

### Revision History

Date	Changes	By Whom:
05/25/04	Original document.	J Casner
02/05/07	2007 Enhancements and WISEWOMAN Program Updates	Alison Knight

## Overview

The following table defines 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.

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## Program Information

Question	Response Options
Program Name	• Text
Grant Number	• Text
Program Type	• Display only
Primary Program Telephone	• Text
Business Official	• Text
Mailing Address Line 1	• Text
Mailing Address Line 2	• Text
Mailing City	• Text
Mailing State	• Select state from list
Mailing Postal Code	• Text
Shipping Address Line 1	• Text
Shipping Address Line 2	• Text
Shipping City	• Text
Shipping State	• Select state from list
Shipping Postal Code	• Text
Program Web Address	• Text
Program Fax	• Numeric

## Key Personnel

Question	Response Options
First Name *	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Middle Name	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Last Name *	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Telephone *	<ul style="list-style-type: none"> <li>• Text</li> </ul>
E-mail Address *	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Primary Role *	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Administrative Support</li> <li>- Communication Specialist</li> <li>- Community Health Advisors</li> <li>- Data Manager (WW)</li> <li>- Data Management Staff (WW)</li> <li>- Epidemiologist</li> <li>- Evaluator</li> <li>- Health Educator</li> <li>- Health Systems Specialist</li> <li>- Lifestyle Intervention Specialist (WW)</li> <li>- Nutrition Coordinator (WW)</li> <li>- Physical Activity Coordinator (WW)</li> <li>- Policy Analyst</li> <li>- Program Coordinator</li> <li>- Program Director</li> <li>- Program Manager</li> <li>- Other (specify)</li> </ul> </li> </ul>
Secondary Role (WW)	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Administrative Support</li> <li>- Communication Specialist</li> <li>- Community Health Advisors</li> <li>- Data Manager (WW)</li> <li>- Data Management Staff (WW)</li> <li>- Epidemiologist</li> <li>- Evaluator</li> <li>- Health Educator</li> <li>- Health Systems Specialist</li> <li>- Lifestyle Intervention Specialist (WW)</li> <li>- Nutrition Coordinator (WW)</li> <li>- Physical Activity Coordinator (WW)</li> <li>- Policy Analyst</li> <li>- Program Coordinator</li> <li>- Program Director</li> <li>- Program Manager</li> <li>- Other (specify)</li> </ul> </li> </ul>
Program Time Allocation *	<ul style="list-style-type: none"> <li>• Percentage</li> </ul>
Percentage of Salary paid by CDC DHSP	<ul style="list-style-type: none"> <li>• Percentage</li> </ul>
Is this individual a contractor? *	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> </li> </ul>
Is this individual the primary program contact? *	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> </li> </ul>

Question	Response Options
Personnel Attachments Title*	<ul style="list-style-type: none"> <li>• Text – file name</li> </ul>
Date Revised*	<ul style="list-style-type: none"> <li>• Date</li> </ul>
Type of Evidence*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Resume</li> <li>- CV</li> <li>- Other (Specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>

## Key Partners

Question	Response Options
Partner Type*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Academia (university or college)</li> <li>- Community based organization (WW)</li> <li>- Community health center (FQHC) (WW)</li> <li>- District or local government agency (WW)</li> <li>- Faith based organization</li> <li>- Healthcare Organization</li> <li>- Organization Representing Priority Population(s)</li> <li>- Other State Government Entity</li> <li>- Private sector business</li> <li>- State Health Department Programs</li> <li>- Voluntary agencies or professional organizations</li> <li>- Other (specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Partner Name*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Partner Contact Name*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Is this partner a member of the statewide work group responsible for the comprehensive CVH State plan*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> </li> </ul>
Upload Evidence of Commitment*	<ul style="list-style-type: none"> <li>• Text – file name</li> </ul>
Type of Evidence	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Letters of support</li> <li>- Memorandum of Understanding</li> <li>- Other (specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>

## Key Contractors

Question	Response Options
Organization Name*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Contact Name	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Primary Role*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Communication</li> <li>- Communication/Marketing (WW)</li> <li>- Data Management (WW)</li> <li>- Epidemiologist</li> <li>- Evaluator</li> <li>- Health Educator</li> </ul> </li> </ul>

Question	Response Options
	<ul style="list-style-type: none"> <li>- Health Systems Specialist</li> <li>- Information Technology Specialist (WW)</li> <li>- Lifestyle Intervention Service Delivery(WW)</li> <li>- Policy Analyst</li> <li>- Program/Intervention Development (WW)</li> <li>- Screening Service Delivery (WW)</li> <li>- Other (specify)</li> </ul>
Secondary Role*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Communication</li> <li>- Communication/Marketing (WW)</li> <li>- Data Management (WW)</li> <li>- Epidemiologist</li> <li>- Evaluator</li> <li>- Health Educator</li> <li>- Health Systems Specialist</li> <li>- Information Technology Specialist (WW)</li> <li>- Lifestyle Intervention Service Delivery(WW)</li> <li>- Policy Analyst</li> <li>- Program/Intervention Development (WW)</li> <li>- Screening Service Delivery (WW)</li> <li>- Other (specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Amount of Contract Funded by CDC CVH *	<ul style="list-style-type: none"> <li>• Percentage</li> </ul>

