

Final Progress Report for Research Projects Funded by Health Research Grants

Instructions: Please complete all of the items as instructed. Do not delete instructions. Do not leave any items blank; responses must be provided for all items. If your response to an item is “None”, please specify “None” as your response. “Not applicable” is not an acceptable response for any of the items. There is no limit to the length of your response to any question. Responses should be single-spaced, no smaller than 12-point type. The report **must be completed using MS Word**. Submitted reports must be Word documents; they should not be converted to pdf format. Questions? Contact Health Research Program staff at 717-783-2548.

1. **Grantee Institution: Albert Einstein Healthcare Network**
2. **Reporting Period (start and end date of grant award period): 1/1/2009 – 6/30/2011**
3. **Grant Contact Person (First Name, M.I., Last Name, Degrees): Mary Klein, PhD**
4. **Grant Contact Person’s Telephone Number: 215-456-7216**
5. **Grant SAP Number: 4100047622**
6. **Project Number and Title of Research Project: 01- E-Coaching to Support the Modification of Risk Factors of Metabolic Syndrome using Mediterranean Diet**
7. **Start and End Date of Research Project: 1/1/2009 – 6/30/2011**
8. **Name of Principal Investigator for the Research Project: Vincent Figueredo, M.D.**
9. **Research Project Expenses.**

9(A) Please provide the amount of health research grant funds spent on this project for the entire duration of the grant, including any interest earned that was spent:

\$ 17,486.52

9(B) Provide the last names (include first initial if multiple individuals with the same last name are listed) of **all** persons who worked on this research project and were supported with health research funds. Include position titles (Principal Investigator, Graduate Assistant, Post-doctoral Fellow, etc.), percent of effort on project and total health research funds expended for the position. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project	Cost
McLaughlin, M	Research Assistant	Y1 20%	\$1626.9
Harralson, T	PI Consultant	Y1 10% Y2 10%	No cost \$3500
Crystal Hunter- Blair	clerical	Y2 5%	\$2524.37

Kinnari Murthy, MD	Research Coordinator	Y2 10%	\$ 4000.00

9(C) Provide the names of **all** persons who worked on this research project, but who *were not* supported with health research funds. Include position titles (Research Assistant, Administrative Assistant, etc.) and percent of effort on project. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project
Uplinger, N	Co-PI PI	Y1 5% Y2 5%
Vincent Figueredo, MD	Co- PI PI	Y1 10% Y2 10%

9(D) Provide a list of **all** scientific equipment purchased as part of this research grant, a short description of the value (benefit) derived by the institution from this equipment, and the cost of the equipment.

Type of Scientific Equipment	Value Derived	Cost

10. Co-funding of Research Project during Health Research Grant Award Period. Did this research project receive funding from any other source during the project period when it was supported by the health research grant?

Yes _____ No X _____

If yes, please indicate the source and amount of other funds:

11. Leveraging of Additional Funds

11(A) As a result of the health research funds provided for this research project, were you able to apply for and/or obtain funding from other sources to continue or expand the research?

Yes _____ No X _____

If yes, please list the applications submitted (column A), the funding agency (National Institutes of Health—NIH, or other source in column B), the month and year when the application was submitted (column C), and the amount of funds requested (column D). If you have received a notice that the grant will be funded, please indicate the amount of funds to be awarded (column E). If the grant was not funded, insert “not funded” in column E.

Do not include funding from your own institution or from CURE (tobacco settlement funds). Do not include grants submitted prior to the start date of the grant as shown in Question 2. If you list grants submitted within 1-6 months of the start date of this grant, add a statement below the table indicating how the data/results from this project were used to secure that grant.

A. Title of research project on grant application	B. Funding agency (check those that apply)	C. Month and Year Submitted	D. Amount of funds requested:	E. Amount of funds to be awarded:
	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____) <input type="checkbox"/> Nonfederal source (specify: _____)		\$	\$
	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____) <input type="checkbox"/> Nonfederal source (specify: _____)		\$	\$
	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____) <input type="checkbox"/> Nonfederal source (specify: _____)		\$	\$

11(B) Are you planning to apply for additional funding in the future to continue or expand the research?

Yes _____ No _____

If yes, please describe your plans:

12. Future of Research Project. What are the future plans for this research project? The PI plans to present and/or publish the findings of this pilot study.

13. New Investigator Training and Development. Did students participate in project supported internships or graduate or post-graduate training for at least one semester or one summer?

Yes _____ No _____ x _____

If yes, how many students? Please specify in the tables below:

	Undergraduate	Masters	Pre-doc	Post-doc
Male				
Female				
Unknown				
Total				

	Undergraduate	Masters	Pre-doc	Post-doc
Hispanic				
Non-Hispanic				
Unknown				
Total				

	Undergraduate	Masters	Pre-doc	Post-doc
White				
Black				
Asian				
Other				
Unknown				
Total				

14. Recruitment of Out-of-State Researchers. Did you bring researchers into Pennsylvania to carry out this research project?

