

# Health Partnership

## The Michigan WISEWOMAN Lifestyle Intervention

### INTENT OF THE INTERVENTION

The Michigan WISEWOMAN *Health Partnership* Intervention is a practice-based intervention designed to create a supportive relationship between the Lifestyle Counselor and the WISEWOMAN participant to help individuals reduce modifiable cardiovascular disease risk factors by:

- improving healthy eating behaviors
- increasing physical activity
- quitting smoking

*Health Partnership* primarily addresses the individual and inter-personal levels of the socio-ecologic model.

*Health Partnership* 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

*Health Partnership* encourages women to adopt healthier lifestyles to reduce cardiovascular and other chronic disease risk. The Michigan Department of Community Health contracts with the local health departments to implement the intervention which:

- Guides the client using client-driven goal setting, empowerment, and Motivational Interviewing techniques;
- Helps the client establish a total of one or two goals in the lifestyle behavior areas, i.e. nutrition, physical activity and smoking cessation;
- Encourages women to make progress toward goals and address barriers together through 2 to 5 contacts (face-to-face or by telephone) over the course of a year with the Lifestyle Counselor; and
- Provides educational materials and/or referrals to free or low cost community resources that support the client in making progress toward her goals.

Developing rapport is central to this intervention. While there are supporting materials, there is no standard curriculum.

**Intended Population:** *Health Partnership Intervention* was designed for use with:

- low-income, mid-life women between the ages of 40 and 64 who are under or uninsured, and
- women who have at least one risk factor for cardiovascular disease.

**Setting:** The program is designed for use in local community health departments.

**Length of time in the field:** The *Health Partnership* Intervention began in October 2001. However it has been modified over the years. From October 2001 until July 2005, only clients with elevated blood pressure, elevated total cholesterol and/or undesirable HDL participated in the intervention. Beginning in July 2005, all WISEWOMAN clients were allowed to participate in the intervention.

## 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. **Assessment of diet, physical activity, smoking, and readiness to change:** Certain eating and physical activity behaviors, smoking habits and readiness for change are assessed at the client's initial WISEWOMAN session. This information helps to determine lifestyle areas for the client and counselor to focus on for behavior change.
2. **Tailored feedback:** Each client is provided a personalized heart health profile and report, which includes their Body Mass Index (BMI), blood pressure, total cholesterol, High Density Lipoprotein (HDL or good cholesterol), and pulse regularity to inform them about their risk and current status.
3. **Motivational Interviewing Skills:** Lifestyle Counselors are trained in Motivational Interviewing techniques that are necessary to guide clients through the goal-setting process.
4. **Goal setting:** Lifestyle Counselors engage participants in goal setting that is client-driven. The Lifestyle Counselor assists clients with taking small steps toward goals the clients are interested in achieving. Realizing success with small changes helps increase the client's confidence in making health behavior change.
5. **Guidelines and strategies:** "Tip Sheets" and other educational materials provide lifestyle counselors with recommendations to help clients overcome barriers to healthy eating, increasing physical activity, and smoking cessation.
6. **Follow-up:** Consistent follow-up with the client by the Lifestyle Counselor is important to establish/build rapport.

## RESOURCES REQUIRED

*This section describes the resources used by the Michigan 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:** The current structure of this program includes two full time employees at the state level:

- The Program Coordinator oversees all program activities to ensure compliance with CDC protocols and performance indicators.

- The Intervention Specialist maintains regular contact with the Lifestyle Counselors at the local health departments. This contact helps keep the Lifestyle Counselors motivated and provides an opportunity for the Intervention Specialist to learn about any issues that might arise related to counseling the clients.

In addition, each local health department is staffed with:

- A coordinator who is the point person for WISEWOMAN activities,
- Screeners who conduct the screenings, and
- Lifestyle Counselors who conduct the *Health Partnership* Intervention.

In some cases one person will conduct the screening and the *Health Partnership* Intervention depending on the structure of the health department.

Lifestyle Counselors are hired by the local health departments. Michigan's counselors have included Registered Nurses, Registered Dietitians, Licensed, Certified Social Workers, and Health Educators. While there are no standard qualifications, most do have a bachelor's degree (at minimum) with a focus on health.

**Materials:** There are health education materials for the counselors and resources for the clients that can be downloaded from this site. These materials are provided in each training manual given to local health department staff. However, *Health Partnership* Intervention does not require the use of a standard curriculum.

