

Care for Yourself

The Iowa WISEWOMAN Lifestyle Intervention

INTENT OF THE INTERVENTION

The *Care for Yourself* lifestyle intervention is designed to reduce modifiable cardiovascular disease risk factors by:

- Improving healthy eating behaviors
- Increasing physical activity
- Improving blood pressure or controlling hypertension
- Improving cholesterol

The *Care for Yourself* intervention primarily addresses the individual and inter-personal levels of the socio-ecologic model.

This intervention was developed and evaluated within the context of the [CDC WISEWOMAN Program](#). Users of this template should understand this context before they can determine the appropriateness of this intervention for their particular populations and settings.

OVERVIEW

The *Care for Yourself* intervention is a community-based, group education program that promotes healthy lifestyle behaviors to reduce cardiovascular disease risk.

The intervention:

- Presents simple, clear and concise nutrition and physical activity concepts and messages
- Teaches skills necessary to make and sustain behavior change
- Provides peer support for participants
- Educates participants using fun and practical materials and methods

Intended Population: The *Care for Yourself* program is designed for use with:

- English- and Spanish-speaking populations
- Low-income, mid-life women
- Rural or urban residents
- Adults with limited literacy skills

Setting: The program is designed for use by community-based organizations.

Length of time in the field: The program was developed and pilot-tested in 2001-02 and has been in the field since February 2003. The *Care for Yourself* materials were updated in 2006 to include the latest dietary and physical activity guidelines.

CORE ELEMENTS

This section outlines the aspects of an intervention that are central to its theory and logic and that are thought to be responsible for the intervention's effectiveness. Core elements are critical features of the intervention's intent and design and should be kept intact when the intervention is implemented or adapted.

1. **Multiple contacts:** The intervention consists of multiple sessions. Multiple contacts offer more opportunities for skill-building and providing feedback, which facilitate behavior change.
2. **Social support via group interaction:** Group sessions provide opportunities for peer support and reinforcement; participants can discuss their progress toward lifestyle changes and receive support and suggestions from other members of the group. Social support bonds formed among women also encourage attendance at future sessions.
3. **Guidelines and strategies:** A detailed curriculum provides the key concepts, content, and skill-building activities to help participants adopt healthy lifestyle behaviors.
4. **Skill-building activities:** The intervention employs skill-building activities in each session, to increase participants' confidence (self-efficacy) to make lifestyle changes.
5. **Goal-setting:** At the end of each session, participants set behavioral mini-goals (small, achievable goals) to work on until the next session.

RESOURCES REQUIRED

This section describes the resources used by the Iowa WISEWOMAN Program to implement this intervention. Please note that the resources needed to implement the intervention in your community may vary and are dependent upon your existing infrastructure and how the intervention is adapted for your community. When determining the resources required, consider the intervention delivery method(s) (e.g. will the intervention be delivered in groups, one-on-one, self-study, etc.); the planned exposure to the intervention including the number (dose) and length (intensity) of contacts; the number of sites that need to be staffed; and the knowledge, skills and abilities of staff.

Staff:

At the state level, the current structure of this program includes the following staff for an annual caseload of approximately 800 women:

- A Program Coordinator (0.30 FTE) oversees all program activities to ensure compliance with CDC protocols and performance indicators.
- An Intervention Specialist (1.0 FTE) coordinates day-to-day activities of the interventionists.

At the local level, the program is implemented by interventionists, who are nutrition and health education professionals. One interventionist leads all sessions at each intervention site. An interpreter is hired for each session at sites with Spanish-speaking participants.

Training: Training is recommended for an interventionist without extensive experience teaching nutrition and physical activity concepts and skills. In Iowa, the interventionists who developed the *Care for Yourself* curriculum also delivered the program. Because of their familiarity with the curriculum, the interventionists were not trained.

Materials: The *Care for Yourself* curriculum includes 12 sessions; however, a fewer number of sessions covering the same content may be as effective. The approximate materials' cost for the 12 group sessions is estimated at \$66 per participant. The following materials are used at each session:

- Copies of participant handouts (e.g., snack recipe, instructions for physical activity, skill building activity, and behavior change activity)
- Snack or ingredients for a snack for each participant

- Incentive for each participant (see examples in How It Works section)
- Graduation incentive for each participant who completes the 12 intervention sessions

Other Costs: “One-time” equipment and supply costs for each site include the following:

- Laptop computer
- Portable projector
- CD-ROM containing session PowerPoint slides (downloadable from this site) and music for the physical activity
- Plastic tub containing participant files
- Serving dishes, cups, utensils
- Cart for transporting materials from the car to the meeting room

IMPLEMENTATION

NOTE: This section of the template provides a succinct outline of the basic steps to implement the intervention. For many interventions, a more detailed implementation protocol is also available, and provides a more thorough description of the implementation process. This section also may describe the methods of delivery and the dose and intensity that have been found to be effective in prior tests of the intervention. This does not rule out the possibility that other methods, doses, and intensity may be effective.