Yes _____ No _____ x _____

If yes, please list the name and degree of each researcher and his/her previous affiliation:

15. Impact on Research Capacity and Quality. Did the health research project enhance the quality and/or capacity of research at your institution?

Yes _____ x _____ No _____

If yes, describe how improvements in infrastructure, the addition of new investigators, and other resources have led to more and better research.

This project improved research infrastructure at Einstein by improving the research relationships between departments at Einstein: Center for Urban Health Policy and Research, Department of Cardiology, and the Gutman Diabetes Institute.

16. Collaboration, business and community involvement.

16(A) Did the health research funds lead to collaboration with research partners outside of your institution (e.g., entire university, entire hospital system)?

Yes _____ No _____

If yes, please describe the collaborations:

16(B) Did the research project result in commercial development of any research products?

Yes _____ No _____

If yes, please describe commercial development activities that resulted from the research project:

16(C) Did the research lead to new involvement with the community?

Yes _____ No _____

If yes, please describe involvement with community groups that resulted from the research project:

A description of the study and information about Metabolic Syndrome was published in a local paper that served to inform the public as well as assisted in recruitment efforts.

17. Progress in Achieving Research Goals, Objectives and Aims.

List the project goals, objectives and specific aims (as contained in the grant application's strategic plan). Summarize the progress made in achieving these goals, objectives and aims for the entire grant award period. Indicate whether or not each goal/objective/aim was achieved; if something was not achieved, note the reasons why. Describe the methods used. If changes were made to the research goals/objectives/aims, methods, design or timeline since the original grant application was submitted, please describe the changes. Provide detailed results of the project. Include evidence of the data that was generated and analyzed, and provide tables, graphs, and figures of the data. List published abstracts, poster presentations and scientific meeting presentations at the end of the summary of progress; peer-reviewed publications should be listed under item 20.

This response should be a DETAILED report of the methods and findings. It is not sufficient to state that the work was completed. Insufficient information may result in an unfavorable performance review, which may jeopardize future funding. If research findings are pending publication you must still include enough detail for the expert peer reviewers to evaluate the progress during the course of the project.

Health research grants funded under the Tobacco Settlement Act will be evaluated via a performance review by an expert panel of researchers and clinicians who will assess project work using this Final Progress Report, all project Annual Reports and the project's strategic plan. After the final performance review of each project is complete, approximately 12-16 months after the end of the grant, this Final Progress Report, as well as the Final Performance Review Report containing the comments of the expert review panel, and

the grantee's written response to the Final Performance Review Report, will be posted on the CURE Web site.

There is no limit to the length of your response. Responses must be single-spaced below, no smaller than 12-point type. If you cut and paste text from a publication, be sure symbols print properly, e.g., the Greek symbol for alpha (α) and beta (β) should not print as boxes (\square) and include the appropriate citation(s). DO NOT DELETE THESE INSTRUCTIONS.

The objective of this study is to test the feasibility and effectiveness of adopting the Mediterranean Diet (MED) among low-income, older African American women who have been diagnosed with the Metabolic Syndrome (MSY) using email delivered MED support. Education regarding the MED will be presented in a 3-hour workshop followed by 6-months of weekly email coaching and support (e-coaching) that will also include use of internet links. The e-coaching support is based on a protocol developed for face-to-face MED support, which is grounded in social cognitive theory.

Specific Aims:

1. To determine interest in and successful adoption of the MED delivered in a 3-hour workshop and support delivered via weekly emails for 6-months;
2. To assess the impact of the 6-month intervention on factors associated with MSY by measuring psychosocial, physical, and process outcomes.
3. To compare the outcomes of MED intervention delivered via email to outcomes of a similar study examining the impact of MED face-to-face support.

Twenty women will be recruited from a diabetes education program and primary care practices at the Albert Einstein Medical Center in Philadelphia, and through newspaper articles in community papers. Participants will be assessed pre-intervention and during the intervention at 3-month and 6-month intervals. Assessment measures will include: body mass index (BMI), abdominal obesity (waist size), waist-to-hip ratio, blood pressure, and fasting blood collection (A1c levels, glucose, lipoproteins, high sensitive C-reactive protein); quality of life, social support, and symptoms of depression, and food composition (percent carbohydrates, fat, and protein). Assessment at 3-months will include all of these measures with the exception of the fasting blood collection. Physical activity will be recorded weekly and used as a covariate in statistical analyses.