Incentives, while optional, may be used to motivate participants to make healthy lifestyle changes and assist with successful goal attainment. Local health departments determine how to use the incentives to best meet the needs of participants. Items that have been used as incentives include t-shirts, tote bags, key chains and cookbooks. Many of the items are free or low cost. A more complete list of incentives that the Michigan Department of Community Health provides can be found in the intervention materials.

**Training:** Lifestyle counselors need to be trained in Motivational Interviewing and the Transtheoretical Model (Stages of Change). The initial training takes place at the local health department which requires 3 hours of time (at a minimum) from state and local staff.

**Other Costs:** The local health departments are reimbursed \$105 per client screened for intervention management. Half of this cost is directed toward screening efforts and half is directed to the Lifestyle Intervention. Most of this reimbursement goes toward staffing and other miscellaneous costs to ensure the local health department has the resources available to provide services to the client.

There is also reimbursement provided to the local health department for lifestyle counseling sessions. There are six rates (ranging from \$16.50 to \$66), depending on the amount of time of the session and whether it is an individual session vs. a group session.

## 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:** There is implementation at the state level and implementation at the local health department level. Both levels of implementation are described below.

The basic steps to implement *Health Partnership* Intervention at the state level include:

- Contract with the local health department. Make sure they understand everything that will be involved with implementation.
- Ensure proper staff placement. This includes oversight at the state level as well as staff at the local health department level. (See Staff section under Resources Required.)
- Conduct on-site training of local health department staff by state staff providing Program Overview and Lifestyle Counseling components (e.g. Stages of Change, educational materials for clients, etc.)
- Phone calls and site visits to local health departments by state health department staff are conducted to maintain a continuous feedback loop.

*Health Partnership* Intervention Flow:

- The client completes a Health History Form and Healthy Lifestyle Assessment at her initial WISEWOMAN session;
- Lifestyle Counselor shares results pamphlet with client that includes results from the Health History Form and Healthy Lifestyle Assessment, along with screening results (e.g. BP, total cholesterol, BMI);
- Lifestyle Counselor discusses risk factors in the results pamphlet and guides client through client-driven goal setting process;
- Client and counselor establish goals in one or two of the lifestyle behavior areas (nutrition, physical activity, and smoking cessation);
- Lifestyle Counselor encourages client to take small, achievable steps toward goals and the counselor may provide educational materials and/or referrals to free or low cost community resources that will support client in accomplishing goals; and
- Regular follow-up by the Lifestyle Counselor includes two to five additional contacts with the client, over the course of a year, either in face-to-face (individual or group) meetings or via the telephone to discuss progress toward goals and barriers to achieving success.
- Client is encouraged to attend annual re-screening appointment.

**Dose/Delivery:** The contact minutes with the clients for Health Partnership range from 15 minutes to one hour per contact and can take place face-to-face or by telephone. Factors that influence the method of delivery include the availability and preference of the counselor, the availability and preference of the client, travel distance for client, as well as other life

issues that may arise (see Barriers to Implementation below). All clients receive 2-5 sessions; the number of sessions is determined by the motivation of the client.

**Keys to Success:** The Michigan WISEWOMAN Program staff identified the following keys to success re: implementation of *Health Partnership* Intervention.

- Relationships – There must be a relationship between the client and the counselor in order for the client to be comfortable. There should also be a relationship between the counselors and the intervention specialist at the state.
- Regular Contact – This helps keep the client motivated and on track, and it also helps build the relationship.
- Quality Improvement – We use the data collected on client contacts to provide feedback to the lifestyle counselors in order to ensure the clients receive their sessions.
- Counselor motivation and time – It is important to have counselors who care about the clients and want to see them succeed. It is also important for the counselor to have the time to make the contacts and to spend time with the clients. If either is lacking, the program will suffer.

**Barriers to Implementation:** The Michigan WISEWOMAN Program Staff identified the following potential barriers to implementations

- Retention – Behavior change is hard, so it is sometimes difficult to get clients to stay motivated and stay with the program.
- Time spent trying to make contacts – Our counselors ask the clients the best time to call, but the counselors still find themselves making several phone calls before they find a client who will answer the phone.
- Life – As we often say, “life happens.” Our clients often face difficult circumstances such as domestic violence, economic hardships, and transportation issues. In some cases, the last thing on their mind is eating more fruits and vegetables. So, our lifestyle counselors wind up acting as social workers or therapists just to get the client to the point where she is able to think about her health. Program barriers are so wrapped up with client barriers, that it is difficult to separate them.

