

“Happiness is nothing more than good health and a bad memory.”

Albert Schweitzer

PRESCRIPTION  
FOR

# health highlights

PROMOTING HEALTHY BEHAVIORS IN PRIMARY CARE RESEARCH NETWORKS

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RWJF toolbox for improving  
community efforts.

[rwjf.org/grantee/howtoCTB.jhtml](http://rwjf.org/grantee/howtoCTB.jhtml)

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[www.prescriptionforhealth.org](http://www.prescriptionforhealth.org)

## Interim PBRN Reports — Three Networks Cite Surprises

### CaReNet and HPRN—Colorado Research Network and High Plains Research Network



LEAP is the Colorado effort to create a healthy office in six primary care practices, with a control group of another six practices. The premise behind the study is to explore the “do as I do” approach starting with physicians, nurses, and office staff to model good health and fitness for their patients. Each intervention practice coaches up to 75 patients through healthtools, promotional activities and ads, and a trained LEAP researcher for support. The control patients receive only health tools that include a guide booklet, pedometer, and written prescription for health.

Javán Quintela, LEAP project manager, is excited about reports, like those below, coming from participating practices:

- “Enthusiasm is running very high. 7 of 12 staff members signed up for a mini-triathlon—all for the first time. At least half of the staff are eating better on a regular basis. There is a lot of talk about eating healthier.”
- “Most of us wear our pedometers daily.”
- “We split into three teams pulled randomly from a hat. Losers have to wash the winners’ cars who also get prizes donated from local businesses. We posted a large map on the wall on which we track the three teams as they march across the country. One team took 1,486,645 steps in a week.”
- It’s been fun. It [LEAP study] really jazzes

up the clinic, and it’s been great for morale. We could probably all use this in our clinics about this time of year.”

- The biggest thing it [LEAP study] has done is bring us [practice members] closer together as if we were all on the same level. I think it helps us get along better.

### KAN—Kentucky Ambulatory Network

*Bringing the Integrative Health Improvement Plan (IHIP) to Rural Kentucky* is a project that intends to test an evidence-based telephonic counseling approach rooted in stage of change to rural community practices in Kentucky. IHIP is a university-based program that links patients to trained health counselors for health evaluation, counseling, and follow-up relative to tobacco use and physical activity. The counselors then provide patient behavior change updates to the primary care clinicians.

Dr. Paul Dassow provided the following update: “One of the most rewarding experiences for our P4H team has been the reception and welcome we have received from the small, rural practices in our network. These practices have been very willing to meet with us and take time out of their day to discuss the project, and have also been very active in enrolling and referring patients for our intervention. Of the 14 practices involved, 12 have accounted for almost 1,400 patient referrals in 12 weeks. Most of these are either one or two clinician practices in rather isolated areas. Because of their location, I believe contact with the research network has given them a sense of belonging to a larger community and has fostered new lines of communication. In addition, we are able to provide a service that wouldn’t otherwise be available, and they are able to give us valuable input regarding logistics and needs in this population. We antici-



*pate that the current project will serve to strengthen our ties to these practices for future research. "*

### **ACORN**—Virginia Ambulatory Care Outcomes Research Network

This Virginia PBRN has set out to develop and test a website that hosts a stage-based portal to direct patients to resources best suited for moving them to a more advanced stage of readiness -to-change relative to four behaviors: diet, physical activity, risky drinking, and smoking. Findings will be compared to data gathered from two practices with no website access.



An ACORN patient provided the following feedback based on her experience with the Web-based Portal to Healthy Behavior project.

*"Your web site has been a very good reminder for me. I originally went there because my doctor told me to at my annual exam. She gave me the little paper with the website on it. Your origi-*

*nal survey made me stop and think about the daily choices I was making in my eating habits. I have struggled with my weight most of my life. I started to stop and think and make low fat, whole grain, fruit and veggie choices. I found the choices more satisfying. I started eating a LOT of soy based protein products instead of meat. There are a LOT*



*of delicious choices out there now. I have found that I make the choice 'organic' over non-organic now and the food is more satisfying. I eat less. I am losing weight. At my visit to my doctor a month after I started this I had lost several pounds and my blood pressure was VERY good. Keep up the good work. Maybe too much feedback. What I am trying to say is how grateful I am for your original survey. It got me thinking. The follow-up survey was a wonderful reminder. I had started to ease a bit, the survey was helpful. I refocused. Maybe I will make your web page my home page. I realize how it helps me stay focused. Thank you for this excellent tool to help me maintain and improve my health."*

## **WOOLF JOINS PARTNERSHIP FOR PREVENTION**

Dr. Steven Woolf, Director of ACORN, has been appointed Executive Vice President for Policy Development at Partnership for Prevention—a non-profit health policy organization based in Washington, D.C. that develops evidence-based policy recommendations to enhance the priority on prevention and health promotion in U.S. health policy and practice. This organization advises decision-makers in the public, private and nonprofit sectors on policies and practices to prevent disease and injury and to promote health. Steve will lead the analysis of policy and program options and development of policy recommendations to reduce major health burdens in the United States, such as cancer, heart disease, stroke, diabetes, and other preventable diseases, as well as health disparities.

Steve will maintain his faculty designation at Virginia Commonwealth University, as well as remain active as a P4H grantee and investigator. Congratulations, Steve, on this prestigious appointment.

