Data Collection

Revision History

Date	Changes	By Whom:
05/25/04	Original document.	J Casner
02/05/07	2007 Enhancements and WISEWOMAN Program Updates	Alison Knight
10/29/07	Updated to show ONLY revisions for 2007 Enhancements	Alison Knight

Overview

The following table defines the enhancements to the data proposed for collection through the CDC Heart Disease and Stroke Prevention and WISEWOMAN Information System (HDSP IS). For each key section, the question and response options are identified. If the response option is labeled "text", the responder can enter free form text. * indicates a required field. "(WW)" indicates information that is specific to the WISEWOMAN program. "(HDSP)" indicates information that is specific to the HDSP program.

Information Sections

The data collected is grouped according to the key sections listed below.

- Key Personnel
- <u>Key Partners</u>
- <u>Key Contractors</u>
- <u>Standard Data Sources</u>
- Policy and Environmental Assessment
- Long Term Intervention Objective
- Supporting Intervention Objective
- Products

Key Personnel

Question	Respon	se Options
Primary Role *	•	Select one:
	-	Administrative Support
	-	Communication Specialist
	-	Community Health Advisors
		Data Manager (WW)
	-	Data Management Staff (WW)
	-	Epidemiologist
	-	Evaluator
	-	Health Educator
	-	Health Systems Specialist
	-	Lifestyle Intervention Specialist (WW)
	-	Nutrition Coordinator (WW)
	-	Physical Activity Coordinator (WW)
	-	Policy Analyst
	-	Program Coordinator
	-	Program Director
	-	Program Manager
	-	Other (specify)
Secondary Role (WW)	•	Select one:
	-	Administrative Support
	-	Communication Specialist
	-	Community Health Advisors
	-	Data Manager (WW)

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Question	Response Options
	- Data Management Staff (WW)
	- Epidemiologist
	- Evaluator
	- Health Educator
	 Health Systems Specialist
	 Lifestyle Intervention Specialist (WW)
	 Nutrition Coordinator (WW)
	 Physical Activity Coordinator (WW)
	- Policy Analyst
	- Program Coordinator
	- Program Director
	- Program Manager
	- Other (specify)
Percentage of Salary paid by CDC DHDSP	Percentage

Key Partners

Key Partners	
Question	Response Options
Partner Type*	Select one:
	- Academia (university or college)
	 Community based organization (WW)
	- Community health center (FQHC) (WW)
	 District or local government agency (WW)
	 Faith based organization
	- Healthcare Organization
	 Organization Representing Priority Population(s)
	- Other State Government Entity
	 Private sector business
	- State Health Department Programs
	 Voluntary agencies or professional organizations
	-
	- Other (specify)

Key Contractors

Question	Response Opt	tions
Primary Role*	•	Select one:
	-	Communication
	-	Communication/Marketing (WW)
	-	Data Management (WW)
	-	Epidemiologist
	-	Evaluator
	-	Health Educator
	-	Health Systems Specialist
	-	Information Technology Specialist (WW)
	-	Lifestyle Intervention Service Delivery(WW)
	-	Policy Analyst
	-	Program/Intervention Development (WW)
	-	Screening Service Delivery (WW)
	-	Other (specify)
Secondary Role*	•	Select one:

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Question	Response Option	ns
	-	Communication
	-	Communication/Marketing (WW)
	-	Data Management (WW)
	-	Epidemiologist
	-	Evaluator
	-	Health Educator
	-	Health Systems Specialist
	-	Information Technology Specialist (WW)
	-	Lifestyle Intervention Service Delivery(WW)
	-	Policy Analyst
	-	Program/Intervention Development (WW)
	-	Screening Service Delivery (WW)
	-	Other (specify)

