Table F-6. Key Question 2 studies with a second outcome

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Banait et al., 20032 | G1: Mailed guidelines (increase reach)G2: Educational outreach (Multicomponent)  | Behavior (applicable for clinicians) Findings at open access endoscopy. Number of endoscopies performed. | 7 mths before and after interventionChart | G1: 56G2: 57 (ITT analysis) | PreinterventionMajor findingsG1: 37.4%G2: 31.1%Minor findings: G1: 24.8%G2: 29.4%NormalG1: 37.8%G2: 39.5%PostinterventionMajor Findings:G1:35.5%G2: 31.7%Minor findingsG1: 25.4%G2: 24.9%Normal findings:G1: 39.1%G2: 43.4% | No change in the relative proportions of major, minor, and normal findings pre- and post- for either group of practices.  | NRNon-parametric |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Becker et al., 20084 | G1: Mailed guideline (Increase clinician reach)G2: Guideline implementation (multicomponent, clinicians only)G3: Guideline implementation and motivational counseling directed at patient (multicomponent, clinicians and patients) | Health-related decisions or behavior (applicable for general public/patients) Overall physical activity. Measured using the FQPA. The FQPA has satisfactory psychometrical properties and allows a calculation of weighted MET hours per week. | baseline, 6 mth, 12 mthself-report | PatientN at baseline = 1378G1: 479G2: 489G3: 410N at 6 mths=1261G1: 450G2: 435G3: 376N at 12 mths=1211G1: 425G2: 421G3: 365 | 6 monthsG1: M =33.51G2: M=36.47G3: M=36.2912 monthsG1: M=42.88G2: M=46.43G3: M=45.93 | 6 months (author provided odds ratios for groups compared with control only)Mean diff (95% CI)G1 vs. G2: 2.96(-1.63/7.55)G1 vs. G3: 2.78 (-1.78/7.35)G2 vs. G3: 0.177\* p=NR12 monthsMean difference (95% CI)G1 vs. G2: 3.55 (-1.45/8.54)G1 vs. G3: 2.52 (-2.48/7.50)G2 vs. G3: 1.036\* p=NR | Sex, age, fear avoidance, physical activity, and number of days in pain during previous 6 monthsMultilevel mixed modeling accounting for clustering of data on practice level |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Bekkering et al., 20055,6 | G1: Received guidelines by mail (increase reach)G2: Received guidelines + active training strategy (multicomponent) | Clinical outcomes (applicable for general public/patients) Physical functioning (QBPDS), which consists of 20 activities of daily living. Each activity is scored on a 6-point scale ranging from 0 (“no trouble”) to 5 (“unable to”), and the total score ranges from 0 (“no dysfunction”)to 100 (“maximum dysfunction”). | Baseline, 6, 12, 26, and 52 weeks after baselineSelf-report | BaselineOverall=511 patientsG1: 259 patientsG2: 256 patients6 weeksOverall=511 patientsG1: 259 patientsG2: 256 patients12 weeksOverall=511 patientsG1: 259 patientsG2: 256 patients26 weeksOverall=511 patientsG1: 259 patientsG2: 256 patients52 weeksOverall=511 patientsG1: 259 patientsG2: 256 patients | Mean scores and interquartile rangesBaselineG1: 40.5 (26.3-55.8)G2: 38.0 (26.5-50.5)6 weeksG1: 23.5 (11.0-37.8)G2: 24.0 (13.0-40.0)12 weeksG1: 17.5 (6.0-30.8)G2: 20.0 (7.0-32.8)26 weeksG1: 11.0 (4.0-29.0)G2: 16.0 (5.0-32.0)52 weeksG1: 13.0 (4.8-29.0)G2: 17.0 (4.6-32.0) | Adjusted absolute differences (G2-G1):6 weeks: 1.96 (-1.44 to 5.37)12 weeks: 2.83 (-0.66 to 6.31)26 weeks: 4.00 (0.68 to 7.33)52 weeks: 3.55 (-0.25 to 7.35) | Sex, Previous episode of back pain, duration of current episode of back pain, pain and coping inventory relaxation subscale. Clustering of practices, physical therapists, patients, time points.Multilevel modeling; Wald chi-square tests |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Bishop and Wing, 200641 | G1: Control (not abstracted)G2: Physician only (increase reach)G3: Physician and patient (multicomponent) | Behavior (applicable for clinicians) Guideline-concordant treatment advice for 5-12 week post injury period. The compulsoryWCB physician report forms were collected and scored. Dichotomous measure of 1 = presence of concordant/discordant behavior. | Once at 5-12 weeksWorkers’ Compensation Board reports | 5-12 weeksOverall N=448G2: 154 G3: 145 | ConcordantSupervised exercise program:G2: 19%G3: 18%Return to workG2: 24%G3: 23%Ref to Interdisc. Program:G2: 4%G3: 0%Discordant behaviorPhysiotherapyG2: 41%G3: 42%NOTE: Authors did not provide any figures, tables, or data for the >12 week measures. Only state no change seen in the recommended use of ongoing supervised exercise programs.  | Only compared control to each conditionSupervised exerciseG2 vs. G3: 1%\*, p=NRReturn to workG2 vs. G3: 1%\*,p=NR Referred to Interdisc programG2 vs. G3: 4%\*,p=NRPhysiotherapyG2 vs. G3: 1%\*, p=NRNOTE: Authors did not analyze between groups difference from each other. Only state no change seen in the recommended use of ongoing supervised exercise programs.  | NoneChi-square |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Campbell et al., 20047 | G1: Control (not abstracted)G2: LHA (increase motivation)G3: TPV (multicomponent)G4: TPV and LHA (multicomponent) | Health-related decisions or behavior (applicable for general public/patients) Physical activity.16-item checklist assessed frequency of different types of activity, with response options of “don’t do”, “1-3 times/month” “1-2/week” “3-4/week” “5 or more/week”Total physical activity was the sum of all 16 items. Moderate-vigorous recreational activity was calculated by summing responses for 11 of the items (walking, jogging, swimming, biking, sports, etc.). PA was then calculated in terms of MET hours per week. MET hours/week calculated by multiplying frequency time duration (converted  | Baseline and 1 yr followupSelf-report | N=587G2: 123G3: 159G4: 176 | Recreational activity METBaselineG2: 10.5 (0.90)G3: 9.5 (0.80)G4: 9.7 (0.76)FollowupG2: 10.6 (0.70)G3: 10.9 (0.61)G4: 9.7 (0.60)% meeting PA recommendationsBaselineG2: 45.5G3: 41.1G4: 40.9FollowupG2: 43.9G3: 46.3G4: 45.9 | Recreational activity METBaselineG2 vs. .G3: 1.0\*G2 vs. G4: 0.8\*G3 vs. G4: 0.2\*ns, p=0.80FollowupG2 vs. G3: 0.3\*G2 vs. G4:0.9\*G3 vs. G4: 1.2\*p=0 .04 for TPV intervention versus controlBaselineG2vsG3: 4.4\*G2vsG4: 4.6\*G3vsG4: 0.2\*ns, p=0.68FollowupG2vsG3: 2.4\*G2vsG4: 2.0\*G3vsG4: 0.4\*p=0.04 for the TPV “intervention main effect” (see outcome 1) | Demographicsregression models |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Campbell et al., 20047 (continued) |  | to hours per week) by the MET value for each activity and summing across items. |  |  |  |  |  |
| Carney et al., 20058 | G1: Mailed health information (increase reach)G2: Telephone counseling (increase motivation) | Health-related decisions or behavior (applicable for general public/patients) Mean time interval between screening exams (measured in months). | Designated time interval for up-to-date status was within 14 months of the intervention dateObjective measurement; NIH mammography registry | Overall N=258G1: 126G2: 132 | M (SD) between 1st and 2nd interventionG1: 30.3 (15.9)G2: 25.7 (14.4)M (SD) 15 months after 2nd interventionG1: 33.2(19.4)G2: 25.8 (16.4) | Difference in groups between 1st and 2nd intervention, 4.6\*,p=0.02Difference in groups 15mth after 2nd intervention=7.4\*,p=0 .001 | NRt-test |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Christakis et al., 20069 | G1: Usual care (not abstracted)G2: Parental content Alone (increase reach)G3: Provider notification alone (not abstracted)G4: Parental content and provider notification (multicomponent) | Health-related decisions or behavior (applicable for general public/patients)Patients were asked about their preventative practices. In some cases, there was >1 question for each behavior. For example, for smoking, they asked whether patient had quit, had set a quit date, or had contacted the tobacco quit line, all of which were associated with successful smoking cessation.  | 2 to 4 weeks after the scheduled well-child visitself-report | Unclear |  IRR (95%CI) G2: 1.05(1.01-1.09)G4: 1.07 (1.03-1.11) | G4 and G2 significantly differed from G1 (reference)G2 vs. G4: 0.02 | NRPoisson Regression |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Davis et al., 200410 | G1: Control - guidelines by mail (increase reach)G2: Intermediate (multicomponent)G3: High intervention (multicomponent) | Clinical outcomes (applicable for general public/patients) Epilepsy-specific QOL. Mastery = measures their sense of mastery of their illnessImpact = the impact of epilepsy on patients’ lives | Baseline and 12 month followupSelf-report | Patients atBaseline: Overall:1,133 G1: 370G2: 364G3: 399Patients at followupOverall=811G1: 255G2: 269G3: 287 | BaselineMasteryG1: 20.1 (19.4/20.8)G2: 20.2 (19.7/20.7)G3: 19.9 (19.2/20.7)ImpactG1: 28.4 (27.1/29.6)G2: 29.1 (28.1/30.2)G3: 27.8 (26.0/29.7)12mth followupMasteryG1: 20.3 (19.7/20.8)G2: 20.5 (19.9/21.0)G3: 19.7 (19.1/20.4)ImpactG1: 28.8 (27.6/29.9)G2: 29.4 (28.3/30.5)G3: 28.1 (26.3/30.0) | No significant differences in scale scores were seen across the arms at baseline or after the interventionMasteryG1 vs. G2: 0.1\*G1 