Study Findings and Results:

Fifteen women were recruited from diabetes education program and primary care practices at the Albert Einstein Medical Center (AEMC) in Philadelphia, and through newspaper articles in community papers. Participants came to AEMC individually to complete informed consent process and for fasting blood collection and physical measures. Some participants completed the baseline questionnaire at AEMC and other chose to complete via email and send it electronically.

One person completed the consent form but did not participate in the study. Of the 14 active participants, 11 completed the 6-month study (79% retention rate). Mean age was 57 years (s.d.= 8.1 years; Age range= 47 to 77). Average number years attended school was 14.9 indicating all participants completed high school and some completed graduate degree. All women enrolled in the study had access to an internet connected computer that could receive email. All participants were African American and had conditions associated with MSY (i.e., elevated blood pressure, glucose, triglycerides (TRIG), and/or abdominal obesity and low high density lipoproteins (HDL).

At the baseline assessment, on average, participants reported having very good social support and their general wellbeing as good. Mean depression at baseline was slightly high but normal. CES-D scores of 10 to 15.99 = minor depression and ≥ 16 is indicative of symptoms of major depression.

Baseline Measures	N	Mean (Standard Deviation)
Body Mass Index (BMI)	14	36.5 (7.5)
Weight (in pounds)	14	208.7 (34.6)
Waist	14	42.0 (3.8)
Hips	14	48.0 (5.0)
Waist to Hip ratio	14	.88 (.06)
Systolic Blood Pressure	14	129.6 (13.9)
Diastolic Blood Pressure	14	79.9 (11.6)
A1C	14	6.6 (1.1)
Fasting Glucose	14	111 (18.7)
Total Cholesterol	14	197.6 (36.9)
HDL	14	63.6 (10.8)
LDL	14	113.0 (36.8)
TRIG	14	104.6 (46.5)
C-reactive protein	14	8.3 (6.6)
CES-D Depression	14	9.9 (10)
ISEL- Social Support	14	39.9 (7.9)
Overall Well-Being	14	3.0 (.79)

Each participant came to AEMC for measurements and fasting blood draw. After the blood draw, participants were given water and healthy granola bar. A diabetes educator reviewed the study with each participant and obtained informed consent. Participants were also given tape measures and book containing nutritional content of food. All participants felt that they were ready to commit to changing their lifestyle by adapting to the tenets of Mediterranean Diet.

After the baseline assessments, participants began receiving information and personalized emails pertaining to healthy diet and lifestyle. Dr. Harralson and Ms. Uplinger developed the educational module and were available to answer questions. Dr. Harralson contacted the group at least weekly and communicated individually with participants who desired more contact. When questions were asked that could benefit the group, the question and comments were shared with the group. All communications were via email. Several referring healthcare providers and persons who were not enrolled as subjects in the study asked to receive the educational modules and informational emails. So they were placed on the email list.

Topics covered from the period between February 2010 and August 30, 2010 were:

Introduction To Mediterranean Diet (Med Diet) & Lifestyle
Food Portions
Diet and Exercise
Importance of Breakfast
Barriers to Changing Lifestyle
Emotion, Stress, and Eating

Farmers Markets and Seasonal Cooking
Grains, Legumes, and Fiber
Med Diet and Blood Pressure
Med Diet and Diabetes/ Metabolic Syndrome
Watching out for Sodium in Processed and Fast Foods
Abdominal Obesity
Slow Food vs. Fast Food
Med Diet : What the Research Shows
The Ideals of Med Diet/Lifestyle Around the World
Greece
Japan
Costa Rica
Loma Linda, California
Hydration and Nutrition
Role of Inflammation in Health
American Diabetes Association Guidelines for Metabolic Syndrome
Mediterranean Diet and Cognition
Cholesterol: Good & Bad
Adapting recipes to include healthy ingredients
Maintaining Health Lifestyle

Materials and links were sent approximately one month after the 6-month follow-up assessment ended to provide educational materials to support maintenance of the Mediterranean Diet and Lifestyle.

About 6-months after the baseline assessment, participants returned to AEMC for fasting blood collection and physical measures. Due to staffing changes during the study (Principal Investigator, Tina Harralson left Einstein), it was not feasible to have participants return to AEMC for the 3-month physical measures nor to collect 3-month questionnaires. We have found from past studies pertaining to lifestyle change that little

meaningful change is seen at 3-month follow-up. One participant was lost to follow-up and one participant notified the researchers that she was leaving the study due to personal issues. One participant completed the 6 month blood assay but did not complete the 6-month questionnaires.

The tables below show the intake and follow-up data of the participants who completed the 6-month follow-up. N=12 completing baseline and 6-month physical and blood measures and N=11 completed both baseline and 6-month questionnaires.