Standard Data Sources

Question	Response Options
Standard Data sources*	Select one or more:
	- BRFSS Alcohol Consumption Module (WW)
	- BRFSS Cardiovascular Disease Module
	- BRFSS Cholesterol Awareness Module
	- BRFSS Core Modules (WW)
	- BRFSS Fruits and Vegetables Module (WW)
	- BRFSS Healthy Days Module (WW)
	- BRFSS Heart Attack and Stroke Module (WW)
	- BRFSS Heart Disease and Stroke Signs and
	Symptoms Module
	- BRFSS Hypertension Awareness Module
	- BRFSS Other Tobacco Products Module (WW)
	- BRFSS Physical Activity Module (WW)
	- BRFSS Quality of Life Module (WW)
	- BRFSS Smokeless Tobacco Module (WW)
	- BRFSS Tobacco Use Prevention Module (WW)
	- BRFSS Weight Control Module (WW)
	- Centers for Medicare and Medicaid Services (CMS)
	- Health Care Organization
	- Health Plan Employer Data and Information Set
	(HEDIS)
	- Hospital Discharge Data
	- Indian Health Service (WW)
	- U.S. Bureau of Census
	- Vital statistics
	- WISEWOMAN Minimum Data Elements (WW)
	- Youth Risk Behavior Surveillance (YRBS)

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Question	Response Options
	- Other (specify)

Policy and Environmental Assessments (HDSP)

Question	Response Options
Title*	Text

Intervention Long Term Objective

Question	Response Options
Related Recipient Activity (WW)	Select one:
	- Develop a preventive health services program or
	preventive health services research study/studies.
	 Staff with at least two professional staff members to
	work full-time on WISEWOMAN or a plan for hiring such staff
	members.
	- Work with health care systems that can effectively
	deliver WISEWOMAN services and that target the population in
	- Establish a cardiovascular disease prevention
	program as the primary focus, with culturally appropriate
	interventions addressing multiple risk factors that must include
	physical inactivity, poor nutrition, and tobacco use.
	- Implement screening, referral, and follow-up
	according to the recommendations of the National Cholesterol
	Education Program (NCEP).
	- Design culturally appropriate lifestyle interventions
	aimed at lowering blood pressure or cholesterol, improving physical
	activity or nutrition, or achieving smoking cessation in a similar
	target population.
	- Propose methods aimed at sustaining behavioral
	change.
	- Propose methods aimed at sustaining the program in future years.
	- Plan or conduct evaluation strategies to include
	reporting of suggested minimum data elements and cost
	information.
	- Formalize plans for Recipient Activities through
	development of program protocols or conduct program operations
	according to previously developed and approved program
	protocols.
	- Work collaboratively to develop methods that have
	the potential to be implemented in other WISEWOMAN programs.
Primary Priority Area* (HDSP)	Select one: Control of high blood processor
	- Control of high blood pressure
	- Control of high blood cholesterol
	 Increase knowledge of signs and symptoms and importance of calling 9-1-1
	- Improve emergency response
	- Improve enlergency response - Improve quality care (prevent first and second events;

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Question	Response Options
	control risk factors and diseases)
	- Eliminate Disparities
Secondary Priority Area (HDSP)	Select one:
	- Control of high blood pressure
	- Control of high blood pressure
	č
	- Increase knowledge of signs and symptoms and
	importance of calling 9-1-1
	 Improve emergency response
	 Improve quality care (prevent first and second events)
	control risk factors and diseases)
	- Eliminate Disparities
Measurement (WW)*	Select one
	- Increase the number of women to be screened each
	year for chronic disease risk factors and to receive risk reduction
	counseling based on the screening results.
	- Increase the percentage of new WISEWOMAN
	participants screened who return for the evaluation (first annual)
	screening visit within 10-14 months from baseline screening. This is
	required for purposes of program evaluation.
	 Increase the percentage of new women screened
	who attend at least one standardized lifestyle intervention session.
	 Increase the percentage of new women screened
	who have completed standardized lifestyle intervention sessions.
	- Decrease the percentage of failure to complete
	diagnostic/medical follow-up for women who have an alert
	screening value.
	- Increase the percentage of participants who adopt a
	healthier lifestyle during the year following baseline screening.
	- Reduce the percentage of expected cardiovascular
	disease events and deaths per 1,000 women, in 10 years.
Specify the measurement for the performance	Baseline: Number
indicator selected above (WW)*	Target: Number
Related RE-AIM Goal* (WW)	Select one:
	- To build a national WISEWOMAN program that
	provides every eligible NBCCEDP woman with an opportunity for
	WISEWOMAN services. (R-1)
	- To establish a WISEWOMAN program that reaches
	NBCCEDP women with the highest cardiovascular disease risk,
	including minority women in numbers that represent the proportion
	seen in NBCCEDP. (R-2)
	- To establish a WISEWOMAN program where at leas
	60% to 75% of the women screened receive the lifestyle
	intervention (LSI). (R-3)
	- To establish a WISEWOMAN program that improves
	lifestyle behavior. (E-1)
	- To establish a WISEWOMAN program that improves
	CVD risk scores. (E-2)
	 To ensure that WISEWOMAN is a cost effective
	program. (E-3)
	- To establish a WISEWOMAN program that is easy to
	adopt. (A-1)
	- To establish a WISEWOMAN program that can be
	delivered as intended (i.e. implemented with fidelity). (I-1)
	- To establish that the benefits of the WISEWOMAN
	program can be maintained over time at the individual level. (M-1)
	 To establish that the activities of the WISEWOMAN
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Question	Response Options
	program can be sustained over time at the organizational level. (M- 2)

