explain the study and schedule an in person screening. **Results:** In 2008-2009, over 15,000 children ages 4-8 had at least one height and one weight recorded in the EHR at the same visit with BMI > 85th % for age, sex. 11,276 physician letters were mailed: 9,954 opt in letters over 13-months (Cohorts 1-3) and 1,322 opt out letters in 2-months (Cohort 4). Of the 170 families screened, 58/107 (54%) identified opt in letters as recruitment source; 49/63 (78%) families in Cohort 4 reported opt out letters introduced them to the study. Fifty-six families gave written informed consent and/or assent and were randomized to one of two groups – Group Family Behavior Modification (FBM) or Enhanced Information Mailing (EIM) group. Three FBM and two EIM families dropped before treatment started. **Conclusions:** Physician letters to parents of eligible children identified in the EHR were the most successful recruitment strategies for the primary care obesity prevention study. Opt-out physician letters shortened recruitment time and doubled the number of participants recruited for the final cohort.

Keywords: Obesity, Prevention, Childhood

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C-C2-05:

Primary Care Web-Based Lifestyle Intervention for Type 2 Diabetes: Randomized Controlled Trial to Improve Knowledge and Self-Care

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Background: Rapidly growing numbers of Type 2 Diabetes (T2D) in the US continues to escalate need for evidence-based primary care interventions to reduce complications and costs. Limited time, information, and lack of revenue for chronic disease management create gaps between national guidelines and primary care for diabetes. **Methods:** Of the over 20,000 diabetics were identified in Geisinger EPIC® EHR, 3166 T2D with diagnosis on problem list or ICD-9 code had HgA1c > 8.0%. Physician letters or emails were sent to invite them to call to Opt OUT if they did not want more information. After a 10 day period, staff called 1932 eligible T2D to invite them to a shared medical primary care visit to participate in a randomized controlled trial comparing a tailored 5-month web-based lifestyle intervention (dLifeG.com) to usual care. 166 Type 2 diabetics gave written informed consent and were randomized 1:2 to control group or intervention group. In <20 minutes with simple computer instructions, T2Ds in intervention group created password protected personalized website to set goals, view weekly lessons, and take interactive quizzes to improve diabetes knowledge and self-management. Weekly emails with lesson topics and links to the dLifeG.com were sent to intervention group participants. At end of study, control group will also have access to website intervention. **Results:** At midpoint, ~3/4th of the 100 T2 diabetics in intervention group were engaged [defined by the number of site page viewed (0-3090 pages), emails opened (0-100%), and quiz pages consumed (0-578)]. Mid and end of study changes in diabetes knowledge, HgA1c, Blood Pressure, and weight will be discussed. **Conclusions:** Web-based lifestyle interventions can be employed in primary care to engage a majority of diabetics with HgA1c > 8.0 in a self-management lifestyle modification intervention. Importantly, the study also helped identify diabetics who may need additional resources and assistance with chronic disease management.

Keywords: Diabetes, Intervention, Self-care

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PS2-01:

Factors Influencing Completion in the IDEA Diabetes Education Study

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Background/Aims: Participant non-adherence to study protocols can adversely affect clinical trials by reducing statistical power. Similarly non-adherence is an important issue in clinical practice. Ceasing to participate is one form of non-adherence. Subject characteristics appear to influence adherence. We evaluated relationships between subject characteristics and completion of educational sessions in IDEA, a clinical trial testing 2 modes of diabetes education in patients with sub-optimal diabetes control. **Methods:** IDEA eligibility criteria included Type 2 diabetes, A1c ≥ 7%, and no recent diabetes education. Subjects (n=623) were randomly allocated to one of 3 diabetes education treatment arms; individual education, group education, or a comparison group with no active intervention. Individual education consisted of three 1-hour sessions, following an AADE program. Group education was delivered in four 2-hour group sessions that emphasized patient interaction. Subjects were considered adherent if they completed all assigned sessions. At the end of the study, tracking data indicated completion rates of 72.0% (175/243) in the group education intervention and 86.1% (211/245) in the individual treatment intervention. We sought to identify demographic, psychosocial and clinical characteristics that might explain non-completion. We hypothesized that, within each arm, baseline health status (SF-12 mental composite and physical composite scores), depression (PHQ9), personality type (TIPI Big 5; extraversion, agreeableness, emotional stability, conscientiousness, and openness), and Hb A1c level were associated with completion. **Results:** In the group education arm, subjects scoring higher on the emotional stability scale were more likely to complete (p<0.05). Generally, demographic factors were more strongly associated with completion of group education than were psychosocial or clinical factors: women and older subjects were more likely to complete than men and younger subjects (gender, p=0.008; age, p<0.0005). Within the individual education arm, completion was predicted by higher physical health score (SF12-PCS; p=0.005), higher mental health scales (SF12-MCS, p=0.008), lower depression score (PHQ9, p=0.002), and lower Hb A1c (p<0.05). However, neither gender nor age was associated with completion. **Conclusions:** Factors related to study completion appear to differ between the 2 diabetes educational interventions. These results may be relevant to diabetes educational programs considering strategies to improve “no show” and lack of completion rates.

Keywords: Diabetes education, Group education, Adherence

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PS2-06:

Regional Variation in Response to Diabetes Education in the IDEA Study

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Background/Aims: ‘Journey for Control of Diabetes: The IDEA Study’ is an ongoing randomized trial evaluating the efficacy of group diabetes education (GE) using US Diabetes Conversation Maps™ and conventional individual diabetes education (IE) among adults with sub-optimally controlled Type 2 diabetes (A1c ≥ 7%). The study is being conducted at 2 sites, Minneapolis, MN, and Albuquerque, NM. Because the 2 sites are regions with diverse demographic characteristics, the goal of this paper was to identify differences in the main outcome (A1c) between sites. **Methods:** In addition to A1c ≥ 7, study inclusion criteria were patients who were diagnosed with diabetes, and were diabetes education-naïve within the last one to two years. Consenting patients were randomly assigned to receive either: GE, IE or usual care (UC) as recommended by the primary care provider. All education was provided through each care system’s ADA-recognized education program. Follow-up A1c levels were obtained from electronic laboratory data. Differences in A1c levels were evaluated using Generalized Linear Models (SAS 9.2). **Results:** There were 623 patients enrolled: 337 from MN and 286 from NM. Sample demographics were: mean age of 60.0 (MN) and 64.0 (NM); percent female, 44.8 (151/337) for MN and 54.9 (157/286) for NM; race/ethnicity, 81.1% (276/337) white, 8.1% (27/337) black, 3.6% (12/337) Hispanic, and 7.2% (24/337) other for MN, and NM 45.6% (130/286) white, 2.5% (7/286) black,