## EVIDENCE REVIEW SUMMARY

**Underlying Theory/Logic:** *Health Partnership* Intervention draws on numerous conceptual models and theories. However, it is primarily guided by the Transtheoretical Model and Learning Theory.

- Transtheoretical Model (Stages of change) – addresses participants’ readiness to attempt change toward healthy behaviors
- Learning Theory – used in structuring lifestyle goals (using small, incremental steps)

### Evaluation Outcomes:

Outcome data included measures of self-report of behavior change and changes to Body Mass Index, cholesterol, and blood pressure. The data suggest that the intervention may improve health behaviors and physiological outcomes in some women.

Based on a report from June of 2007, 6,795 women were screened at baseline.

Of the 6,795 women, 33% (2,253) completed the re-screening within the 10-14 month period as part of the CDC program requirement. An additional 1,368 women completed the re-screening outside of the 10-14 month window, for a total of 3,621 women who were re-screened. Of these 3,621 women, 45% (1,629) showed improvement in at least one screening outcome (BMI, BP, total cholesterol, and HDL).

Fifty-two percent (1,883) of all re-screened women self-reported improvement in at least one health behavior (nutrition, physical activity or smoking cessation) on the Healthy Lifestyle Assessment.

These findings need to be interpreted with caution given the lack of information on the size of improvements.

## POTENTIAL PUBLIC HEALTH IMPACT

**Reach** – During fiscal year 2007, the Michigan WISEWOMAN program screened 3,125 women, which represented 96% of their overall caseload of 3,258 women (Breast and Cervical Cancer Control Program participants). Of these women, approximately 93% developed healthy lifestyle goals as part of the *Health Partnership* Intervention, and 22-23% completed all program contacts (i.e. they completed 2-5 contacts in addition to the initial screening and counseling session). Since July 2005, 36.7% of clients who completed the initial screening have completed all program contacts.

**Effectiveness** - The intervention is evidence-informed. The evidence base for the intervention includes the Community Guide and theory. The developers did formative work to develop the program and have continued to revise the intervention based on input collected from those delivering and receiving the intervention. Evaluation data suggest that the intervention may improve health behaviors and physiological outcomes in some women.

**Adoption** - The program has been adopted by 28 local health departments as part of the Michigan WISEWOMAN Program.

**Implementation** - The collection of process data has been comprehensive and indicates that the program has been fully implemented. Process measures included assessment of interveners' understanding of the intervention and knowledge of community resources; assessment of the extent to which clients reported receiving the intervention components, and data on participation. It seems reasonable to expect that the intervention could be implemented as intended (with fidelity) in similar settings with similar infrastructure.

**Maintenance** - Michigan has maintained and refined the program since 2001. The cost, simplicity and resources required to maintain this intervention appear to be consistent with the resources generally available to WISEWOMAN Programs.

## INTERVENTION MATERIALS

*Health Partnership* Intervention does not use a structured curriculum but does have educational materials and resources available. Clients can access these resources directly on the Michigan WISEWOMAN Program web site or they can access them through the Lifestyle Counselors.

**Participant materials and resources** include educational handouts on nutrition, physical activity, smoking cessation, stress reduction, and a variety of simple, low cost recipes.

**Lifestyle Counselor materials and resources** include a presentation on Motivational Interviewing that is primarily used as an introduction and refresher; tip sheets that provide helpful counseling pointers; and a resource document with no-cost and low-cost incentives that may be provided to clients.

*Health Partnership* materials (updated October 2007) are available in PDF 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 Michigan Department of Community Health if you plan to revise or adapt materials prior to implementation in your community.

### Products

- Nutrition Information (contains eleven handouts in one document)
- Michigan Availability Guide (document that tells when Michigan f/v are in season)
- Physical Activity Information (contains six handouts in one document)
- Smoking Cessation Information (contains five handouts in one document)
- Stress Reduction Information (1 handout)
- Recipes (contains a sampling of some of the low-cost recipes)
- Presentation on Motivational Interviewing for Lifestyle Counselor
- Tip Sheets for Lifestyle Counselor (contains seven handouts in one document)
- No-cost and Low-cost incentives (resource document for Lifestyle Counselor)

## 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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