

APPENDIX B:

DESCRIPTIONS OF PROJECTS INCLUDED IN DATA-COLLECTION PROJECT

THIS PAGE LEFT BLANK INTENTIONALLY FOR DOUBLE SIDED PRINTING

Massachusetts WISEWOMAN Project and Lifestyle Intervention

Project Description

The Massachusetts project is operated by the state department of public health. The Massachusetts project was one of the initial WISEWOMAN projects and first received funding in 1995. In 1998, the Massachusetts project formed the Women's Health Network to offer comprehensive services to women participating in BCCEDP and WISEWOMAN by connecting them to primary care facilities. At the time of data collection (FY 2005), the Massachusetts project had contracted with 26 providers to deliver BCCEDP services; 7 of the 26 also provided WISEWOMAN screening and lifestyle intervention services. The contracted agencies included hospitals, visiting nurses' associations, and community health centers. Some of the seven local WISEWOMAN sites also contracted with community providers to offer the screening services.

Lifestyle Intervention

At the time of data collection, the primary lifestyle intervention used in Massachusetts was the Patient-Centered Assessment and Counseling for Exercise and Nutrition (PACE) combined with risk reduction education (RRE). PACE is based on the Stages of Change model and includes (1) assessments of nutrition and physical activity behavior and (2) goal setting based on the results of the assessments. The physical activity assessment identifies the woman's current level of activity as well as her ability to engage in physical activity. The nutrition assessment identifies the woman's current nutrition habits in the areas of fruit and vegetable intake, dietary fat intake, and weight gain control. For each assessment, the woman receives a PACE score that identifies areas for improvement and her readiness to change in each area. The lifestyle intervention provides separate physical activity and nutrition counseling tools that correspond to each level of readiness: (1) not ready to change, (2) ready to change, and (3) actively changing. RRE used by the program focuses on educating women about the meaning of their screening results.

At the time of data collection, the Massachusetts project was in the process of developing the Healthy Heart Program, which adapted the original PACE materials to have a lower literacy level and to be culturally appropriate for the women served. The Healthy Heart Program is available in Spanish, Portuguese, and Chinese; a low-literacy English version is also available. The Massachusetts project trained all of its educators in the Healthy Heart Program in November 2005 and began delivering the new intervention in January 2006.

Supplemental Lifestyle Interventions. At press time, the local sites also offer women supplemental lifestyle interventions in the form of additional educational and experiential opportunities to support the adoption of heart-healthy behavior changes. The project must approve all supplemental interventions that local sites offer. Examples include (1) free sessions at a local gym with a personal trainer who develops a home exercise program for the woman, (2) free multi-session nutrition classes sponsored by a hospital, (3) free multi-session diabetes education, and (4) referrals to either a smoking quitline or a certified tobacco treatment specialist and nicotine replacement therapy. To offer these supplemental interventions, local sites must partner with local hospitals and community organizations.

Staff Delivering Interventions at Local Sites

The Massachusetts project specifies the type of staff required to fulfill each role in the lifestyle intervention. The roles of staff, with their qualifications, are as follows:

- *Clinician.* A nurse practitioner or physician who completes the screening exam with the women.
- *Risk reduction educator.* A nurse practitioner, registered nurse, or registered dietitian who discusses screening results with the women and provides the PACE lifestyle intervention, which includes education on risk factors, strategies for adopting lifestyle changes, and individual goal setting.

Lifestyle Intervention Delivery

Program participants are screened in a clinical setting for cardiovascular disease risk factors and then given RRE. The initial meeting with the risk reduction educator typically occurs after the clinical risk factor screening exam. This can be done immediately following the exam (if the clinician and educator are in the same location) or at a later date (when screening is done through a subcontractor or the woman does not have time after the exam). RRE is completed in person or by telephone.

Assessments of physical activity, nutrition, and smoking are either completed during the RRE visit or mailed to the women in advance and reviewed during the visit. Scores on assessments are used to identify areas for improvement, and staff work with the women to identify lifestyle change goals based on the results of the assessments.

