



**WISEWOMAN BEST PRACTICES
TOOLKIT:
Lessons Learned from Selected Projects**

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This toolkit was developed by Mathematica Policy Research, Inc., under contract number 200-2001-00122, with the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, WISEWOMAN Program.

Printed February 2007

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<http://www.cdc.gov/wisewoman/>

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ACKNOWLEDGMENTS

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MPR thanks the members of the CDC WISEWOMAN Best Practices Study team—Julie Will, PhD; Rosanne Farris, PhD; Karen Gregory-Mercado, MPH, PhD; and Ryan Loo, PhD—for their contributions throughout each phase of the WISEWOMAN Best Practices Study. In addition, MPR thanks the WISEWOMAN project officers, project directors, and coordinators, as well as the staff at local sites who participated in the case studies that led to the development of this toolkit. MPR thanks Olga Khavjou, MA, and Eric Finkelstein, PhD, at RTI International for developing the site selection methods and selecting the case study sites. MPR thanks the National Breast and Cervical Cancer Early Detection Program and IMS for their assistance in the site selection. MPR greatly appreciates the guidance provided by the WISEWOMAN Consultant Group; the Best Practices Stakeholder Group; Russell Glasgow, PhD; and Ronette Briefel, DrPH.

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Toolkit Overview

1. GENERAL INFORMATION ABOUT THE TOOLKIT

Welcome to the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Best Practices Toolkit. The toolkit provides guidance, resources, and technical tools to help WISEWOMAN programs serve women. The described practices address recruitment and engagement of program participants, lifestyle intervention delivery, facilitation and maintenance of behavior change, and participant retention in the WISEWOMAN program. The toolkit also lists strategies to assist WISEWOMAN projects in recruiting and retaining local sites and in facilitating local site adoption of the described practices.

The toolkit is a compendium of best program practices identified through in-depth case studies with selected WISEWOMAN projects. The methods used to identify best practices are outlined in Chapter I. The toolkit is meant as a reference guide from which projects and local sites can select practices that might be useful in their states or tribal organizations. The writers recognize that the practices included in this toolkit might not be effective in all settings; therefore, the toolkit is not meant to dictate practices that all projects should use.

2. TARGET AUDIENCE

The primary audience for the toolkit consists of Centers for Disease Control and Prevention (CDC)-funded WISEWOMAN projects and their local sites. Programs interested in learning more about WISEWOMAN should contact CDC. WISEWOMAN is a trademarked brand and use of the name should be discussed with CDC.

While many of the practices are specific to WISEWOMAN, it is anticipated that the toolkit will appeal to a broader audience. This audience includes practitioners delivering public health and health promotion interventions that target cardiovascular disease and provide lifestyle interventions. In addition, practitioners working more broadly in public health and health promotion might find adaptable practices in the toolkit.

3. TOOLKIT ORGANIZATION


The toolkit is organized around the five dimensions of the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) developed by Dr. Russell Glasgow and colleagues.¹ The purpose of RE-AIM is to facilitate evaluations of the translatability and overall public health impact of a health promotion intervention. The framework specifies dimensions at the individual and institutional levels. For this study, dimensions are defined as (1) the intervention's *reach* into the intended population, (2) its *effectiveness* in modifying risk, (3) its *adoption* by target settings, (4) its consistent *implementation*, and (5) *maintenance* of its effects among participants and target settings.

¹ Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health*. 1999;89(9):1322-7.

The best practices for each RE-AIM dimension are presented in Chapters II–VI. For simplicity, the Reach, Effectiveness, Adoption, Implementation, and Maintenance chapters are formatted in an identical manner. The first page of each chapter provides a definition of the RE-AIM dimension to be presented, an illustration of how the dimension applies to WISEWOMAN, a description of the practices that fit within the dimension, and an overview of the information included in the chapter. The page numbers for key sections of the chapter are also listed on this page.

