

HEALTHY CHOICES FROM LADIES FIRST

The Vermont WISEWOMAN Lifestyle Intervention

INTENT OF THE INTERVENTION

The Vermont WISEWOMAN Lifestyle Intervention: Healthy Choices from Ladies First is a practice-based intervention designed to reduce modifiable cardiovascular disease risk factors by:

- improving dietary behaviors and dietary composition
- increasing physical activity
- quitting smoking

This lifestyle intervention addresses the individual and inter-personal levels of the socio-ecological model.

Healthy Choices from Ladies First was developed and evaluated within the context of the [CDC's WISEWOMAN Program](#) and users of this template should understand the context before they can determine the appropriateness of this intervention for their particular populations and settings.

OVERVIEW

Healthy Choices from Ladies First is designed to provide women with the knowledge and skills to reduce cardiovascular risk by positively influencing individual behavior change through educational self-help materials and follow-up reinforcement via phone contact with a trained counselor. The Vermont WISEWOMAN Program recruits women to participate in the intervention through a network of private providers and regional Cardiovascular Health Improvement Program(CHIP) clinics that are offered across the state. The intervention:

- Is initially delivered in-person (CHIP) or by mail (private referrals)
- Guides the client to set behavior-change goals using Motivational Interviewing techniques
- Provides simple self-study education materials

Intended Population: *Healthy Choices from Ladies First* 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 both rural and semi-urban communities, with a central-office interventionist coordinating and monitoring intervention implementation.

Length of time in the field: The *Healthy Choices from Ladies First* has been in the field since January 2006.

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 contacts, generally provided by the same interventionist. Multiple contacts offer more opportunities for providing feedback, which facilitate behavior change.
2. **Goal-setting:** Throughout the intervention, goals are set either collaboratively between the counselor and the participants or individually by women who choose self study.
3. **Guidelines and strategies:** Tip sheets provide participants with strategies for meeting behavior change goals and improving key outcomes including cholesterol, blood sugar, blood pressure, diet and activity.
4. **Self-monitoring:** Participants are encouraged to routinely monitor behavior change goals between contacts by daily recording key dietary and activity behaviors.
5. **Tailored feedback and follow-up:** Participants receive follow-up phone contacts to monitor progress and reinforce behavior change. A "Talking Points Guide" provides counselors with suggestions for helping participants overcome barriers to behavior change.
6. **Motivational interviewing skills:** Interventionists are trained in the use of motivational interviewing techniques to engage participants and guide problem solving.

RESOURCES REQUIRED

This section describes the resources used by the Vermont WW 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: For an annual caseload of approximately 1,000 women, this program is staffed by:

- a program coordinator (.25 FTE) to oversee and coordinate program activities;
- a data manager to coordinate data collection and reporting (.05 FTE);
- an epidemiology associate to over see evaluation (.20 FTE)
- lifestyle counselors/interventionists (1 FTE in the central office and 1.2 FTE in districts).

Materials: This intervention uses the following materials:

- Healthy Choices from Ladies First Self-study Manual in a three-ring binder: estimated printing cost per 1000 copies = \$7,500.00
- Wipe-off board and pen: Approximate cost for 1,000 = \$1,800.00
- Pedometers: Cost varies dependent on quality and features. A basic pedometer ranges from \$1.00 to \$10.00 depending on the quantity purchased
- Incentive items: Cost varies dependent on incentives used. Vermont estimates that about \$12.00 per participant was spent on incentives. Examples of incentives include: Ladies First and other cook books; Ladies First refrigerator magnets; walking videos; and Therabands.

Training: All lifestyle counselors need extensive training and skill development in motivational interviewing techniques. Vermont arranged for a total of two full days of training for all lifestyle counselors. The cost varies dependent on the trainer, method of training, location of training and number of trainees. On-site training costs from \$1,000 - \$1,500 per day of training plus trainer travel expenses and other training costs.

Other Costs: Postage to mail packets: \$3.00 per packet

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 *Healthy Choices from Ladies First* intervention includes three individual client contacts over a period of four to six months. Counseling protocols are available to guide client-counselor interactions. The intervention has been delivered in-person and through self-study with phone counseling.

Initial Contact:

- a. Following WISEWOMAN risk factor screening (blood pressure, cholesterol, glucose, etc) at a Cardiovascular Health Improvement Program (CHIP) Clinic in a district public health office, the initial lifestyle intervention contact is delivered in-person by a nutritionist. This includes:
 - An assessment of lifestyle behavioral risk factors and screening results as well as readiness to change
 - Provision of the intervention materials
 - Client-centered goal setting
- b. Following WISEWOMAN risk factor screening (blood pressure, cholesterol, glucose, etc) in a “Ladies First” Provider’s office, self-help materials are mailed to client along with their screening results and a goal sheet.
 - Return of the goal sheet within two weeks of initial screening is considered participation in the first contact and the participant is mailed a “Ladies First Cookbook” as an incentive. The district-level interventionist attempts to reach the participant by phone within 48 hours. If (s)he is not successful, follow-up is provided by the central office interventionist.
 - If a goal sheet is not returned within four weeks of initial screening, the interventionist makes phone contact to review screening results, assess readiness for change and guide goal setting.
 - If phone contact is not completed, a letter is mailed by the district-level interventionist in an attempt to connect with the participant.