vs. G3: 0.2\*G2 vs. G3: 0.3\*p=NRImpactG1 vs. G2: 0.7\*G1 vs. G3: 0.6\*G2 vs. G3: 1.3\*p=NR12 month followupMasteryG1 vs. G2: 0.2\*G1 vs. G3: 0.6\*G2 vs. G3: 0.8\*p=NRImpact G1 vs. G2: 0.6\*G1 vs. G3: 0.7\*G2 vs. G3: 1.3\*p=NR | Deprivation, age, sex, and the training status of the practicet tests |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Elder et al., 2005;12 200642 | G1: Culturally targeted print-materials + activity inserts (increase reach)G2: Tailored print materials + activity inserts + supporting materials (multicomponent). G3: Tailored print materials + in-person promotora (multicomponent) | Clinical outcomes (applicable for general public/patients) Total dietary fiber (g)12 monthsTotal fatEnergyTotal saturated fatSoluable dietary fiberInsoluable dietary fiberTotal carbohydratesGlucoseFructoseSucrose | Baseline,12 week, and 12 month followupsSelf-report face-to-face interview | 12 weeksFollowupN=313G1: 107G2: 99G3: 10712 monthsN=281G1:98G2: 90G3: 93 | 12 weeksAdjusted Mean at Time 2 for total dietary fiberG1: 15.6gG2: 17.2gG3: 16.1g12 monthsAdjusted mean, in grams of total fat at 12 weeks minus grams at 12 months (p=0.028)G1: 49.1-51.9=-2.8 G2: 49.8-45.3=4.5G3: 43.1-50.4=7.3Adjusted mean, in grams of energy at 12 weeks minus kilocalories at 12 months (p=0.018)G1: 1430.5-1459.6=-26.1G2: 1420.6-1352.9=-67.7G3: 1288.7-1453.7=-165 | 12 weeks, dietary fiberG1 vs. G2: 1.6\*G1 vs. G3: 0.5\*G2 vs. G3: 1.1\*p=NR, but not significant12 monthsDifference of the differences between values at 12 months compared to 12 weeksEnergy (p<0.03)Total fat (p<0.03)Fructose (p<0.02)Total saturated fat (p<0.07)Differences *among the 3 groups* at 12 months for every outcome controlling for group main effect, time main effect, group x time interaction, and baseline level not significant Glucose: Group-by-time interaction was not significant but a main  | baseline meanTukey-Kramer multiple comparison test Mixed effects regression |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Elder et al., 2005;12 200642(continued) |  |  |  |  | Adjusted mean, in grams of total saturated fat at 12 weeks minus grams at 12 months (p=0.043)G1: 16.5-18.4=-1.9G2: 16.9-15.6=1.3G3: 14.5-17.2=-2.7Adjusted mean, in grams of fructose at 12 weeks minus grams at 12 months (p=0.007)G1: 19.0-19.7=-0.7G2: 22.7-18.2=4.5G3: 17.0-19.0=-2.0 | effect was detected (p<0.03). Promotora condition had a lower mean (16.8) than the tailored group (19.3) based on a Tukey’s test. |  |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Feldstein et al., 200613 | G1: Usual care (not abstracted)G2: EMR reminder (increase reach for clinicians)G3: EMR reminder and patient reminder (via letter with educational materials (multicomponent) | Health-related decisions or behavior (applicable for general public/patients) Percent receiving Bone mineral density measurement via DXA | Within 6 months of interventionElectronic data provided by referral site | G1: 101G2: 101G3: 109 | G1: .9%G2: 23.8%G3:22.9% | Difference: G2 vs. G1 22.995% CI: .39 (.28-.50)p=NRG3 vs. G1 2295% CI: .31 (.21-.43)p=NRG3 vs. G2 -.995% CI:NR | Fracture type, age, weight less than 127 pounds, osteoporosis diagnosis, and Charlson co-morbidity index.General linear modeling using treatment group, fracture type, age, weight, osteoporosis diagnosis and Charlson Comorbidity Index indicators. Models include independent variables significant in univariate analyses at p<.10. Continuous outcome measures change scores regressed on the baseline values and indicators of treatment |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Feldstein et al., 200613 (continued) |  |  |  |  |  |  | groups. Logistic regression used for unadjusted results |
| Gattellari et al., 200514 | G1: Leaflet (increase reach)G2: Video (increase reach)G3: Booklet (increase reach) | Behavioral intentions to use or apply the evidencePropensity to undergo screening during the next 12 months (5-point likert ranging from “definitely not want”, “unlikely to want”, “not mind”, “probably want” to “definitely want” | 21 days after receiving information (range 15-31)Self-report | N=405 | Posttest: n (%)G1: Definitely not want: 3 (2.2)Unlikely to want: 17 (12.5)Not mind: 28 (20.6)Probably want: 46 (33.8)Definitely want: 42 (30.9)G2: Definitely not want: 6 (4.3)Unlikely to want: 17 (12.3)Not mind: 21 (15.2)Probably want: 41 (29.7)Definitely want: 53 (38.4)G3: Definitely not want: 6 (4.6)Unlikely to want: 18 (13.7)Not mind: 26 (19.8)Probably want: 44 (33.6)Definitely want: 37 (28.2) | Absolute difference in propensity to go screening:G2-G1: definitely not want: +2.1%\*be unlikely to want: -0.2%\*not mind: -5.4%\*probably want: -4.1%\*definitely want: +7.5%\*G3-G1:definitely not want: +2.4%\*be unlikely to want: +1.2%\*not mind: -0.8%\*probably want: -0.2%\*definitely want: -2.7%\*any difference between G1, G2, G3: p=0.31  | NoneMcNemar’s chi-squared |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Hagmolen et al., 200815 | G1: Guideline dissemination (increase reach)G2: Guideline dissemination + educational program (increase ability)G3: Guideline dissemination + educational program + individualized treatment advice based on airway responsiveness and symptoms (multicomponent) | Clinical outcomes (applicable for general public/patients) Changes in asthma symptom scoresTotal Symptom Score: Mean score per day. Cough, wheeze, and shortness of breath were scored twice daily (0=no complaints, 1=once a day, 2=more than once a day, 3=whole day) in a two week diary. Range = 0-18. Calculated total symptom score, night symptom score, and the number of symptom-free days | 2-week diary ; respondents entered scores 2 times a day (morning and night) for 2 weeksSelf-report | G1: N=98G2: N=133G3: N=131 | Total Symptom Score: G1: M=0.9 (SE = 0.2) G2: M=1.2 (SE= 0.2) G3: M=1.0 (SE = 0.2) Post-hoc analysis:G1&G2: 1.1 (SE = 0.1)G3: 1.0 (SE=0.2)Nocturnal symptom score: G1: M=0.3 (SE = 0.1) (difference between baseline and end of study = -0.24)G2: M=0.5 (SE= 0.1) (difference between baseline and end of study = -0.07)G3: M=0.4 (SE = 0.1) (difference between baseline and end of study = -0.15)Post-hoc analysis:G1&G2: 1.1 (SE = 0.1)G3: 1.0 (SE=0.2) | Total Symptom Score: Difference: G1 vs. G2: 0.3\*G1 vs. G3: 0.1\*G2 vs. G3: 0.2\*No significant differences between all 3 groupsp=0 .08Significant difference between baseline and end of study measurement in Groups 1 (-.6, p<.05) and G3 (-.5, p<0.05)Post-hoc analysis: G1&G2 vs. G3: 0.1\*Significant difference between groupsp=0 .6Significant difference between baseline and end of study measurement in Groups 1&2 (-.4, p<.05) and G3 (-.5, p<0.05)Nocturnal symptom score: G1 vs. G2: 0.2\*G1 vs. G3: 0.1\*G2 vs. G3: 0.1\* | NRMixed model ANOVA analyses |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Hagmolen et al., 200815 (continued) |  |  |  |  |  | Significant overall treatment effect for all 3 groups. p=0.02. Post-hoc analysisG1&G2 vs. G3: 0.1\*No significant difference p=0.2 |  |
| Jain et al., 200616 | G1: Passive intervention- guidelines by mail (increase reach)G2: Active intervention (multicomponent) | Clinical outcomes (applicable for general public/patients) Glycemic controlMeasured 3 different ways: Daily average glucose% of ICU stay with glucose between 4.4-6.1 mmol/LHyperglycemic index above 6.1 | Baseline and 12 month followupObservation | PracticeOverall=58 ICUs randomized as 50 clustersG1: 25 clustersG2: 25 clustersPatientsBaselineOverall=623G1: 298G2: 325FollowupOverall=612G1: 305G2: 307Note: patients not the same at baseline and followup. Authors took a cross-sectional survey at both time points.  | Daily Average Glucose (raw Median with interquartile ranges)Baseline G1:8.2 (7.2/9.5)G2: 8.1 (7.3/9.7)FollowupG1: 8.1 (7.1/9.4)G2: 7.7 (6.9/8.8)% of ICU, MedianBaselineG1: 5.9 (0.0/19.0)G2: 3.4 (0.0/14.8)FollowupG1: 7.7 (0.7/22.6)G2: 13.5 (3.6/27.9)Hyperglycemic index, medianBaselineG1: 2.1 (1.2/3.5)G2: 2.1 (1.3/3.8)FollowupG1: 2.0 (1.1/3.4)G2: 1.7 (0.9/2.7) | Difference (G1 minus G2) in change: Daily Average Glucose p=.003% of ICUp=0 .003Hyperglycemic indexp=0.003 | NRLinear mixed model |

Table F-6. Key question 2 studies with a second outcome (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Kennedy et al., 200319 | G1: Control (not abstracted)G2: Information (increase reach)G3: Interview (increase motivation) | Knowledge about the evidence“I fully understand what treatment options are available to me: strongly agree, agree, not sure, disagree, strongly disagree | PostconsultationSelf-report | Overall=717G2: 244G3: 236 | Strongly Agree:G2: 86 (35.7%)G3: 71 (30.7%)AgreeG2: 101 (41.9%)G3: 120 (51.9%)Not sureG2: 27 (11.2%)G3: 20 (8.7%)DisagreeG2: 23 (9.5%)G3: 17 (7.4%)Strongly disagree:G2: 4 (1.7%)G3: 3 (1.3%) | NR | Consultant sexagebaseline knowledgeOrdinal regression |
