

PS2-14:

Why People Don't Eat Fruit and Vegetables: Insight from Participants Who Enrolled in MENU

Julie E Richards, MPH, *Group Health, Center for Health Research*; Jennifer B McClure, PhD, *Group Health, Center for Health Research*; Gwen L Alexander, PhD, *Henry Ford Health System*; George Divine, PhD, Josephine Calvi, MPH, *Kaiser Permanente Georgia*; Melanie A Stopponi, MPA, CHES, *Kaiser Permanente Colorado*; Cheri Rolnick, PhD, *HealthPartners Research Foundation*; Deborah P Ritzwoller, PhD, *Kaiser Permanente Colorado*; Christine Cole Johnson, PhD, *Henry Ford Health System*

Background: In order to develop effective dietary interventions, public health researchers need to better understand the reasons people do not to eat the recommended minimum servings of fruits and vegetables (F&V). **Methods:** Adults were recruited from five U.S. health plans in Washington, Colorado, Minnesota, Michigan and Georgia and enrolled in an online dietary intervention study designed to increase F&V consumption (MENU). Prior to the intervention, 2,513 eligible participants completed a baseline questionnaire assessing demographics and other information relevant for tailoring the intervention content, including perceived barriers to eating F&V. Participants also indicated if they were currently trying to eat more F&V or not. We compared groups who were ($n=849$) and were not ($n=1651$) trying to increase F&V intake at baseline, to examine if there were distinguishing characteristics which would help inform future intervention development targeted at individuals not trying to change their diet. **Results:** Compared to persons trying to change their diet, those not trying to change were more likely to be male ($P=.05$), younger (45.9 years vs. 47.1 years, $P=.01$), and a higher mean BMI (29.5 vs. 27.1, $P<.001$). Groups did not differ by education or race. Statistically significant differences were observed across most perceived barriers for eating both fruits and vegetables (assessed separately for each). The greatest differences ($P<.001$) were seen for the following perceptions: that F&V go bad too quickly, they do not satisfy hunger, were not available in their homes, cost, concerns about preparation time, and participants did not know how to add more servings of each to their diet. In all cases, persons who were not trying to change their diets rated these as more significant barriers. **Conclusions:** The results suggest that persons who are not actively trying to change their diet differ from people who are actively trying to eat healthy. Many of these differences may be modifiable through appropriate education and training. Others, such as the expense of F&V, may be modifiable at an environmental level by public policy makers. The insight gained from this study may help inform future intervention studies designed to effect important dietary changes.

PS2-26:

Development of Interventions to Reduce Adolescent Use of Indoor Tanning: The Talking Tanning and Teens Study

Cheri J Rolnick, PhD, MPH, *HealthPartners Research Foundation*; Jody Jackson, RN, BSN, *HealthPartners Research Foundation*; DeAnn Lazovich, PhD, *University of Minnesota School of Public Health*; Kelvin Choi, MPH, *University of Minnesota School of Public Health*; Brian Southwell, PhD, MA, *University of Minnesota School of Journalism and Mass Communication*; Jean Forster, PhD, MPH, *University of Minnesota School of Public Health*

Background: Use of indoor tanning devices has been associated with a range of adverse effects including burns, corneal damage, premature wrinkling, as well as melanoma and non-melanoma skin cancers. Indoor tanning is a common behavior among females and many begin use during adolescence. Interventions that target teens and parents to decrease use are lacking. **Aims:** This project is a collaboration between HealthPartners (HP) and the University of Minnesota (UofM) to develop materials to encourage parent-teen communication about indoor tanning. **Methods:** Adolescents 14–16 years (tanners and non-tanners) and parents of teenagers this age were recruited to participate in focus groups on indoor tanning. The following recruitment strategies were used: (1) fliers posted in HP clinics, (2) notices in HPs online employee newsletter and intranet, (3) flier included with earnings statement to employees ($n=2600$), (4) fliers posted on UofM campus, (5) advertisements in three community newspapers, (6) targeted mailing (followed by phone invitation) to 528 households identified via health plan administrative data, (7) targeted postcard mailing ($n=1000$) to UofM employees, (8) recruitment through high schools (health education