Starting on the second page of each chapter is a table with “Snapshots of Practices from Selected Projects.” In this table, the best practices are listed by category. All practices are numbered sequentially and subpractices are numbered to coordinate with the associated practice. For example, if a main practice is numbered “3,” the subpractice is numbered “3A.” Each snapshots table has columns for Project-Level Practice, Local-Level Practice, Page Described, and Tool Included on Page. Checkmarks in the first two of these columns (project- and local-level practices) indicate whether the best practice applies to the project-level, the local-level, or both. The page on which each practice is described in detail is listed under the Page Described column. If a technical tool from the field is available for a given practice, the page where this tool can be found is listed under the Tool Included on Page column. All tools are provided in Appendix A of the toolkit.

The next pages of each chapter present Details of Practices from Selected WISEWOMAN Programs. Each practice is presented in this section as described in the table below.

Practice(s)	The practice or group of practices described on the page
Description	Description of the practice
Examples from the Field	Examples of how the practice was used in the field by one or more projects. These examples were selected by Mathematica Policy Research, Inc. (MPR) from the sites that had appropriate examples. When selecting examples, MPR considered clarity of the example and ensured that all participating projects were represented in the toolkit.
	 Appendix page where relevant tools shared by projects are provided, if available
Things to Consider	Potential feasibility concerns that a project should consider when implementing the practice. Feasibility concerns are highlighted for (1) staff level of effort, (2) staff skill level and training, (3) cultural adaptability, and (4) other considerations. The descriptions of staff level of effort and other considerations include potential activities that could result in a cost to the project or local site. Defining specific costs was not feasible due to the significant variation in available resources across projects and local sites.
Related Practices	Chapter numbers, RE-AIM dimensions, and practice numbers for similar practices within the same chapter or in another chapter. These practices are clustered into categories, such as goal setting, experiential activities, incentives, partnerships, staffing, and training.
Contact Information	Contact information for projects highlighted in the Examples from the Field section

The final section of each chapter is an Action Checklist. This is another list of the practices in the chapter (grouped by categories) that is aimed at engaging toolkit users by encouraging them to mark practices that

they might consider using in their project or local site. The main column in the table is labeled “Is the Project or Site Interested in Adopting this Strategy?” for this purpose.

4. DEFINITIONS

Terms frequently used in the toolkit are defined below:

Best Practices are project or local site activities, practices, or processes that are considered successful for delivering WISEWOMAN program services, as indicated by quantitative measures combined with systematically gathered qualitative data. Best practices take into account existing variation in the program and policy, cultural, socioeconomic, and geographic contexts in which WISEWOMAN projects operate.

Core Elements are central to an intervention’s theory and internal logic. Core elements are critical features of the intervention’s intent and should be kept intact when the intervention is implemented or adapted for it to produce program outcomes similar to those of the original research.²

Local-Level Practices are practices that this study identified and that are directly applicable to local sites delivering WISEWOMAN program services. Toolkit users who do not have WISEWOMAN projects might also find these practices of interest.

Project-Level Practices are practices that this study identified and that are directly applicable to WISEWOMAN projects that typically operate at the state or tribal level and oversee multiple local sites. Toolkit users who do not have WISEWOMAN projects might also find these practices of interest.

The **RE-AIM** framework was developed by Glasgow and colleagues to facilitate evaluation of the translatability and overall public health impact of a health promotion intervention. The framework identifies five dimensions (reach, effectiveness, adoption, implementation, and maintenance):

Reach is the degree to which women participate in WISEWOMAN and their representativeness.³

Effectiveness is the extent to which modifications in risk factors occur as a result of WISEWOMAN participation.³

Adoption is the degree to which provider sites and service delivery settings adopt WISEWOMAN.³

Implementation is the extent to which the program and its lifestyle intervention are delivered as intended.³

Maintenance is the extent to which a program is sustained over time and health improvements in women are maintained over time.³

² McKleroy VS, Galbraith J, Cummings B, Jones P, Harshbarger C, Collins C, et al. Adapting evidence-based behavioral interventions for new settings and target populations. Atlanta (GA): Centers for Disease Control and Prevention; 2006.

³ Definitions of RE-AIM dimensions have been adapted to reflect the WISEWOMAN program.

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