Michigan WISEWOMAN Project and Lifestyle Intervention

Project Description

The Michigan Department of Community Health received funding for its WISEWOMAN project in 2000, and the project began delivering services in 2001. At the time of data collection (FY 2005), the Michigan project contracted with 21 local coordinating agencies (LCAs) to offer BCCEDP in 82 of 83 counties in the state. All but one LCA was a health department. Several of the LCAs managed sites in multiple counties, depending on the region's arrangement. Nine of the 21 LCAs also offered WISEWOMAN services. To provide WISEWOMAN services, the LCA must be able to deliver screening and lifestyle intervention services as well as ensure that women receive follow-up medical care either at the health department or in the community.

Lifestyle Intervention

The intervention consists of individual lifestyle counseling contacts for all WISEWOMAN program participants. The Michigan project's philosophy in delivering the lifestyle intervention is that ongoing support provided by a lifestyle counselor, rather than extensive educational information, encourages women to adopt heart-healthy lifestyle changes. Lifestyle counselors assist women in understanding the connection between their behaviors and cardiovascular risk factors and target their delivery of educational information to the interests of the women. The women are the decision makers and select their personal behavior changes. The state encourages all lifestyle counselors to use an "ask, don't tell" approach and to provide positive reinforcement that facilitates the achievement of lifestyle goals.

At the first lifestyle counseling meeting, a lifestyle counselor reviews the screening results with each woman, explains the meaning of the results, and describes lifestyle behaviors that can affect these results. The woman is encouraged to develop a lifestyle contract that includes goal setting related to nutrition, physical activity, or tobacco cessation. Nutrition goals reflect the dietary guidelines for Americans and U.S. Department of Agriculture food guide pyramid. Many forms of physical activity are encouraged (walking, exercise videos, etc.), and counseling on tobacco cessation includes a referral to a quit hotline. During lifestyle counseling follow-up contacts, the woman discusses her progress toward the goals, and the counselor documents her progress, offers encouragement, and makes referrals to community resources. The project recently revised the name of the lifestyle contract form to "Healthy Lifestyle Goals" because local sites reported that women reacted adversely to the word "contract."

Staff Delivering Interventions at Local Sites

Lifestyle counselors have at least a bachelor's degree and represent a variety of disciplines, including nursing, dietetics, and health education. All staff members possess an understanding of cardiovascular disease risk factors and knowledge of how to counsel women on behavior change.

Lifestyle Intervention Delivery

At the time of data collection, women were eligible to receive a varied number of contacts with the lifestyle counselor, depending on their screening results. In most cases, if a woman's results were normal, she received only one lifestyle counseling contact, a face-to-face meeting that lasted up to 60 minutes. However, women with normal results who used tobacco and expressed an interest in quitting could receive two additional 15-minute follow-up lifestyle contacts by telephone to support their tobacco

cessation efforts. If a woman's screening results were abnormal, the lifestyle counselor encouraged her to participate in five telephone or face-to-face counseling sessions, each lasting between 15 and 60 minutes.

In July 2005, the project implemented a revised lifestyle intervention protocol that provided all women, regardless of screening results, with three to six lifestyle counseling contacts. The aim of the revised protocol was to simplify the program flow and to allow women with few or no risk factors to benefit from the lifestyle intervention.

Nebraska WISEWOMAN Project and Lifestyle Intervention

Project Description

The Nebraska project is operated by the state department of health and human services. Nebraska first received funding in 2000 to provide WISEWOMAN services. To promote comprehensive care for women, the state unified WISEWOMAN and the BCCEDP into the Every Woman Matters program. At the time of data collection (FY 2005), services were available statewide through contracts with more than 600 providers who conducted BCCEDP and WISEWOMAN screening. Women are recruited to the program by outreach workers at eight contracted agencies throughout the state. These workers also connect with previously enrolled women to encourage re-enrollment and make informational and supportive telephone calls to deliver the WISEWOMAN lifestyle intervention, which is administered by trained educators at the University of Nebraska's cooperative extension services.

Lifestyle Intervention

The Nebraska project uses two versions of its lifestyle intervention; one is taught in a classroom setting, and the other is a self-study course.