Follow-up Contacts:

The second and third contacts are conducted by phone generally by a nutritionist (either at a central or district office) using motivational interviewing techniques. To the extent that it is feasible, each client is contacted by a single interventionist so that a relationship between counselor and client can be established. These contacts are client centered and may include:

- A review of risk factors
- A review of progress towards meeting goal(s)
- Discussion around strategies for meeting goals
- Discussion of possible incentives
- Referrals for other services when applicable
- Connections to community resources (i.e. farmer’s markets, exercise programs)
- Setting new (additional) goals
- Scheduling follow-up

Dose/Delivery: Time with the client range from 15 minutes (phone) to 30 minutes in person per contact. The method of delivery of the first contact is dependent on whether the client enters the intervention through a CHIP clinic (in-person) or is referred through a private provider (phone).

Keys to Success:

The Vermont WISEWOMAN Program staff identified the following keys to success:

- Motivational interviewing skills. The intervention is client-directed and counselors/interventionists should be skilled at using this technique to engage and empower clients to take responsibility for their health.
- Early contact after initial screening. For clients screened through CHIP Clinics, first contact is delivered immediately after screening. For provider-screened clients, first contact should be within four weeks of screening.
- Clear communication with clients about the intervention. This is especially important for clients who are screened and referred by a private provider office.
- Discriminating use of incentive items. Incentive items should be relevant to the behavior change goals of the client. Items should support and motivate behavior change.

Barriers to Implementation:

The Vermont WISEWOMAN Program staff identified the following potential barriers to implementation:

- Miscommunication between stakeholders. When communication between private providers, the WISEWOMAN office and the clients is unclear and inconsistent, participation in the intervention is compromised.
- Cold calling scenarios. One effect of miscommunication during the screening visit is a “cold call,” when the client is unaware of the lifestyle intervention at the time of first contact.
- Contacting clients by phone. The ability to contact clients by phone is dependent on several factors:
 - Clients must have a phone or access to a phone where they can be reached at a pre-determined time.
 - Clients who work outside the home may not be available during regular office hours.
 - Clients who move, or lose phone service may be difficult to track.
- Low literacy levels. Self-study materials and phone counseling requires clients to read and interpret medical screening results and understand written materials with only limited support from a counselor.
- Cost of materials. The cost of purchasing binders, printing materials, and purchasing supportive materials and incentives may present barriers to long-term maintenance of the intervention.

EVIDENCE REVIEW SUMMARY

Underlying Theory/Logic:

- Readiness to change – addresses participants’ readiness to attempt change toward healthy behaviors and uses techniques such as motivational interviewing to move clients toward intrinsically motivated behavior change

Evaluation Outcomes:

There is limited direct evidence from program evaluation data that the intervention may be responsible for modest lifestyle behavior changes. These data are based on client responses to three questions collected at baseline and post-intervention. For women who fully participated (3 contacts) and who also completed questionnaires: 49 percent report an increase in their activity levels; 18 percent report an increased consumption of fruits and vegetables; 18 percent report changing the type of milk they consume to a lower fat content.

POTENTIAL PUBLIC HEALTH IMPACT

This intervention has the potential for low to moderate public health impact based on its potential Reach, Effectiveness, Adoption, Implementation, and long-term Maintenance. In particular this intervention may be useful to states/communities with rural populations where multiple face-to-face contacts with clients may not be feasible.

Reach: In Vermont, 69 percent of women screened through the WISEWOMAN Program, participated in one or more lifestyle intervention contacts and 21 percent fully participated in the intervention (completed three contacts).

Effectiveness: While direct evidence of effectiveness is limited, this intervention includes a strategy from the U.S. Preventive Services Task Force (USPSTF) statement on behavioral counseling in primary care to promote a healthy diet, which states that .."lower-intensity interventions that involve 5 minutes or less of primary care provider counseling supplemented by patient self-help materials, telephone counseling, or other interactive health communications," are promising.

Adoption: This intervention relies on referrals from a network of private providers participating in the Breast and Cervical Cancer Early Screening and Detection Program in addition to the contacts established through regional public health clinics. Adoption by these providers requires simple referrals to a central office that then coordinates implementation of the lifestyle intervention.

Implementation: This intervention relies on a central office nutritionist/interventionist and regional office nutritionists/interventionists to implement the intervention. It seems reasonable to expect that the intervention could be implemented as intended (with fidelity) in similar settings.

Maintenance: The cost, simplicity, and resources required to maintain this intervention appear to be consistent with the resources generally available to WISEWOMAN Programs.

INTERVENTION MATERIALS

The client education materials used to implement and support this intervention include a self-assessment of readiness to change and a notebook/binder with lifestyle behavior tips for improving cholesterol; blood sugar; blood pressure; physical activity; and weight. Smoking cessation reminders are included throughout the materials. In addition, a goal sheet for use when the intervention is delivered through the mail only.

Other recommended materials that may be purchased, include: pedometers, magnetized wipe-off boards and pens to record food intake and physical activity and support self-monitoring, a refrigerator magnet, and heart-healthy cookbook.

Turning Over a New Leaf: Healthy Choices from Ladies First, the intervention's client education materials (updated in 2006) are available in PDF format and may be downloaded and saved from this site.

Products

- *Turning Over a New Leaf: Healthy Choices from Ladies First*: Contains all of the following in a single pdf - a self-assessment of readiness to change, areas to write specific and personal goals, and tips for making lifestyle changes.
- *Wipe-off Board*: This is a master for the wipe-off board that is used by women to monitor their lifestyle behaviors.
- *Goal Sheet*: This document is sent to women who receive the intervention through the mail.

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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