How It Works:

The *Care for Yourself* intervention consists of multiple group contacts, each with a specific educational goal. Participants must first attend Session 1, which provides information on heart disease and its risk factors. Other sessions may be offered bi-weekly, in sequence, in a continuous loop. After attending Session 1, which is offered at least once a month, participants can attend the other sessions in any order, beginning with the session currently offered. Women who attend all of the sessions receive maintenance newsletters, which are distributed approximately twice a month.

Sessions are presented in a “magazine” format, with a feature presentation and “columns” addressing certain nutrition and physical activity topics. At each session, women participate in the following activities:

- Opening activity (10 minutes): Participants share a heart-healthy snack, introduce themselves, share mini-goals from the previous session, and report progress.
- Feature presentation (20 minutes): The interventionist presents interactive information on the session’s main topic, explains its relationship to heart disease or its risk factors, and suggests specific steps the participant could take to reduce her risk.
- Physical activity (10 minutes): Participants actively try a particular physical activity. All activities are graded easy to moderate, and allow individual adaptation to assure safety.
- Skill-building (10 minutes): Each session’s skill-building activity reinforces the lesson of the feature presentation through active involvement, game-playing, or another activity that requires the participant to apply and use knowledge gained from the feature presentation.
- Maintaining change (10 minutes): Participants and the interventionist discuss ways to maintain behavior change, empowerment, and building self-efficacy.
- Goal-setting (10 minutes): Participants set a mini-goal to work on between sessions. They report progress during the Opening Activity of the next session. Goals are

informally tracked by the interventionist and participant using a two-part mini-goal form.

- Preview of next session (5 minutes): The interventionist presents brief information about the next session to encourage participant attendance.
- Current session evaluation (10 minutes): Participants are encouraged to complete a simple evaluation form at the end of each session. The anonymous form includes space for comments about the session's content and delivery.
- Educational incentive (5 minutes): Each participant receives an educational tool to reinforce the messages of the session. Examples include a water bottle with printed health information, a refrigerator magnet encouraging eating fruits and vegetables, a lanyard for carrying keys during activity, and a talking pedometer.

Dose/Delivery: The intervention, as evaluated, includes 12 group education sessions, which last 75- to 90-minutes each.

Keys to Success: Iowa WISEWOMAN Program staff identified the following keys to success:

- Site selection: It is helpful to choose program sites that are available without cost, regularly available at specified times, large enough to accommodate physical activity, comfortable and non-threatening, and easily accessible to participants (e.g., community centers, Extension offices).
- Local input: Session days and times are best selected locally, with input from potential participants, and reviewed periodically to be sure they still work.
- Interventionists: The interventionists should be knowledgeable of and experienced with teaching basic nutrition and physical activity principles, comfortable with group presentations and dynamics, able to work with culturally and linguistically diverse audiences, flexible, and enthusiastic.
- Rural site consideration: In rural areas, where driving distances may be long and roads dark and curvy, session times are usually best set in late afternoon, to allow driving time before dark.
- Practical strategies: (1) Participants are more likely to discuss goals set at previous sessions if the interventionist receives a copy of each participant's goals. (2) Simple snacks requiring little or no preparation should be offered when other session components are complicated.

Barriers to Implementation: Iowa WISEWOMAN Program staff identified the following potential barriers to implementation:

- Time commitment: A group education session that lasts 75 to 90 minutes is time-intensive; attending 12 sessions requires a commitment of several months.
- Scheduling sessions: Offering only one opportunity to attend a session at a given location (e.g., Tuesday afternoon at 5:30 pm) automatically excludes potential participants who have other commitments at that time.
- Local staff buy-in: Enrollment staff in some locations questioned the feasibility of getting participants to attend twelve 75- to 90-minute sessions. Participation in those areas was lower.
- Driving distance: In rural areas, having to drive more than 5 or 10 miles was a barrier, particularly when session length required driving after dark.