ABC Class Lifestyle Intervention. The University of Nebraska's cooperative extension services developed the ABCs for Good Health class curriculum, which emphasizes **Aim for Fitness**, **Build a Healthy Base**, and **Choose Sensibly**. This curriculum was developed by a health and wellness team for the University of Nebraska's cooperative extension services in 1999 for use with clients taking part in cooperative extension services activities.

The curriculum consists of four sessions that integrate educational materials, interactive lessons, and goal setting related to increasing physical activity, making positive nutrition changes, and improving overall health behaviors. Participants receive a notebook with relevant educational information and a pedometer. The classes provide an opportunity for women to prepare and sample heart-healthy foods, as well as an opportunity for weekly goal setting. At the beginning of each class, the educator reviews each woman's progress toward her goal from the previous week. At the end of class, each woman sets a new goal for the coming week. The class series begins with physical activity lessons so that the women can monitor their walking throughout the four sessions and, ideally, continue to walk for exercise after the class has ended.

To support consistent class attendance, outreach workers make a reminder telephone call to the women before each class. To promote the women's healthy lifestyle changes and offer encouragement, an outreach worker attempts to contact the women for 6 months while they are still enrolled in WISEWOMAN but after they have completed the ABC class.

Self-Study Lifestyle Intervention. The self-study materials (Be a WISEWOMAN – Get Heart Smart!) are offered as an option to participants who do not want to attend the ABC class. The project's previous lifestyle intervention coordinator developed the five informational booklets that comprise the self-study materials based on the ABCs for Good Health class curriculum.

The following informational booklets are sent to women on a monthly basis:

- *ABCs of Good Health* (emphasizes physical activity)
- *Fruits & Vegetables*

- *Whole Grains*
- *Straight Facts About Fat*
- *Maintenance*

Along with the first informational booklet, the outreach workers send the women a notebook, pen, pedometer, and walking log to track their steps. The self-study information is presented clearly and concisely so that participants can easily understand each pamphlet. Mailings of materials are followed up with telephone calls, as described below.

Staff Delivering Interventions at Local Sites

At the time of data collection, a combination of outreach workers and educators from the University of Nebraska's cooperative extension services delivered the lifestyle intervention. The outreach workers made telephone calls to the women to ensure receipt of self-study materials, discuss goal setting, and provide support in making behavior changes. These workers did not require a specific background and they ranged from lay health workers to nurses. Educators with master's degrees in education, home economics, or related disciplines delivered the ABCs for Good Health classes.

Following data collection in 2005, the Nebraska project transitioned responsibility for intervention management from the outreach workers to a network of regional lifestyle interventionists and staff from federally qualified health centers. These people ensure that women complete the 6-month intervention process. A background in health education is required for regional lifestyle interventionists, and they range from registered dietitians to community health education specialists.

Lifestyle Intervention Delivery

At the time of data collection, after a woman had been screened for cardiovascular disease risk factors and agreed to participate in the lifestyle intervention, an outreach worker was responsible for calling the woman to offer her the ABC class and self-study options. Each woman selected an intervention based on her level of interest and availability, but outreach workers strongly encouraged women to participate in the ABC class.

The ABC class has an in-person didactic format, typically offered in four weekly sessions. Extension educators from the Nebraska cooperative extension services deliver the ABC class sessions. These educators, who are based in county offices throughout the state, are well versed in nutrition and physical activity, and they provide examples and tools that help the women assess their ability to make personal changes. Each educator aims to offer the ABC course series at least twice a year.

The self-study intervention is delivered by mail and telephone. The women receive five mailings and follow-up telephone calls from outreach workers. During the calls, the outreach workers ensure that the materials were received, answer questions, discuss goal setting to achieve a healthy lifestyle, and support and encourage lifestyle changes as they are made.

North Carolina WISEWOMAN Project and Lifestyle Intervention

Project Description

The North Carolina project is operated by the state department of health and human services. North Carolina had one of the original WISEWOMAN projects and first received funding in 1995. At the time of data collection (FY 2004), WISEWOMAN services were available in 40 of the 100 counties in the state. The project contracts primarily with county-level health departments to provide both screening and lifestyle intervention services. The health departments have the capacity to deliver services either by embedding WISEWOMAN into a pre-existing general clinic or by developing a WISEWOMAN-specific clinic at the site.