| King et al., 200720 | G1: Attention control (not abstracted)G2: Counselor via phone (increase motivation)G3: Automated counselor via phone (increase reach) | Clinical outcomes (applicable for general public/patients) The CHAMPS physical activity questionnaire for older adults used to supplement the PAR. Estimates of mean times per week engaged in 30 minutes or more of MOD physical activity and mean minutes per week in MOD activity can also be derived from the CHAMPS.  | Baseline, 6, 12 monthsSelf report | N=189G2: 66G3: 61 | CHAMPS kcal/kg-1/day-1 (SD)BaselineG2: 1.5 (1.8)G3: 1.4 (1.5)6 months-baseline ∆G2: 2.1 (2.4)G3: 1.3 (2.5)12 months-baseline ∆G2: 2.1 (2.6)G3: 2.0 (3.0)CHAMPS min. of MOD+ activity/weekBaselineG2: 166.1 (210.9)G3: 154.0 (164.0) | Difference in ∆ scores at 6 months CHAMPS kcal/kg-1/day-1 (SD)G2 vs. G3: 0.8\*, p=NR CHAMPS min. of MOD+ activity/weekG2 vs. G3: 78.8\*, p=NRCHAMPS days/week engaged in ≥ 30 min of MOD+G2 vs. G3:0.5\*, p=NR Difference in ∆ scores at 12 months CHAMPS kcal/kg-1/day-1 (SD)G2 vs. G3=0.1\*, p=NR  | Baseline levels of dependent variablesGenderANCOVA |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| King et al., 200720 (continued) |  | CHAMPS is expected to find higher numbers than the PAR measures because it involves self-reporting of “usual activity levels” over the previous 4 week period |  |  | 6 months-baseline ∆G2: 217.3 (252.3)G3: 138.5 (258.0)12 months-baseline ∆G2: 216.7 (272.2)G3: 205.0 (323.9)CHAMPS days/week engaged in ≥ 30 min of MOD+BaselineG2: 2.5 (2.8)G3: 3.1 (3.8)6 months-baseline ∆G2: 1.4 (5.7)G3: 0.9 (5.7)12 months-baseline ∆G2: 5.3 (6.1)G3: 4.7 (5.9) | CHAMPS min. of MOD+ activity/weekG2 vs. G3: 11.7\*, p=NR CHAMPS days/week engaged in ≥ 30 min of MOD+G2 vs. G3:0.6\*, p=NR |  |
| Laprise et al., 200921 | G1: CME (increase ability)G2: CME + practice enablers and reinforcers (multicomponent) | Behavior (applicable for clinicians) Adherence to specific recommendations. Patients considered undermanaged at baseline if no record, for at least 1 recommendation of a preventive action undertaken by their GP in the 12 months prior to the first visit  | Baseline and followup (exact time not specified)Retrospective audit information | G1: 948G2: 1396 | Recommendation of antiplatelets# undermanaged at baselineG1: 367G2: 494# of patient with recommendation at followupG1: 136 (37.1%)G2: 235 (47.6%) | AntiplateletsOR:1.50 (1.00-2.24)AngiotensineOR: 2.19 (1.45-3.30)Lipid-loweringOR:1.50 (0.99-2.30)Beta-blockersOR:1.12 (0.57-2.18) | NRLogistic regression |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Laprise et al., 200921 (continued) |  | following recruitment. Recorded as binary outcome (present, not present) |  |  | Recommendation of Angiotensine converting enzyme inhibitor# undermanaged at baselineG1: 600G2: 875# of patient with rxn at followupG1: 66 (11.0%)G2: 179 (20.5%)Recommendation of lipid-lowering agent when LDL >2.5 mmol/L# undermanaged at baselineG1: 224G2: 345# of patient with recommendation at followupG1: 58 (25.9%)G2: 119 (34.5%)Recommendation of beta-blockers in post-MI patients# undermanaged at baselineG1: 110G2: 143 |  |  |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Laprise et al., 200921 (continued) |  |  |  |  | # of patients with recommendation at followupG1: 17 (15.5%)G2: 24 (16.8%) |  |  |
| Lien et al., 2007,22Svetkey et al., 2003,23Young et al., 200924 | G1: Advice only (increase reach)G2: Advice + behavioral counseling using established intervention (multicomponent)G3: Established intervention + DASH dietary recommendations (multicomponent) | Clinical outcomes (applicable for general public/patients) Change in weight measured using a calibrated scale | Measured at baseline and 6 monthsObjective measurement | N=713G1: 242G2: 238G3: 233 | G1: -1.1 (3.2) G2: -4.9 (5.5)G3: -5.8 (5.8) | G2-G1: -3.8, p<0.001G3-G1: -4.7, p<0.001G3-G2: -0.9, p=0.07 | NoneMantzel-Haenzel chi-squared |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Marcus et al., 200925 | G1: Contact control treatment delayed group (not abstracted)G2: Telephone-based individualized feedback (increase motivation) G3: Print-based individualized feedback (increase reach) | Self-efficacy to use the evidenceExercise-specific self-efficacy measured by questionnaire developed by Marcus, et al. | Baseline, 6 and 12 months | NR | G1: 6 Months: 2.47; 12 Months: 2.37G2: 6 Months: 3.04; 12 Months: 2.86 G3: 6 Months: 2.87; 12 Months: 2.98 | Difference: 6 Months: F=10.33; 12 Months: F=18.0095% CI: NR 6 Months: P<0.0001; 12 Months: P<0.0001 | YesAnalysis of covariance, adjusted for treatment effects for gender and seasonal differences. When overall test of between-groups differences was significant