Physical Outcomes	Baseline Mean (s.d.)	6-month Follow-up Mean (s.d.)
Body Mass Index	35.7 (6.8)	35.3 (6.8)
Weight (in pounds)	209.8 (36.2)	206.9 (34.0)
Waist	42.0 (3.6)	41.2 (4.7)
Hips	47.7 (4.9)	47.1 (4.6)
Waist to Hip ratio	.885 (.07)	.875 (.08)
Systolic Blood Pressure	127.2 (12.2)	127.4 (13.3)
Diastolic Blood Pressure	80.7 (10.7)	84.2 (8.0)
A1C *	6.4 (.63)	6.4 (.74)
Fasting Glucose	110.6 (19.9)	112.9 (29.8)
Total Cholesterol	199.9 (39.6)	192.8 (38.7)
HDL	62.8 (11.4)	62.3 (12.5)
LDL	115.1 (39.5)	107.8 (43.7)
TRIG	109.9 (47.4)	113.9 (43.7)
C-reactive protein (CRP)	8.1 (6.3)	7.2 (5.7)

*One person did not receive a 6-month A1C test. At Baseline A1C was 9.8 and glucose was 117, and at 6-months glucose was 122.

None of the changes from baseline to 6-month follow-up were statistically significant. This is due in part to the number of participants in this pilot study.

Psychosocial Outcomes:	Baseline Mean (s.d.)	6-month Follow-up Mean (s.d.)
CES-D Depression	11.5 (10.7)	12.6 (11.8)
ISEL- Social Support	40.3 (5.9)	41.4 (3.8)
Overall Well-Being	2.9 (.83)	2.8 (.60)

N= 11 completed the baseline and 6-month CES-D and Well-Being. N=9 completed ISEL.

Summary of Findings:

Overall there were very few positive changes in outcome variables, although improvements can be seen in some participants. Since this was a small pilot study, no conclusions can be drawn about the impact of the MED on outcomes. A larger, longer, randomized study should be conducted to determine the impact of MED on outcomes.

One participant was particularly successful in losing weight and improving physical measures. She lost 12 pounds (210 to 198). Her A1C decreased from 6.2 to 5.8; CRP decreased from 6.6 to 2.7; waist from 45 to 42.5 and hips from 46 to 43.75 inches. She rated the MED lifestyle 9 on a scale of 1="disliked" to 10="loved it," and she added that "I did not feel restricted or limited, and I will continue to try to grow in this

lifestyle. Still not a big fruit eater. Need more help with my breakfasts. Even though I didn't make contact often, I really enjoyed receiving your email and all the tips."

Some participants said that they wished the group had more contact, but the idea of the email coaching or "e-coaching" was that email contact might be helpful for women who are busy during the day. Email contact allows the participant to view the program when it is convenient to them. This venue may not be ideal for all persons but should be considered for persons who cannot attend support groups. Due to internet security concerns and limitations of a research study, "chat" between participants was not allowed. Future online programs may benefit from involving participants in chats, blogs, and /or social networking technology. Overall, participants who completed the study appeared to have liked the MED and plan to adapt some parts of the MED lifestyle and food associated with the MED. Larger studies are needed to generalize these findings.

18. Extent of Clinical Activities Initiated and Completed. Items 18(A) and 18(B) should be completed for all research projects. If the project was restricted to secondary analysis of clinical data or data analysis of clinical research, then responses to 18(A) and 18(B) should be “No.”

18(A) Did you initiate a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

Yes
 No

18(B) Did you complete a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

Yes
 No

If “Yes” to either 18(A) or 18(B), items 18(C) – (F) must also be completed. (Do NOT complete 18(C-F) if 18(A) and 18(B) are both “No.”)

18(C) How many hospital and health care professionals were involved in the research project?

 10 Number of hospital and health care professionals involved in the research project

18(D) How many subjects were included in the study compared to targeted goals?

 20 Number of subjects originally targeted to be included in the study
 15 Number of subjects enrolled in the study

Note: Studies that fall dramatically short on recruitment are encouraged to provide the details of their recruitment efforts in Item 17, Progress in Achieving Research Goals, Objectives and Aims. For example, the number of eligible subjects approached, the number that refused to participate and the reasons for refusal. Without this information it is difficult to discern whether eligibility criteria were too restrictive or the study simply did not appeal to subjects.

18(E) How many subjects were enrolled in the study by gender, ethnicity and race?

Gender:

 Males
 15 Females
 Unknown

Ethnicity:

 0 Latinos or Hispanics
 Not Latinos or Hispanics
 Unknown

Race:

 American Indian or Alaska Native

Asian
 Blacks or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other, specify: _____
 Unknown

18(F) Where was the research study conducted? (List the county where the research study was conducted. If the treatment, prevention and diagnostic tests were offered in more than one county, list all of the counties where the research study was conducted.)