Lifestyle Intervention

The North Carolina WISEWOMAN project uses A New Leaf: Choices for Healthy Living (New Leaf), a lifestyle intervention developed by researchers at the University of North Carolina–Chapel Hill (UNC) specifically to target the WISEWOMAN population in North Carolina. It emphasizes foods common in the southeastern United States. New Leaf was adapted from the Food for Heart nutrition intervention developed by Dr. Alice Ammerman at UNC. Food for Heart includes nutrition assessments and lifestyle counseling tools for use by a variety of health care providers. These assessments and counseling tools are expanded in New Leaf to include physical activity, smoking cessation, and osteoporosis education.

New Leaf emphasizes individual tailoring, goal setting, and identification of barriers and perceived benefits of lifestyle changes. A component of the intervention is a behavior risk assessment with four sections that gauge (1) diet and barriers to dietary change; (2) physical activity, barriers to physical activity, and physical limitations; (3) smoking cessation; and (4) lifestyle risk factors for osteoporosis. Each risk assessment form uses a structured scoring template that quickly identifies areas of risk.

The primary educational tools used in New Leaf are a manual or notebook and a cookbook with regionally appropriate heart-healthy recipes. The manual is organized by risk factor and includes tips for addressing risk factors identified in the assessment forms. It also has a section that provides tips on nutrition and physical activity to prevent and control diabetes. Other New Leaf materials include a practitioner's training guide and Thera-Bands[®] (latex stretch bands) to facilitate physical activity. As the need arises, researchers at UNC develop new modules for inclusion in New Leaf. In 2005, for example, a weight-loss module was pilot tested with a cohort of women. Future plans include development of a leader's guide to support implementation with a broader population of WISEWOMAN participants.

Staff Delivering Interventions at Local Sites

Nurses employed by the health department are the primary providers of screening and lifestyle intervention services to WISEWOMAN participants. Some sites also involve other staff at the health department, such as health educators and nutritionists, in delivering the lifestyle intervention.

Lifestyle Intervention Delivery

The project provides New Leaf intervention materials to all contractors without charge. Project contractors are encouraged, but not required, to use New Leaf materials. Counseling sessions can occur individually or in a group setting, and some sites provide a combination. Contractors deliver interventions

in person as well by telephone and mail. Counseling usually occurs during one or two sessions with a nurse at the health department. Although how the local sites deliver the lifestyle intervention varies, most, including all the sites involved in this study, use New Leaf.

SEARHC WISEWOMAN Project and Lifestyle Intervention

Project Description

The WISEWOMAN project in Southeast Alaska is managed by the South East Alaska Regional Health Consortium (SEARHC). SEARHC receives funding from the Indian Health Service to provide medical services to Alaska Natives in the region and from the Health Resources and Services Administration (HRSA) to operate nine sliding-fee-scale community health centers. SEARHC first received funding for WISEWOMAN in 2000. Local sites operate with grant-funded staff based in two regional clinics, two sub-regional HRSA-funded clinics, and several smaller HRSA-funded clinics where staff provide program services through itinerant visits.

Lifestyle Intervention

Standard Lifestyle Intervention. SEARHC offers what is called a “standard lifestyle intervention,” as well as a variety of educational and experiential activities to all participating women. Previously, the standard lifestyle intervention was individual counseling guided by the Traditions of the Heart (TOH) tool, but this intervention was recently redefined to provide staff more flexibility in what constitutes a standard intervention contact. Now staff can complete TOH with the woman or perform another type of intervention that meets CDC’s definition of a minimum intervention.⁹

TOH expands on and adapts the counseling tool A New Leaf: Choices for Healthy Living developed by Dr. Alice Ammerman and colleagues at UNC. TOH uses language that is culturally sensitive to Alaska Native women, includes nutrition and activity tips that have regional and cultural significance, and addresses all forms of tobacco use, among other adaptations. Included with TOH is a series of nutritional and physical activity assessments that women complete annually, a workbook that provides nutrition and physical activity tips and education, and a cookbook with a variety of heart-healthy recipes. In total, the nutrition assessment uses eight forms:

- Fish, birds, and meat.
- Dairy, eggs, cereal, and salt.
- Fruits, vegetables, side dishes, desserts, and snacks.
- Spreads, dressings, and oils.
- How active are you?
- Beverages.
- What makes it hard to eat right?
- What makes it hard to keep active?