### State Plan (HDSP)

Question	Response Options
Title*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Plan Timeframe*	<ul style="list-style-type: none"> <li>• Dates</li> </ul>
Status*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Draft</li> <li>- Published</li> </ul> </li> </ul>
Website Address	<ul style="list-style-type: none"> <li>• Text</li> </ul>
State Planning Group Name	<ul style="list-style-type: none"> <li>• Text</li> </ul>
List Subgroups	<ul style="list-style-type: none"> <li>• Text</li> </ul>
State Plan Attachments Title*	<ul style="list-style-type: none"> <li>• Text – file name</li> </ul>
Type of Evidence	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Meeting Agenda or Minutes</li> <li>- State Plan</li> <li>- Other (specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>

## Burden Report (HDSP)

Question	Response Options
Your state's burden report is <i>currently</i> :	<ul style="list-style-type: none"> <li>• Select one:               <ul style="list-style-type: none"> <li>- Published</li> <li>- Unpublished</li> </ul> </li> </ul>
Title*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Publish Date*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Report Focus*	<ul style="list-style-type: none"> <li>• Select one:               <ul style="list-style-type: none"> <li>- Heart Disease</li> <li>- Stroke</li> </ul> </li> </ul>
Date hard copy sent to CDC*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Priority Populations:	
Gender*	<ul style="list-style-type: none"> <li>• Select one:               <ul style="list-style-type: none"> <li>- Female</li> <li>- Male</li> <li>- Not Specific</li> </ul> </li> </ul>
Geography*	<ul style="list-style-type: none"> <li>• Select all that apply:               <ul style="list-style-type: none"> <li>- Rural / Low Density</li> <li>- Urban / High Density</li> <li>- Not Specified</li> </ul> </li> </ul>
Race *	<ul style="list-style-type: none"> <li>• Select up to 3:               <ul style="list-style-type: none"> <li>- American Indian or Alaska Native</li> <li>- Asian</li> <li>- African American or Black</li> <li>- Native Hawaiian or other Pacific Islander</li> <li>- White</li> <li>- Not Specified</li> </ul> </li> </ul>
Ethnicity*	<ul style="list-style-type: none"> <li>• Select all that apply:               <ul style="list-style-type: none"> <li>- Hispanic or Latino</li> <li>- Not Hispanic or Latino</li> <li>- Not Specific</li> </ul> </li> </ul>
Socioeconomic Status (SES)*	<ul style="list-style-type: none"> <li>• Select one:               <ul style="list-style-type: none"> <li>- Low</li> <li>- Not Specified</li> </ul> </li> </ul>
Additional Population Comments	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Burden Report Web Address	<ul style="list-style-type: none"> <li>• Text - URL</li> </ul>
Upload Burden Report(s): Document Title	<ul style="list-style-type: none"> <li>• Text – file name</li> </ul>
Date Last Revised	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Working Report Title*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Anticipated Publish Date*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Describe Progress to Date*	<ul style="list-style-type: none"> <li>• Text</li> </ul>

### Standard Data Sources

Question	Response Options
Standard Data sources*	<ul style="list-style-type: none"> <li>• Select one or more:                             <ul style="list-style-type: none"> <li>- BRFSS Alcohol Consumption Module (WW)</li> <li>- BRFSS Cardiovascular Disease Module</li> <li>- BRFSS Cholesterol Awareness Module</li> <li>- BRFSS Core Modules (WW)</li> <li>- BRFSS Fruits and Vegetables Module (WW)</li> <li>- BRFSS Healthy Days Module (WW)</li> <li>- BRFSS Heart Attack and Stroke Module (WW)</li> <li>- BRFSS Heart Disease and Stroke Signs and Symptoms Module</li> <li>- BRFSS Hypertension Awareness Module</li> <li>- BRFSS Other Tobacco Products Module (WW)</li> <li>- BRFSS Physical Activity Module (WW)</li> <li>- BRFSS Quality of Life Module (WW)</li> <li>- BRFSS Smokeless Tobacco Module (WW)</li> <li>- BRFSS Tobacco Use Prevention Module (WW)</li> <li>- BRFSS Weight Control Module (WW)</li> <li>- Centers for Medicare and Medicaid Services (CMS) Health Care Organization Health Plan Employer Data and Information Set (HEDIS)</li> <li>- Hospital Discharge Data</li> <li>- Indian Health Service (WW)</li> <li>- U.S. Bureau of Census</li> <li>- Vital statistics</li> <li>- WISEWOMAN Minimum Data Elements (WW)</li> <li>- Youth Risk Behavior Surveillance (YRBS)</li> <li>- Other (specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Most Recent Data Set Year (YYYY)*	<ul style="list-style-type: none"> <li>• Year</li> </ul>