at the >05 level, the source of these differences was examined further using single-degree-of-freedom contrasts that compared the active treatment arms with each other as well as with the treatment delayed group. |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Murtaugh et al.,200527 | G1: Usual care (not abstracted)G2: Basic intervention email reminder (increase reach)G3: Augmented intervention of email reminder + package of supporting materials (multicomponent) | Discussions about the evidence% giving patients instruction about fluid weight gain | Chart-review of subsequent RN visit, within 45 days of initial intakeChart | 354 | Overall N=354G1: 20.6%G2: 29.9%G3: 39.7% | Difference G2-G1: 9.3%, p=0.097 Difference G3-G1: 19.1%, p=0.001Difference G3-G2: 9.8%\*, CI and p=NR | Sociodemo-graphic variables of the RN (age, gender, race/ethnicity), Rn employment status, educational level and caseload; average baseline characteristics of patients care for by each RN including health, functional status; geographic area where nurse provided carePredictive multivariate modeling |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Paradis et al.,201128 | G1: Paper handouts (increase reach)G2: Educational DVD (increase reach) | Self-efficacy to use the evidenceInfant care self-efficacy; assessed using 20 items from the 52-item Infant Care Survey. These included knowledge items such as recognizing gas pains and knowing regular breathing sounds of babies, and skill items such as treating diaper rash and taking the baby’s temperature. Each item was rated on a 5-point scale, from 1 (very little confidence)to 5 (quite a lot of confidence). | 2 weeks postinterventionSelf-report | Overall N=137G1: 64G2: 70 | Mean change in Self-Efficacy (from baseline):Overall self-efficacy:G1: 0.14 (SD = 0.26)G2: 0.16 (SD = 0.32)NOTE: baseline self-efficacyG1: 4.6, G2: 4.6Very confident, n (%):Bathing your baby:G1: 52 (77.6%)G2: 65 (92.9%)Knowing regular breathing sounds of babies:G1: 40 (59.7%)G2: 50 (71.4%)Recognizing congestion:G1: 35 (52.2%)G2: 49 (70.0%)Relieving gas pains:G1: 38 (56.7%)G2: 43 (61.4%)Soothing your crying baby:G1: 46 (68.7%)G2: 55 (78.6%)Breast- or bottle-feeding your baby:G1: 54 (80.6%)G2: 62 (88.6%) | Overall self-efficacy:G2-G1: +0.02, p=0.60Bathing your baby:G2-G1: 15.3%, p=0.01Knowing regular breathing sounds of babies:G2-G1: 11.7%, p=0.15Recognizing congestion:G2-G1: 17.8%, p=0.03Relieving gas pains:G2-G1:4.7%, p=0.58Soothing your crying baby:G2-G1: 9.9%, p=0.19Breast- or bottle-feeding your baby:+W48%, p=0.20 | Hispanic ethnicity, babies born at outside hospital, #exclusively breast fedMultivariate regression analysis |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Partin et al., 200429 | G1: Usual care (not abstracted)G2: Pamphlet (increase reach)G3: Video (increase reach) | Behavioral intentions to use or apply the evidenceScreening intention was assessed from a single yes/no question regarding whether the patient thought they would have a PSA test in the next year. | 1 week posttarget appointmentSelf-report | N=893G2: 295G3: 308 | Unadjusted proportions G2: 0.64G3: 0.61Adjusted proportionsG2: .65G3: .63 | Unadjusted: G2 vs. G3: 0.03\*, p=NRAdjustedG2 vs. G3: 0.02\*p=NR | Adjusted analysis accounted for marital status, education, race, health status, comorbid conditions, experience with prostate problems, symptom severity, medication useLogistic regression |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Rebbeck et al., 200631 | G1: Dissemination of guidelines by mail (increase reach)G2: Implementation group (multicomponent) | Knowledge about the evidenceMeasured using a questionnaire developed for this study. Questions included: self-rating of knowledge of the guidelines, treatments currently used to manage whiplash, treatments understood to be evidence-based, when and why physiotherapists refer to other disciplines, treatment goals set for whiplash patients, reporting responsibilities, and understanding of yellow flags (see Appendix 1). Score ranges from 0 to 28, with higher scores indicating greaterknowledge of the guidelines. | Baseline and 12 monthsSelf-report | Baseline:Overall=27G1: 13G2: 14After study (12 mo followup)Overall=26G1: 12G2: 14 | Total knowledge score:BaselineG1: M=14.6 (SD=2.3)G2: M=13.6 (SD=3.2)12 month followupG1: 12.8 (SD=3.3)G2: 17.9 (SD=3.5) | Absolute differences:Baseline:G1 vs. G2: 1.0\*12 month followup:G1 vs. G2: 5.1\*Difference: Physiotherapistsin the implementation group increased their knowledge