EVIDENCE REVIEW SUMMARY

Underlying Theory/Logic: The constructs of the Health Belief Model were incorporated into the design of the *Care for Yourself* program as outlined below:

Health Belief Model Construct	Addressed by Program Component
Vulnerability to a health threat	→ Participant CVD screening results
Seriousness of the health threat	→ Session 1
Costs and benefits associated with adoption of new behaviors	→ Other sessions
Barriers to participation	→ Pre-intervention participant survey
Self-efficacy	→ Skill-building activities in each session

The intervention's nutrition basis is the Dietary Approaches to Stop Hypertension (DASH) plan. The intervention emphasizes the benefits of reducing sodium intake to further enhance the DASH plan's blood-pressure-lowering effect. While intervention education is based on the DASH plan, its activities are not derived from the DASH plan research. Participants also learn about the Dietary Guidelines for Americans and MyPyramid guidance for choosing a healthy diet. Regular mild- to moderate-intensity physical activity, as recommended in the U.S. Surgeon General's Report (1996), is the intervention's physical activity basis and a part of each intervention session. Participation in physical activity is voluntary.

Evaluation Outcomes: Preliminary outcome evaluation results indicate that women most in need of lifestyle behavior changes to reduce CVD risk at baseline were more likely to attend at least one group session, and they were more likely to make significant changes in their diet (fat and fiber consumption) compared to those who did not attend sessions. Outcomes that may be attributed to attending 1 or more intervention sessions include: self-reported improvements in dietary behaviors – fat and fiber intake – and small weight loss at 1-year follow-up. Based on preliminary data (as of January 2007), there is a significant dose-response relationship between number of sessions attended and change in self-reported dietary outcomes (fat ($p < .05$), fiber ($p < .01$), and combined scores ($p < .001$)) at 1-year follow-up. For every additional session attended, the fat and fiber scores improved by 0.10, and the combined score improved by 0.18/year. The impact of the diet changes could be seen in some weight loss, but not enough to change body mass index.

Significant improvements in blood pressure and total cholesterol were seen in women who participated in the intervention as well as those that did not, which is likely explained by medical intervention (e.g., medication) upon discovery of the problem. Physical activity outcome data results are not available yet. (University of Iowa Center for Public Health Statistics, June 2007)

POTENTIAL PUBLIC HEALTH IMPACT

Reach: In Iowa, 45% of women screened for cardiovascular risk factors (blood pressure, cholesterol, glucose, etc.) through the WISEWOMAN Program attended one or more group sessions, with 23% attending 6-12 sessions.

Effectiveness: The available data suggest that the described intervention is likely responsible for observed changes in dietary behaviors and small changes in weight, but no other physiologic outcomes can be attributed to the intervention. Physical activity outcome data are not yet available.

Adoption: At the time of the intervention review, the intervention had not been distributed beyond Iowa's WISEWOMAN program.

Implementation: The current intervention is delivered by Masters-trained educators, with presentations in PowerPoint slide format. No information is available to assess how feasible it would be for other providers to implement this program as originally delivered. However, it seems reasonable to expect that other providers with the appropriate knowledge, skills, experience, and resources could deliver this intervention.

Maintenance: This program was implemented in partnership with the Iowa State University Extension Service (Cooperative Extension). To the extent that other WISEWOMAN programs partner with their Cooperative Extension or a similar community-based organization, they should be able to implement and maintain such a program.

INTERVENTION MATERIALS

The *Care for Yourself* group education sessions address the following content areas: cardiovascular disease risk factors, physical activity, nutrition (DASH eating plan, fat, portion size, food labels, snacks, restaurant eating, modifying recipes), overcoming barriers, self-motivation, and weight loss diets.

Handouts distributed to participants in the sessions are written at a 6.5 grade reading level and are available in English and Spanish. Participants completing the program receive a set of maintenance newsletters, which are available in English and Spanish.

The *Care for Yourself* program materials (updated in 2006) are available in PDF format (with session slides in PowerPoint format) and may be downloaded and saved from this site. These materials are provided free of charge, and it is only necessary to contact the Iowa Department of Public Health if you plan to revise or adapt materials prior to implementation in your community.

Products

- *Care for Yourself* Sessions 1-12: Lesson Plans for Interventionists plus participant handouts (in English and Spanish)
- *Care for Yourself* Maintenance Newsletters 1-12: Participant newsletters (in English and Spanish)

TRAINING AND TECHNICAL ASSISTANCE

The information contained in this document provides an overview of this intervention and the evidence available to support it. If you would like to know more and/or want to explore possible adoption/adaptations of this intervention in your community, please contact:

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ADDITIONAL INFORMATION

Publications:

1. Vander Wel ME, Litchfield RE, Ryan SJ, Myers-Geadelmann JD, Pendergast JF, Ullom KK, Qualitative evaluation provides context to quantitative evaluation of a nutrition intervention. *Topics in Clinical Nutrition* 20(4):357-365, 2005.
2. Gatewood J, Litchfield RE, Ryan SJ, Myers-Geadelmann JD, Pendergast JF, Ullom KK, Perceived barriers to community-based health promotion program participation. *American Journal of Health Behavior* 2008;32(3):260-271.