Each form is designed so that the most heart-healthy choice is in the far-left column and the least heart-healthy choice is on the far right. This design allows quick scoring and identification of areas for improvement.

Staff apply motivational interviewing techniques when counseling women. This encourages the women to identify goals for lifestyle change instead of having the educator provide goals. Although the woman does much of the talking during the encounter, the educator asks for the woman’s permission to provide

⁹ CDC requires that all projects develop and submit a lifestyle intervention protocol for approval by the CDC project officer. (See WISEWOMAN guidance document, Chapter 5.)

education and advice on cardiovascular disease risk factors, including nutrition, physical activity, tobacco, and stress. If the woman is ready, the educator and the woman jointly set at least one behavior modification goal at the end of the intervention session. Women who are not ready to set a goal during this contact but are interested in making changes in the future are called within 1 month to assess their readiness to set a goal. Delivery of the standard lifestyle intervention takes between 40 and 90 minutes, depending on the woman's situation.

Educational and Experiential Activities. These are a major component of the lifestyle intervention. They offer women opportunities to participate in physical activity and to increase their knowledge of heart-healthy nutrition. In many instances, the opportunities for physical activity are experiential and occur on a regular basis, such as weekly swimming at the community pool or ongoing weight-lifting sessions. The educational activities typically focus on nutrition and are given either as a short series of classes on one topic or as a one-time event. The sites use existing curricula and develop original educational classes, often selecting topics based on participants' expressed interests. Most sites schedule a variety of monthly gatherings that target physical activity and nutrition. Each site's health educator is responsible for organizing and conducting these supplemental activities.

When organizing gatherings and experiential activities, the project director affords significant flexibility to the health educators on the topics they may address. The primary requirement is that the activities support one or more of the four targeted cardiovascular disease risk factors—nutrition, physical activity, tobacco, and stress.

To support the delivery of the lifestyle intervention, local staff build partnerships in the community with interested organizations. These partnerships vary across sites and include community pools, other physical fitness venues (gyms, yoga studios), and community buildings to host gatherings. Partnerships are viewed as mutually beneficial to the program and the partnering organization. Some sites also partner with participants to host gatherings in their homes. SEARHC emphasizes applying the socio-ecological model in its WISEWOMAN program, and partnerships with community organizations support the use of this model.

Staff Delivering Interventions at Local Sites

SEARHC's service delivery model is based on a two-person staff team (one person with a clinical background and one with a health education or community health background) at each local site. The staff member with the clinical background serves in the role of patient educator and has primary responsibility for enrolling and screening women and delivering the lifestyle intervention. The staff member with the community health background serves in the role of health educator or community wellness advocate, depending on his or her educational training, and has primary responsibility for coordinating experiential and educational opportunities.

Lifestyle Intervention Delivery

A patient educator completes the standard lifestyle intervention with the women, typically during the enrollment or annual re-enrollment visit. The intervention can be completed after enrollment if the woman receives the WISEWOMAN screening during a visit to the clinic for another purpose. The standard intervention is provided either in person or by telephone. The assessments take about 15 minutes to fill out and are typically completed during the intervention session. However, the assessments can be mailed to the women in advance, and the women complete them and bring them to the visit.

A health educator or community wellness advocate organizes the educational and experiential opportunities that complement the standard lifestyle intervention. Many of the education opportunities are in a class format with multiple participants. The experiential opportunities usually involve multiple participants and entail physical activity. The educational and experiential activities are typically offered in community sites (versus the clinic). All educational and experiential opportunities are optional for the women.