of the guidelines by 5.5 points more thanphysiotherapists in the dissemination group 95% CI: 2.5-8.4p=0.001 | NRLinear regression, adjusted for before trial score |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Rimer et al., 200132 | G1: No treatment control/usual care (not abstracted) G2: Tailored print (increase reach)G3: Tailored print + telephone counseling (multicomponent) | Awareness of the evidencePerceptions of absolute 10-year and lifetime breast cancer risks between self versus other using verbal and numerical anchors. “How likely are you to get breast cancer in=1. the next 10 years and 2. your life-time? With 5-pt Likert scale, converted to a percentile. Measured as “over-estimate”, accurate in estimates, and under-estimate | 12-15 months after baseline interviewSelf-report | Overall N=1127G1: 412G2: 392G3: 323 | BaselineG1: 305\*, 74%G2: 274\*, 70%G3: 232\*, 72%Yearly- overestimateG1: 309\*, 75%G2: 282\*, 72%G3: 187\*, 58%Yearly- Correctly estimate:G1: 103\*, 25%G2: 110\*, 28%G3: 136\*, 42% | Correctly estimate Yearly: p=0.001 G2-G1: 3%, NSG3-G1: 17%, P<0.05G3-G2: 14%, P<0.05Any difference in groups P<0.001 | NonePearson chi-squared |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Rycroft-Malone201233 | G1: Standard dissemination via postal mail (increase reach)G2: Standard dissemination + a Web-based education package championed by an opinion leader (Multicomponent)G3: Standard dissemination + plan-do-study-act (Multicomponent) | Clinical:Duration of food fast prior to induction of anaesthesia—Asked patients preoperatively when they last ate. This information was also checked against reported information in their notes. | Data were collected 4 times preintervention and 4 times postintervention; up to 2 months interval between data collection pointsSelf-report and objective measurement | Preintervention timepoints: N=1,435Postintervention timepoints: N=1,777 | Preintervention=G1: M=14.2 hours (95% CI: 13.2, 15.2)G2: M=13.8 hours (95% CI: 13.0, 14.6)G3: M=14.0 hours (95% CI: 13.5, 14.6)Postintervention=G1: M=14.4 hrs. (95% CI: 13.4, 15.4)G2: M=14.5 hrs. (95% CI: 13.4, 15.7)G3: M=14.0 hrs. (95% CI: 12.9, 15.0) | Postintervention=G1: p=0.872G2: p=0.536G3: p=0.748PostIntervention DifferencesG2-G1: 0.1\*G3-G1: -0.4\*G3-G2: -0.5\*No significant difference in the mean food fast time in the postintervention period between the intervention groups (p=0.641). | NRANOVA |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Simon et al., 200534 | G1: Mailed educational materials (increase reach)G2: Individual academic detailing (increase ability)G3: Group academic detailing (increase ability)  | Clinical outcomes (applicable for general public/patients) Blood pressure control - blood pressure measurements | Baseline, 1 year followup, 2 year followupobjective measurement | NR | NR | Year 1Difference: G2 more likely to have systolic blood pressure less than 140 mmHg compared to G1, OR: 0.87(95% CI: 0.55-1.39)p=NSNo difference between G3 and G1, OR: 0.98 (95% CI: .65-1.49) | Differences among individual patientsLogistic regression |
| Soler et al., 201035 | G1: Control (not abstracted)G2: Training session on the SEPAR guidelines (increase ability)G3: G2 + portable-device for spirometry (multicomponent) | Clinical outcomes (applicable for general public/patients) Use of chest X-rays and arterial blood gas studies (secondary outcome) | NRChart | G1: 1481, G2: 2119, G3: 5556 | Blood gases (phase 2)G1: 41.7%G2: 43.1%G3: 31.6%Chest X-rays (phase 2):G1: 74.6%G2: 74.8%G3: 71% | Absolute Difference in blood gas use:G2-G1: +1.4%, P<0.001G3-G1: -10.1%, P<0.001 Absolute difference in x-rays:G2-G1: +0.2%, P<0.001G3-G1: -3.6%, P<0.001 | Baseline valuesLogistic regression |

Table F-6. Key question 2 studies with a second outcome (continued)

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| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Sullivan et al., 201036 | G1: VA guidelines (increase reach)G2: COPE: web-based education program (increase ability) | Behavior (applicable for clinicians) Frequency of using4-core management strategies over the earlier 2 monthsHow often did you (0-100%):1) Agree to prescribe opioids when patients request this?2) Obtain urine toxicology prior to prescribing?3) Have patient sign a pain contract (specifying prohibitedbehavior)?4) Negotiate a patient treatment agreement (specifying functional goals)? | Baseline and 45-60 days post trainingSelf-report | NR | 1) Agree to prescribe opioids when patients