Philadelphia, PA, USA

19. Human Embryonic Stem Cell Research. Item 19(A) should be completed for all research projects. If the research project involved human embryonic stem cells, items 19(B) and 19(C) must also be completed.

19(A) Did this project involve, in any capacity, human embryonic stem cells?

Yes
 No

19(B) Were these stem cell lines NIH-approved lines that were derived outside of Pennsylvania?

Yes
 No

19(C) Please describe how this project involved human embryonic stem cells:

20. Articles Submitted to Peer-Reviewed Publications.

20(A) Identify all publications that resulted from the research performed during the funding period and that have been submitted to peer-reviewed publications. Do not list journal abstracts or presentations at professional meetings; abstract and meeting presentations should be listed at the end of item 17. **Include only those publications that acknowledge the Pennsylvania Department of Health as a funding source** (as required in the grant agreement). List the title of the journal article, the authors, the name of the peer-reviewed publication, the month and year when it was submitted, and the status of publication (submitted for publication, accepted for publication or published.). Submit an electronic copy of each publication, listed in the table, in a PDF version 5.0.5 format, 1,200 dpi. Filenames for each publication should include the number of the research project, the last name of the PI, the number of the publication and an abbreviated research project title. For example, if you submit two publications for PI Smith for the “Cognition and MRI in Older Adults” research project (Project 1), and two publications for PI Zhang for the “Lung Cancer” research project (Project 3), the filenames should be:

Project 1 – Smith – Publication 1 – Cognition and MRI
Project 1 – Smith – Publication 2 – Cognition and MRI
Project 3 – Zhang – Publication 1 – Lung Cancer
Project 3 – Zhang – Publication 2 – Lung Cancer

If the publication is not available electronically, provide 5 paper copies of the publication.

Note: The grant agreement requires that recipients acknowledge the Pennsylvania Department of Health funding in all publications. Please ensure that all publications listed acknowledge the Department of Health

funding. If a publication does not acknowledge the funding from the Commonwealth, do not list the publication.

Title of Journal Article:	Authors:	Name of Peer-reviewed Publication:	Month and Year Submitted:	Publication Status (check appropriate box below):
1.				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published
2.				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published
3.				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published

20(B) Based on this project, are you planning to submit articles to peer-reviewed publications in the future?

Yes No

If yes, please describe your plans:

Principal Investigator plans to submit abstracts and manuscripts based on data collected from this research.

21. Changes in Outcome, Impact and Effectiveness Attributable to the Research Project. Describe the outcome, impact, and effectiveness of the research project by summarizing its impact on the incidence of disease, death from disease, stage of disease at time of diagnosis, or other relevant measures of outcome, impact or effectiveness of the research project. If there were no changes, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

None.

While there were no significant changes to physical and psychosocial outcomes measured in this study, the attrition rate was low and the participants reported that they enjoyed the MED and planned to continue following the tenets of the Mediterranean lifestyle. MED has been shown to positively impact outcomes in a variety of ethnicities and cultures. More research needs to be conducted in this area among African Americans who also may benefit from this lifestyle and diet.

22. Major Discoveries, New Drugs, and New Approaches for Prevention Diagnosis and Treatment.

Describe major discoveries, new drugs, and new approaches for prevention, diagnosis and treatment that are attributable to the completed research project. If there were no major discoveries, drugs or approaches, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than

12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

None.

23. Inventions, Patents and Commercial Development Opportunities.

23(A) Were any inventions, which may be patentable or otherwise protectable under Title 35 of the United States Code, conceived or first actually reduced to practice in the performance of work under this health research grant? Yes _____ No X

If “Yes” to 23(A), complete items a – g below for each invention. (Do NOT complete items a - g if 23(A) is “No.”)

- a. Title of Invention:
- b. Name of Inventor(s):
- c. Technical Description of Invention (describe nature, purpose, operation and physical, chemical, biological or electrical characteristics of the invention):
- d. Was a patent filed for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?
Yes _____ No _____

If yes, indicate date patent was filed:

- e. Was a patent issued for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?
Yes _____ No _____
If yes, indicate number of patent, title and date issued:
Patent number:
Title of patent:
Date issued:

- f. Were any licenses granted for the patent obtained as a result of work performed under this health research grant? Yes _____ No _____

If yes, how many licenses were granted? _____

- g. Were any commercial development activities taken to develop the invention into a commercial product or service for manufacture or sale? Yes _____ No _____

If yes, describe the commercial development activities:

23(B) Based on the results of this project, are you planning to file for any licenses or patents, or undertake any commercial development opportunities in the future?