Intervention Supporting Objective

	Response Options
Question Measurement (WW)*	Select one
	 Increase the number of women to be screened each year for chronic disease risk factors and to receive risk reduction counseling based on the screening results. Increase the percentage of new WISEWOMAN participants screened who return for the evaluation (first annual) screening visit within 10-14 months from baseline screening. This i required for purposes of program evaluation. Increase the percentage of new women screened who attend at least one standardized lifestyle intervention session. Increase the percentage of new women screened who have completed standardized lifestyle intervention sessions. Decrease the percentage of failure to complete diagnostic/medical follow-up for women who have an alert screening value.
	 Increase the percentage of participants who adopt a healthier lifestyle during the year following baseline screening.
	- Reduce the percentage of expected cardiovascular
	disease events and deaths per 1,000 women, in 10 years.
Specify the measurement for the performance	Baseline: Number
indicator selected above (WW)*	Target: Number
Objective Focus*	Select one: General Population Based
	 WISEWOMAN Population Based (WW) Priority Population Based (specify below) Gender* (HDSP) Select one: o Female o Male o Not Specific Geography* (HDSP) Select all that apply: o Rural / Low Density o Urban / High Density o Other (Specify) o Not Specified Geography* (WW) Select all that apply o City o County o District/Region o Entire State o Entire Territory o Frontier o Rural o Tribal Reservation/Service Area o Urban

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Question	Response Options
	 Ethnicity* Select all that apply: Hispanic or Latino Not Hispanic or Latino Not Specific Race* Select up to 3: American Indian or Alaska Native Asian African American or Black Native Hawaiian or other Pacific Islander White Not Specified SES* (HDSP)
Describe the steps taken to ensure the objective is culturally competent for the priority population identified. (HDSP) Additional Population Comments (WW)	• Text
Supplemental project (HDSP)	Select one: None Stroke Network Optional Funding
Summarize how resources have been leveraged for this objective*	• Text

Products

Question	Response Options
Product Focus*	Select one or more:
	 Assessment and inventory
	 Awareness approaches/strategies
	- Burden of Cardiovascular Disease
	- Cultural competence
	- Data Management
	 Disease/Risk Factors
	- Epidemiology
	- Environmental approaches/strategies
	- Evaluation
	- Health Communication
	 Lifestyle Intervention (Nutrition) (WW)
	- Lifestyle Intervention (Physical Activity) (WW)
	- Lifestyle Intervention (Tobacco) (WW)
	- Partnerships

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Question	Response Options
	 Policy approaches/strategies
	 Population based strategies
	 Priority population strategies
	- Program planning
	- Recruitment (WW)
	- System approaches/strategies
	- Training & Technical Assistance
	- Other (specify)
Intended Audience*	Select one or more:
	- General Population (WW)
	 WISEWOMAN population (WW)
	 Priority Population (WW)
	 Community/local program
	 Decision/policy makers
	 Faith-based organization
	- General population
	- Healthcare organization
	- Healthcare provider
	- Lifestyle Intervention Delivery (WW)
	 Lifestyle Intervention Development (WW)
	- Local health department
	- Other state government entity
	- Priority population
	- Private sector business
	- State health department
	 Voluntary agency or professional organization
	- Other (specify)