this group of women.</p>
Toobert	<p>From baseline to 60 months, MLP-intervention participants made significantly greater improvements than Usual Care participants on measures of diet self-efficacy and confidence in overcoming challenges to illness management. Compared to the control group, MLP participants reported significant improvements in social support from baseline to 60 months as reflected by the positive score from the UCLA Social Support Inventory (Schwarzer et al., 1994). From baseline to 60 months, the MLP group significantly improved compared to the UC group in Hemoglobin A1c and total cholesterol.</p>
Williams, G	<p>Autonomy and competency predict maintenance as well as initiation of tobacco abstinence</p>
Wing	<p>As described in our paper (in press) and upcoming presentation, we found that successful weight losers spent more time in physical activity -- high intensity activity in particular -- compared with normal weight controls. We also found that successful weight losers scored higher on an exercise dependence questionnaire, their scores, however, did not appear to reflect "pathology" but rather appeared to be reflective of an active and healthy lifestyle.</p>