Yes _____ No X

If yes, please describe your plans:

24. Key Investigator Qualifications. Briefly describe the education, research interests and experience and professional commitments of the Principal Investigator and all other key investigators. In place of narrative you may insert the NIH biosketch form here; however, please limit each biosketch to 1-2 pages. *For Nonformula grants only – include information for only those key investigators whose biosketches were not included in the original grant application.*

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Vincent M. Figueredo, MD, FACC, FAHA		POSITION TITLE Associate Professor of Medicine	
eRA COMMONS USER NAME			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION		DEGREE (if applicable)	YEAR(s)
Haverford College, Haverford, PA		BA	1983
Columbia University, New York, NY		MD	1987
University of California, San Francisco, CA		Fellow	1992
University of California, San Francisco, CA		Fellow	1994
			FIELD OF STUDY
			Chemistry
			Medicine
			Cardiovascular Research
			Clinical Cardiology

A. Personal Statement

Dr. Figueredo has practiced preventive cardiology for 15 years. He has participated in multiple clinical trials on the treatment of hypertension, dyslipidemia, and coronary artery disease prevention. Dr. Figueredo has published over 60 peer-reviewed articles, many addressing cardiac risk factors and treatment.

B. Positions and Honors.

Positions and Employment

- 1987-1990 Resident and Intern, Internal Medicine; Columbia Presbyterian Medical Center, NY
2005- Faculty, Cardiology Division, Albert Einstein Medical Center, Philadelphia, PA
2006- Associate Professor of Medicine, Jefferson Medical College, Philadelphia, PA
2007- Director, Cardiovascular Diseases Fellowship Programs, Albert Einstein Medical Center, Philadelphia, PA
2010- Associate Chair, Cardiology Division, Albert Einstein Medical Center, Philadelphia, PA

Other Experience and Professional Memberships

- 2008- Coordinating Editor, Practical Reviews Cardiology, Oakstone Medical Publishing
Fellow, American College of Cardiology
Fellow, American Heart Association
Fellow, American Society of Echocardiography
Board Member, Delaware Valley Echo Society (American Society of Echocardiography Chapter)
Nuclear Cardiology Working Group of the Delaware Valley (American Society of Nuclear Cardiology Chapter)
Philadelphia Lipid and Atherosclerosis Club
Northeast Lipid Association (Chapter of the National Lipid Association)

C. Selected peer-reviewed publications (in chronological order).

1. Figueredo VM. The time has come for physicians to take notice: the impact of psychosocial stressors on the heart. *Am J Med.* 2009;122(8):704-12.
2. Inamura Y, Miyamae M, Sugioka S, Kaneda K, Okusa C, Onishi A, Domae N, Kotani J, Figueredo VM. Aprotinin abolishes sevoflurane postconditioning by inhibiting nitric oxide production and phosphorylation of protein kinase C- δ and glycogen synthase kinase 3 β . *Anesthesiology* 2009;111(5):1036-43.
3. George A and Figueredo VM. Alcohol and arrhythmias: a comprehensive review. *J Cardiovasc Med (Hagerstown)*. 2010 Apr;11(4):221-8.
4. Maraj S, Figueredo VM, Lynn Morris D. Cocaine and the heart. *Clin Cardiol.* 2010 May;33(5):264-269.
5. Gupta S, Pressman GS, Morris DL, and Figueredo VM. Distribution of left ventricular ejection fraction in

- angina patients with severe coronary artery disease not amenable to revascularization. *Coronary Artery Disease* 2010 Aug;21(5):278-80.
6. George A, Arumugham PS, Figueredo VM. aVR – the forgotten lead. *Exp Clin Cardiol* 2010 Summer;15(2):e36-44.
 7. Gupta S, Pressman GS, and Figueredo VM. Incidence of, Predictors for, and Mortality Associated with Malignant Ventricular Arrhythmias in Non-ST Elevation Myocardial Infarction Patients. *Coronary Artery Disease* 2010 Dec;21(8):460-5.
 8. Figueredo VM, Pressman GS, Romero-Corral A, Murdock E, Holderbach P, Morris DL. Improvement in Left Ventricular Systolic and Diastolic Performance During Ranolazine Treatment in Patients With Stable Angina. *J Cardiovasc Pharmacol Ther* 2011 Jun;16(2):168-72.
 9. Bhatt DL, Cryer BL, Contant CF, Cohen M, Lanos A, Schnitzer TJ, Shook TL, Lapuerta P, Goldsmith MA, Laine L, Scirica BM, Murphy SA, Cannon CP; COGENT Investigators. Clopidogrel with or without omeprazole in coronary artery disease. *N Engl J Med*. 2010 Nov 11;363(20):1909-17.
 10. Makkuni P, Kotler M, Figueredo VM. Diverticular and aneurysmal structures of the left ventricle in adults. *Texas Heart Institute Journal*. 2010;37(6):699-705.
 11. Moinuddin M, Figueredo VM, Amanullah A. Infiltrative Diseases of the Heart. *Rev Cardiovasc Med*. 2010;11(4):218-227.
 12. Purushottam B, Parameswaran AC, Figueredo VM. Dyssynchrony in Obese Subjects Without a History of Cardiac Disease Using Velocity Vector Imaging. *J Am Soc Echocardiogr*. 2011 Jan;24(1):98-106.
 13. Cepeda-Valery B, Pressman GS, Figueredo VM, Romero-Corral A. Impact of Obesity on Total and Cardiovascular Mortality—Fat or Fiction? *Nat Rev Cardiol*. 2011 Apr;8(4):233-7.
 14. Figueredo VM. Chemical Cardiomyopathies: The Negative Effects of Medications and Non-Prescribed Drugs on the Heart. *Am J Med*. 2011;8(4):233-7.

