Selected Abstracts from the 16th Annual HMO Research Network Conference, March 21-24, 2010, Austin, Texas

Health and Wellness

C-A1-01:

Changes in Physical Activity and Nutrition in a Behavioral Intervention Pilot Study - Passport to Brain Wellness

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Background/Aims: Increasing concerns about cognitive decline and dementia in the aging populations of most westernized countries suggests the need for interventions that can preserve cognitive function, are cost-effective, and feasibly implemented on a large scale. Empirical evidence is accumulating that points to the potential beneficial effects of cardiovascular fitness, healthy diet, social integration and participation in cognitively stimulating activities in the maintenance of cognitive function. We have developed and pilot tested "Passport," a multi-component, cognitive-behavioral, phone and mail based intervention to promote such lifestyle changes in older adults. **Methods:** Cognitively intact (TICS ≥ 31), sedentary (<90 min physical activity[PA] per week) adults aged 61-80 years were recruited from among HealthPartners' members. Baseline assessments included cognitive function, biomarkers, lifestyle factors, and physical traits. In the first phase, 21 participants were recruited and all assigned (non-randomized) to receive a course book, pedometer, tool kit and 7 bi-weekly phone coaching calls. In the second phase, 42 participants were recruited and randomized to either the Guided Intervention (n=22) or a Self-Directed (n=20) group, who received the study materials but no coaching. We completed 6 month follow-up measures with 58 (92%) subjects, and report here on their PA and nutritional outcomes. **Results:** The 63 enrolled subjects were female (60%), 70 years old, highly educated (73% college or more), predominantly retired (81%), non-Hispanic White (71%), and married (65%). On average, they were overweight, BMI M=29.8, normotensive, systolic BP M=122.8, and normocholesterolemic, total serum cholesterol M=189.3. Mixed-model analyses indicated a time*treatment group effect on objectively monitored MVPA ($p<.05$), with a significant increase in the guided group (7.3 to 16.5mins/day, $p<.05$). We observed a significant effect of time on saturated fat intake ($p<.05$), with a significant pre-post reduction among Guided participants (26.1 to 23.4 grams, $p<.05$). Similar patterns of effects were observed for intake of fruits, vegetables and dietary fiber. Finally, we observed a time effect on intake of fish high in omega-3 fatty acids, driven by an increase in the non-randomized group ($p<.05$). **Conclusions:** Passport shows promise for improving aspects of lifestyle behaviors hypothesized to be important for the primary prevention of cognitive decline in older adults.

Keywords: Intervention Studies, Physical activity behavioral research, Lifestyle behaviors

doi:10.3121/cmr.2010.943.c-a1-01

C-A1-02:

Evaluating Kaiser Permanente Georgia's Worksite Wellness Programs in the Atlanta Area

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Background/Aims: There are few prospective evaluations of the effectiveness of worksite wellness programs in achieving improved lifestyle and health. Our study has two objectives: 1) to assess the cross-sectional associations of biometric status, lifestyle, and health obtained at a wellness program's enrollment session, and 2) to assess changes in biometric status, lifestyle, and health between the enrollment and 6-month disenrollment sessions. **Methods:** For this prospective cohort study, participants were recruited from Kaiser Permanente Georgia (KPG) subscribers who were employed at a mid-sized private employer group. Participants completed a biometric assessment and written survey. The biometric measures included height, weight, blood pressure, hip/waist ratio, and total cholesterol. The written survey included measures of: health (SF-12), patient activation (PAM-13), leisure physical activity (BRFSS), food screeners (Block), and work presenteeism (SPS-6) and absenteeism. Over the next 6 months, participants will attend seminars on exercise, weight loss, and healthy cooking and eating. The biometric assessment and survey be repeated in February 2010. **Results:** Of the 63 eligible KPG subscribers, 60 (41 females and 19 males) consented to participate. Participant ages ranged from 28-77 years. Overall, physical and emotional health, activation, leisure physical activity, dietary intake, and BMI were comparable to results obtained among relatively healthy, low risk working age adults in a 2005 survey of KPG subscribers in large group employers. Total cholesterol was significantly ($p<0.05$), positively associated with percent fat in diet; and, percent fat in diet was significantly, inversely associated with activation. Participants with 1 or more days absent from work in the most recent 4-week period reported significantly higher total cholesterol and percent fat in diet and significantly lower activation. Participants with high levels of presenteeism were significantly less likely to report leisure physical activity at the recommended level. **Conclusions:** The initial results indicate that improving levels of activation (improved self-efficacy, motivation to pursue a healthy lifestyle and adhere to recommended care) might improve dietary intake (thereby reducing fat intake and cholesterol levels) and decrease BMI. The final wellness program evaluation will indicate how much change in these measures might occur in a relatively healthy group of working age adults.

Keywords: Worksite wellness program, Lifestyle, Improved health and wellness

doi:10.3121/cmr.2010.943.c-a1-02