request this?G1: Pretest: 43.6%Posttest: 38.0%G2: Pretest: 45.6%Posttest: 37.8%2) Obtain urine toxicology prior to prescribing?G1: Pretest: 41.8%Posttest: 41.6%G2: Pretest: 39.4%Posttest: 39.9%3) Have patient sign a pain contract (specifying prohibitedbehavior)?G1: Pretest: 38.8%Posttest: 41.9%G2: Pretest: 37.9%Posttest: 41.7%4) Negotiate a patient treatment agreement (specifying functional goals)? | No statistically significant differences between groupsQ1 (posttest):G1 vs. G2: 0.2\*Q2 (posttest):G1 vs. G2: 1.7\*Q3 (posttest):G1 vs. G2: 0.2\*Q4 (posttest):G1 vs. G2: 0.9\* | NRIndependent group t tests; intention-to-treat analyses using the GEE |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Sullivan et al., 201036 (continued) |  |  |  |  | G1: Pretest: 17.1%Posttest: 20.2%G2: Pretest: 15.5%Posttest: 21.1% |  |  |
| Watson et al., 200237 | G1: Guideline materials by postal mail (increase reach)G2: EO session and guidelines (increase ability)G3: CPE session and guidelines (increase ability)G4: Guidelines + EO and CPE (multicomponent) | Knowledge about the evidence5 knowledge items with 7-point Likert scale: antibiotics can predispose a customer to vaginal thrush; elderly customers should not use OTC anti-fungal preparations; if I recommend an OTC anti-fungal preparation, I will reduce the risk of the infection spreading; women who are pregnant should not use anti-fungal preparations and I only recommend OTC anti-fungal preparations if the customer has a previous diagnosis of vaginal thrush | Baseline and postintervention but timing not specifiedSelf-report | 52 pharmacies at baseline (87%) and 50 (83%) at followup | Not presented by group | Difference: No significant changes were shown following either intervention in the five knowledge items. Results summarized but not presented by intervention group; just before and after for all pharmacies. | UnclearNR |

Table F-6. Key question 2 studies with a second outcome (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,Year** | **Groups**  | **Outcome #2, Exact measure used**  | **Timing of measurement,****Data Source**  | **N analyzed for this outcome**  | **Results by group** | **Differences in Groups**  | **Covariates controlled for in analysis, Statistical methods used** |
| Wolters et al., 200539 | G1: Control mailed guidelines (increase reach)G2: Intervention involving package for learning, supporting materials, decision tree, and information leaflets for patients (multicomponent) | Behavior (applicable for clinicians) Provision of patient education materials | Up to 1 year postinterventionProspective recording of patient data and management immediately after consultation with eligible patient | N=187 G1: 92G2: 95 | G1: 7.6%G2: 51.6% | G1 vs. G2: 44%\*OR: 75.5 (no CI reported) | Age, group allocation, IPSS and BSLogistic regression |
| Wright et al., 200840 | G1: Standardized lecture by expert opinion leader (increase motivation)G2: Standardized lecture by expert opinion leader + academic detailing and a toolkit (multicomponent) | Clinical outcomes (applicable for general public/patients) Lymph node removal | 360 days before intervention, 360 days after interventionNR | NR | # of lymph nodes removed after lectureG1: 306G2: 320 | G1 vs. G2: 14Difference: No difference between G1 and G295% CI: NRp=0.54 | # of lymph nodes retrieved 360 days before the standardized lecturePoisson regression |

\* calculated by reviewer

Abbreviations: ANCOVA = Analysis of covariance; ANOVA = ANalysis Of Variance; BS=Bother score; CHAMPS=Community Healthy Activities Model Program for Seniors; CI = confidence interval; CPE = continuing professional education; DASH = Dietary Approaches to Stop Hypertension; DXA = Dual X-ray absorptiometry; EMR = electronic medical record; EO = Education Outreach; FQPA = Freiburg Questionnaire on Physical Activity; G = group; GEE = generalized estimating equations method; ICU = intensive care unit; IPSS=International Prostate Symptom Score; kcal/kg-1 = kilocalorie/kilogram;LDL = low-density lipoprotein; LHA = lay health advisor; M=Mean; MET = metabolic equivalent take; mmol/L = millimoles/liter; MOD = moderate intensity or more vigorous; mths = months; N = number; NR = not reported; OTC = Over the counter; PA = physician’s assistant; QBPDS=Quebec Back Pain Disability Scale; QOL = quality of life; RN=registered nurse; SD = standard deviation; SEPAR = Spanish Society of Pulmonology; TPV = tailored and targeted print and video; WCB = Workers Compensation Board; wk = week.