D. Research Support

- | | |
|-----------|---|
| 2007-2009 | Pennsylvania Department of Health Commonwealth Universal Research Enhancement (C.U.R.E.) Program. “Exercise, Metabolic & Inflammatory Processes in Postmenopausal Minority Women” (consultant). |
| 2008-2009 | CV Therapeutics. “Effects of Ranolazine on Diastolic Function in Angina Patients”. (principal investigator) |
| 2008-2011 | Pennsylvania Department of Health Commonwealth Universal Research Enhancement (C.U.R.E.) Program. “Feasibility of Adopting the Mediterranean Diet to Modify Risk factors Associated with Metabolic Syndrome in Older African American Women” (principal investigator) |
| 2008-2009 | Awarded by the Albert Einstein Society, Philadelphia, PA. Supplemental funds for “Feasibility of Adopting the Mediterranean Diet to Modify Risk factors Associated with Metabolic Syndrome in Older African American Women” (co-principal investigator) |
| 2008-2011 | Grant-in-Aid for Scientific Research, Ministry of Education, Culture, Sports, Science and Technology of Japan (co-investigator) |
| 2009-2010 | Pennsylvania Department of Health Commonwealth Universal Research Enhancement (C.U.R.E.) Program. “The Use of Telephone Support to Modify Risk Factors Associated with Metabolic Syndrome Using the Mediterranean Diet in Older African American Women” (co-principal investigator) |
| 2009-2011 | Einstein Society Grant. “Incidence, Characteristics and Prognosis of Transient Myocardial Dysfunction in Critically Ill Patients.” (principal investigator) |

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Tina L. Harralson	POSITION TITLE Senior Research Scientist		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of Tennessee, Knoxville, TN	BS	1979	Business Administration
University of Tennessee, Knoxville, TN	BA, MA	1985, 1991	Psychology
University of Tennessee, Knoxville, TN	PhD	1992	Psychology
Duke University, Durham, NC	Post-Doc	1994	Behavioral Medicine

A. Personal Statement

Tina Harralson is a research psychologist who has experience in developing and conducting research studies pertaining to behavioral health assessment, tool development, and outcomes research. Her work is focused on examining the impact of psychosocial factors such as depression and social support on health outcomes, and the reducing risk factors associated with chronic diseases such as diabetes, metabolic syndrome, cardiovascular disease through behavior change. Recent work includes development of web-based behavioral health assessments and reports utilized in cardiac rehabilitation, oncology, and mental health settings. Dr. Harralson has been involved with behavioral medicine research for over twenty years and has been developing behavioral health interventions and tools for the past ten years. She has extensive experience working with minority populations including African American, Latino, and Korean. Dr. Harralson has received federal and state funds for her research; served as a principal investigator and co-investigator, and has published in the areas of behavioral health assessment and behavioral health intervention. She has consulted for a community-based diabetes management support study, and has published and lectured on barriers to metabolic and cardiac health in minority women.

B. Positions and Honors

1991-1992	Behavioral Health Counselor, Thompson Cancer Center, Knoxville, TN.
1994-1997	Senior Research Psychologist, Polisher Research Institute, Philadelphia, PA
1994-2001	Director of the Assessment, Recruitment, and Tracking Core of the Clinical Research Center for Depression and Co-morbidity in Late Life, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia PA.
1998-2001	Scientific Coordinator for Intervention Research Center for Depression and Comorbidity in Late-Life. Univ. of Pennsylvania School of Medicine Philadelphia, PA
1998-2001	Research Assistant Professor of Psychology in Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, PA
2001-2010	Senior Research Scientist, Center for Urban Health Policy and Research, Albert Einstein Health Network, Philadelphia, PA.
2004-present	Research Asst. Professor, Dept of Medicine, Thomas Jefferson University, Philadelphia, PA
2010-present	Senior Research Scientist, Polaris Health Directions, Inc., Langhorne, PA

C. Peer-reviewed Publications

1. Suarez EC, **Harralson TL**. Hostility-related differences in the associations between stress induced physiological reactivity and lipid concentrations in young healthy women. *International Journal of Behavioral Medicine* 1999; 6(2): 190-203.
2. **Harralson T**, White T, Regenber A, Kallan M, Ten Have T, Parmelee P, Johnson J. Similarities and differences in depression among African-American and white nursing home residents. *American Journal of Geriatric Psychiatry* 2002; 10(2): 175-184.

