

Title of Intervention: WISEWOMAN

Website: <http://www.cdc.gov/WISEWOMAN/>

Intervention Strategies: Campaigns and Promotions, Group Education, Individual Education, Supportive Relationships, Environments and Policies

Purpose of the Intervention: To reduce cardiovascular risk among women

Population: Low-income ethnically diverse women in the National Breast and Cervical Cancer Early Detection Program

Setting: Massachusetts (Department of Public Health), Arizona (Department of Health Services) and North Carolina (Health Department); health care facility-based, community-based

Partners: Departments of Health

Intervention Description: Two interventions were used: a low-intensity minimum intervention and a higher-intensity enhanced intervention.

- Campaigns and Promotions: Cultural festivals incorporating physical activity, nutrition and stress management were held.
- Group Education: Physical activity and nutrition classes, tours of local supermarkets, demonstrations of how to cook healthier meals, walking groups, healthy cooking at farmer's markets were all offered to participants.
- Individual Education: The "New Leaf" notebook provided illustrated pages of recommendations that corresponded to individual dietary food and physical activity assessments. Cookbooks with low-cost recipes were provided. Participants received one individualized follow-up mailing.
- Supportive Relationships: In the enhanced intervention, weekly one-on-one nutrition and physical activity assessments and intense counseling were provided in addition to support and encouragement. In the minimum intervention, participants were asked to attend two individual counseling sessions, to receive monthly phone calls and to follow referrals to health care providers for recommendations on appropriate physical activity intensity.
- Environments and Policies: Reduced enrollment fees were offered at a women's fitness center.

Theory: Transtheoretical Stages of Change, Health Belief Model, Social Cognitive Theory

Resources Required:

- Staff/Volunteers: Staff or volunteers to plan events, lead classes, prepare materials
- Training: Not mentioned
- Technology: Computer, printer
- Space: Classroom space and space for festival/promotion events
- Budget: Not mentioned
- Intervention: Materials for festival, educational materials, teaching aides, food and cooking supplies for demonstrations, New Leaf notebook, cookbooks
- Evaluation: Materials for health screening, surveys

Evaluation:

- Design: Cohort study
- Methods and Measures:
 - Attendance and satisfaction surveys were administered
 - A screening assessed cardiovascular disease risk factors, vitals and physical measurements.
 - Health care providers completed a 3-page pre-test survey that assessed the average number of patients per month they counseled about lifestyle changes, their beliefs about patient knowledge, attitudes and beliefs about making heart healthy choices, their beliefs about resources for and success in counseling patients about diet and physical activity changes, how often they use various counseling strategies, personal dietary and physical beliefs and habits

- A survey measured the usefulness, experiences, value of the program

Outcomes:

- Short Term Impact: Analysis of both the high-intensity enhanced program and the low-intensity minimum program showed improvements in cardiovascular disease risk factor levels over time. Improvements were in physical activity frequency, cholesterol levels, blood pressure, body mass index, smoking and nutrition behaviors. The high-intensity enhanced program participants had better outcomes than the low-intensity participants. The total dietary risk assessment score improved. The percentage reporting regular physical activity increased for both groups. Self-efficacy for diet and physical activity counseling was higher in the high-intensity group counselors.
- Long Term Impact: Not measured

Maintenance: Participants received three mailings to support behavior changes, continued monthly phone contacts and one face-to-face counseling visit. A Neighborhood Assessment and the Community Resource Guide was provided after the intervention.

Lessons Learned: All counselors identified lack of time as a major barrier to counseling. Other barriers included obtaining medications for patients who cannot afford treatment, implementing the program with existing number of staff members and recruiting patients. Results suggest that carefully designed staff training is needed and can play a key role in influencing provider's attitudes and beliefs about patient motivation and barriers. Informants agreed that their projects would have benefited from a more extended planning period, even as much as a year. Informants agreed that designating a portion of WISEWOMAN funding for outreach "made a huge difference" in their projects' abilities to develop creative and successful outreach campaigns. One of the biggest challenges of implementing a chronic care model in clinical practices serving underserved populations is linking high-risk patients with affordable and culturally sensitive interventions that promote changes in dietary habits and physical activity. Strategies might include efforts to identify and establish safe and convenient walking venues, affordable gyms and culturally appropriate exercise programs, as well as identifying and supporting restaurants with healthy options. Environmental and policy changes may have a greater impact if they result from community-level advocacy efforts.

Citation(s):

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