teachers, invitation to parents, cafeteria recruitment table). **Results:** Recruitment strategies 1–5 yielded 30 inquiries and six parent and six teen participants. Strategy 6 yielded four parent and four teen participants; of the 528 households targeted, 68% could not be reached by phone with one attempt, 11% had nonworking phone numbers, 15% refused participation (not interested in topic), 2% stated their teens did not tan and 1% could not attend dates offered. Strategy 7 yielded eight inquiries for the study. Strategy 8 yielded four teen groups (Ns of 6 boys, 2 girls, 6 girls, 7 boys). Invites to parents via schools produced two phone inquiries. **Conclusions:** Recruitment was much more difficult than anticipated, requiring eight different approaches. Our original plan of conducting six focus groups (total of 60 participants), ended up with six teen groups ($n=31$) and two parent groups ($n=10$). When conducting studies that rely on patient recruitment of a small subsample of the population and for which an interest in the topic is unknown, adequate time, energy and resources should be devoted to recruitment efforts.

Cancer

C-C4-01:

Statin Use and Risk of Basal Cell Carcinoma

Maryam M Asgari, MD, MPH, *Kaiser Permanente Northern California*; Jean Tang, MD, PhD, *Kaiser Permanente Northern California*; Ervin Epstein, MD, *Kaiser Permanente Northern California*; Mary-Margaret Chren, MD, *Kaiser Permanente Northern California*; Margaret Warton, MPH, *Kaiser Permanente Northern California*; Charles P Quesenberry Jr, PhD, *Kaiser Permanente Northern California*; Alan S Go, MD, *Kaiser Permanente Northern California*; Gary D Friedman, MD, MS, *Kaiser Permanente Northern California*

Background: Limited data exist about the association between statin use and skin cancer risk. We examined the independent relation between statin use and basal cell carcinoma (BCC) risk. **Methods:** We identified all members of a large integrated healthcare delivery system diagnosed with a histologically proven BCC in 1997. Subsequent BCCs were identified through 2006 from health plan electronic pathology records. Longitudinal exposure to statins and other lipid lowering agents was determined from automated pharmacy records. We used extended Cox regression to examine the independent association between receipt of statin therapy (ever vs. never, cumulative duration) and risk of subsequent BCC. To minimize confounding by indication, we conducted sensitivity analyses in the subset of individuals considered eligible for lipid lowering therapy based on national guidelines. **Results:** Among 12,123 members diagnosed with BCC who had no prior statin exposure, 6,381 developed a subsequent BCC during follow-up. Neither ever use of statins (adjusted hazard ratio [aHR] 1.02, 95% CI: 0.92-1.12) or cumulative duration of statin (aHR 1.02 per year, 95% CI: 0.99-1.11) was associated with subsequent BCC after adjustment for age, sex, and healthcare utilization. Risk estimates did not change appreciably when the analysis was limited to the subset of individuals who met eligibility criteria for initiating statin therapy. There was also no significant association between use of non-statin anti-lipemics and subsequent BCC (aHR 1.10, 95% CI: 0.76-1.58). **Conclusions:** Among a large cohort of individuals with BCC, statin therapy was not significantly associated with risk of subsequent BCC.

C-C4-02:

Improving Survivorship Care for Long-Term Colorectal Cancer Survivors: Key Findings of a 5-Year Study

Carmit K McMullen, PhD, *Kaiser Permanente Northwest*; Mark C Hornbrook, PhD, *Kaiser Permanente Northwest*; Lisa J Herrinton, PhD, *Kaiser Permanente Northern California*; Andrea Altschuler, PhD, *Kaiser Permanente Northwest*; Marcia Grant, RN, PhD, *City of Hope Medical Center*; Christopher Wendel, MS, *Southern Arizona VA Health Care System*; Stephen Joel Coons, PhD, *University of Arizona College of Public Health, University of Arizona College of Pharmacy*; Sylvan B Green, MD, *Kaiser Permanente Northwest*; M Jane Mohler, PhD, *Arizona State University*; Carol M Baldwin, PhD, RN, *Arizona State University*; Michelle Ramirez, PhD, *University of the Sciences in Philadelphia*; Robert S Krouse, MD, *Southern Arizona VA Health Care System*

Aims: Understand the determinants of health related quality of life (HRQOL) and the lived experiences among colorectal cancer (CRC) survivors, and