3. Phipps E, Harris D, Brown N, **Harralson TL**, Brecher A, Polansky M, Whyte J. An investigation of ethnic differences in willingness to enroll in a rehabilitation research registry: A study of the Northeast Cognitive Rehabilitation Research Network. *American Journal of Physical Medicine and Rehabilitation* 2004; 83 (11): 1-9.
4. True G, Phipps E, Braitman LE, **Harralson TL**, Harris D, Tester W. Treatment preferences and advance care planning at end of life: The role of ethnicity and spiritual coping in cancer patients. *Annals of Behavioral Medicine* 2005; 30(2): 174-179.
5. **Harralson TL**, Cousler Emig J, Polansky M, Walker RE, Otero Cruz J. Un Corazón Saludable: Factors influencing outcomes of an exercise program designed to impact cardiac and metabolic risks among urban Latinas. *Journal of Community Health* 2007; 32: 401-412.
6. Parmelee PA, **Harralson TL**, Smith LA, Schumacher HR. Necessary and discretionary activities in knee osteoarthritis: Do they mediate the pain-depression relationship? *Pain Med* 2007; 8(5) 449-461.
7. **Harralson TL**. Factors influencing delay in seeking treatment for acute ischemic symptoms among lower income, urban women. *Heart Lung* 2007; 36 (2): 96-104.
8. **Harralson,TL**, Uplinger N, McLaughlin MA, Increasing physical activity: a step toward controlling metabolic syndrome. *Diabetes Educator* 2010; 36(1): 70-71.
9. Kumanyika S, Fassbender J, Phipps E, Tan-Torres S, Localio R, Morales KH, Sarwer DB, **Harralson T**, Allison K, Wesby L, Kessler R, Tsai AG, Wadden TA. Design, recruitment and start up of a primary care weight loss trial targeting African American and Hispanic adults. *Contemporary Clinical Trials* 2011; 32(2): 215-224.

D. Research Support

ACTIVE

R44DA023441 NIDA (Grissom, PI)

“College Outcomes Management System (COMS)”

Development of a web-based behavioral health outcomes management system for college counseling centers and college health centers. Role: Project Director

R42 DA021455-01 NIDA (Boudreaux, PI)

“Dynamic Assessment and Referral System for Substance Abuse (DARSSA) – Phase 2”

Development of an automated, empirically-based substance abuse assessment that can be used across a variety of medical settings. This study will evaluate its efficacy across several outcomes, including substance abuse identification, counseling, treatment engagement, and substance use. Role: Project Director

R42MH078432-02A1 NIMH (Boudreaux, PI)

“Mental Health Assessment and Dynamic Referral for Oncology (MHADRO) Phase 2”

This Phase 2 STTR builds upon the Phase 1 MHADRO. It uses a randomized controlled trial design with a mixed cancer patient sample to assess the MHADRO’s effectiveness at identifying psychological distress, facilitating mental health treatment initiation, and reducing psychological distress. Role: Project Director

COMPLETED

PA Dept of Health Commonwealth Universal Research Enhancement (C.U.R.E.)

(Harralson PI: Ctr for Urban Health Policy & Research, Albert Einstein Healthcare Network, Philadelphia, PA).

“E-coaching for Mediterranean Diet to Modify Risk Factors Associated with Metabolic Syndrome in Older African American Women” Email and internet behavioral intervention to improve risk factors associated with metabolic syndrome (pre-diabetes, pre-heart disease). The intervention is based on the tenets of the Mediterranean diet. Outcomes include biological (lipids, C-reactive proteins, glucose, A1C, body mass index, waist to hip ratio, blood pressure) and psychosocial measures (depression, social support, and quality of life).

PA Dept of Health Commonwealth Universal Research Enhancement (C.U.R.E.)

(Harralson, PI) “Feasibility of Adopting the Mediterranean Diet to Modify Risk factors Associated with Metabolic Syndrome in Older African American Women.” Self-management diet intervention among women with metabolic syndrome (pre-diabetes, pre-heart disease). Outcomes include biological (lipids, C-reactive proteins, glucose, A1C, body mass index, blood pressure, waist-to-hip ratio) and psychosocial measures (depression, social support, and quality of life).