## **DATES TO REMEMBER**

**Sept. 29-Oct. 1, 2004**

Innovators' Meeting  
Lansdowne, VA

**October 1, 2004**

P4H Publication Advisory  
Committee Meeting  
Lansdowne, VA

**November 30, 2004**

Final report due NPO

**January 2005**

Phase II CFP release date

## **No COST EXTENSION**

For those needing additional time to complete project work, please make this request in writing to the NPO. Please include:

- length of extension
- what will be done

## **REFWORKS**

P4H has imported references relevant to health behavior change counseling in primary care into this web-based bibliography and database manager software. These references can be used in writing papers, as it will automatically format manuscripts and bibliographies. New references will be added as available.

## **2004 Innovators' Meeting**

The Lansdowne Resort located near historic Leesburg, Virginia, will host the Sept. 29-Oct. 1, 2004 Innovators' Meeting.



www.lansdowneresort.com

# U.S. Primary Care PBRNs as Discovered by the PBRN Resource Center

PBRN as defined by the PBRN Resource Center: ***A U.S. network of at least 15 primary care practices or members directed by a dedicated researcher.***

- 111 active U.S. PBRNs were identified, 89 (80%) completed demographic surveys
- PBRN headquarters are distributed across 44 states with the highest concentration being in the East (not represented: AK, HI, MT, NV, ND, and WY)
- 38% of PBRNs completed at least one study with more than 1000 subjects
- Most PBRNs are associated with a university
- DM, cancer, and prevention studies—the most common foci for investigation

The two tables below report additional PBRN descriptive data, as well as list the important primary care conditions being studied in the nation's PBRNs:

Descriptive Data (n=89)	
Variable	Mean or %
Network age (years)	5 (0.2 to 36)
Average # of providers	153 (15-1,760)
Average # patients	278,635 (1,200-2.9M)
Provider type	
Single provider (n=32)	38%
family practice (n=17)	53%
pediatrics (n=10)	32%
intern. med. (n=1)	3%
NPs (n=2)	6%
Multiple providers (n=52)	62%
incl. FP providers (n=51)	98%
incl. Peds providers (n=39)	75%
incl. IM providers (n=37)	71%
incl. NPs (n=8)	10%

Clinical Areas of Study	
Topic	% of PBRNs Studying
Preventive medicine	48
Diabetes	45
Cardiovascular risk factors	30
Mental health	26
Cancer	20
Heart disease	17
Lung disease	16
Substance abuse	7

## 2004 INNOVATORS' MEETING

The Prescription for Health 2004 Innovators' Meeting is fast approaching. While the final agenda and meeting structure are in draft phases, you can expect:

- The A-Team to share program-wide insights, themes, and findings
- To learn one thing from each of the other 16 Innovators concerning cues, tools, and techniques for achieving health behavior change in primary care
- To learn at least one new insight about how to accomplish research in frontline primary care practice
- To get an update about the status of measurement in health behavior change
- To hear about state of the art and future IT potential for transforming practice
- To hear the latest about what is planned for phase II of P<sub>4</sub>H
- On-line registration to be available on PBRNet by mid-July

Due early September, will be a one-page written summary that includes important lessons, insights, preliminary results, study limitations, and opportunities from your projects.



# Prescription for Health Publication Advisory Committee

The *P<sub>4</sub>H Advisory Committee (PAC)*, appointed by the National Program Office (NPO), also reports to the NPO. The mission of the committee is to help ensure the dissemination of important insights emerging from the P<sub>4</sub>H program, and to increase the yield of important published results from the work of the innovators, Analysis Team, the PBRN Resource Center, and the National Program Office. The committee will: (1) identify important issues that merit publication, and (2) assist the NPO as a coordination and consultation body where suggestions and issues related to all types of publication and dissemination can be considered and addressed. The committee **is not** a governance committee serving as a gatekeeper, nor a replacement for individual PBRN responsibilities and publication policies. In general, the attitude of the committee will be one of enabling important work, and pursuing an enlarged portfolio of important work from the nation's PBRNs.

The committee is authorized to determine what issues are within its scope and ability, to request information from P<sub>4</sub>H Innovators, the PBRN Resource Center, the Analysis Team, and the National Program Office. Dr. Larry Green, the P<sub>4</sub>H Director and chair of this committee, appointed the following members to represent each of the key components of the program: Tom Bodenheimer (CRN), Myra Crawford (APBRN), Ellen Wald (PitNet), Maribel Cifuentes (National Program Office), Ben Crabtree (A-Team), Susan Hassmiller (RWJF), David Lanier (AHRQ), Bill Tierney (Resource Center), and John Wasson (National Advisory Committee).

The PAC will be convened by the Chair as business requires, and not less than once per year. The committee will meet face-to-face October 1, 2004, following the Prescription for Health 2004 Innovators Meeting. Other committee meetings are expected to take place virtually and asynchronously, conducting much of its business by email listserv.

At any time anyone may propose an issue for consideration by the Committee by emailing the PAC listserv. All participants in Prescription for Health are encouraged to notify the PAC of their publication plans and progress in a timely fashion, not for approval, but to permit identification of opportunities to collaborate and to avoid wasteful duplication of effort. A [PAC form](#) can be completed and e-mailed to the listserv to begin this process.

The National Program Office staffs the work of the PAC. Questions about the PAC or publication and dissemination efforts in general should be directed to Maribel Cifuentes or (303) 724-9772.

Visit PBRNet to learn more about the  
*Prescription for Health Advisory Publication Committee.*