### Other Data Sources

Question	Response Options
Data Source Name*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Describe Population Sampled*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Describe Collection Method*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Collection Frequency*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Single Collection</li> <li>- Ongoing Collections</li> </ul> </li> </ul>
Most Recent Year Collected*	<ul style="list-style-type: none"> <li>• Year</li> </ul>

### Policy and Environmental Assessments (HDSP)

Question	Response Options
Title*	<ul style="list-style-type: none"> <li>• Text</li> </ul>

Question	Response Options
Assessment Type*	Select one: <ul style="list-style-type: none"> <li>• State level</li> <li>• District level</li> </ul>
Assessment Setting*	Select one: <ul style="list-style-type: none"> <li>• Health Care</li> <li>• Work Site</li> <li>• Community</li> <li>• School</li> </ul>
Last Assessment Date*	Enter Date
Summarize the data collected in the assessment*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Summarize the methods used for the assessment*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Summarize the findings of the assessment*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Attachments	<ul style="list-style-type: none"> <li>• Upload File</li> </ul>

### Intervention Long Term Objective

Question	Response Options
Objective Title*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Objective Description*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Status*	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Planned</li> <li>- In Process</li> <li>- Completed</li> <li>- Cancelled</li> <li>- Deferred</li> </ul> </li> </ul>
Related Recipient Activity (WW)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Develop a preventive health services program or preventive health services research study/studies.</li> <li>- Staff with at least two professional staff members to work full-time on WISEWOMAN or a plan for hiring such staff members.</li> <li>- Work with health care systems that can effectively deliver WISEWOMAN services and that target the population in need of these services.</li> <li>- 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.</li> <li>- Implement screening, referral, and follow-up according to the recommendations of the National Cholesterol Education Program (NCEP).</li> <li>- 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.</li> <li>- Propose methods aimed at sustaining behavioral change.</li> <li>- Propose methods aimed at sustaining the program in future years.</li> <li>- Plan or conduct evaluation strategies to include reporting of suggested minimum data elements and cost information.</li> <li>- Formalize plans for Recipient Activities through development of program protocols or conduct program operations according to</li> </ul> </li> </ul>

Question	Response Options
	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)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Control of high blood pressure</li> <li>- Control of high blood cholesterol</li> <li>- Increase knowledge of signs and symptoms and importance of calling 9-1-1</li> <li>- Improve emergency response</li> <li>- Improve quality care (prevent first and second events; control risk factors and diseases)</li> <li>- Eliminate Disparities</li> </ul> </li> </ul>
Secondary Priority Area (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Control of high blood pressure</li> <li>- Control of high blood cholesterol</li> <li>- Increase knowledge of signs and symptoms and importance of calling 9-1-1</li> <li>- Improve emergency response</li> <li>- Improve quality care (prevent first and second events; control risk factors and diseases)</li> <li>- Eliminate Disparities</li> </ul> </li> </ul>
Related HP2010 National Goal (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Prevention of Risk Factors</li> <li>- Detection and Treatment of Risk Factors</li> <li>- Early Identification and Treatment of Heart Attacks and Strokes</li> <li>- Prevention of Recurrent Cardiovascular Events</li> </ul> </li> </ul>
Direction of change* (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Increase</li> <li>- Decrease</li> </ul> </li> </ul>
Unit of Measurement* (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Number of</li> <li>- Percent of</li> <li>- Rate of</li> </ul> </li> </ul>
What will be measured? (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Baseline* (HDSP)	<ul style="list-style-type: none"> <li>• Numeric</li> <li>• Not required if “Baseline Unknown” is selected</li> </ul>
Baseline Unknown (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> </li> </ul>
Target * (HDSP)	<ul style="list-style-type: none"> <li>• Number</li> </ul>
Evidence of measuring target* (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- BRFSS Cholesterol Awareness Module</li> <li>- BRFSS Cardiovascular Disease Module</li> <li>- BRFSS Heart Disease and Stroke Signs and Symptoms Module</li> <li>- BRFSS Hypertension Awareness Module</li> <li>- Centers for Medicare and Medicaid Services (CMS)</li> <li>- Health Care Organization</li> <li>- Health Plan Employer Data and Information Set (HEDIS)</li> <li>- Hospital Discharge Data</li> <li>- U.S. Bureau of Census</li> <li>- Vital statistics</li> <li>- Youth Risk Behavior Surveillance (YRBS)</li> <li>- Other (Specify)</li> </ul> </li> </ul>



Question	Response Options
Other (specify) (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Measurement (WW)*	<ul style="list-style-type: none"> <li>• Select one                             <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- Increase the percentage of new women screened who attend at least one standardized lifestyle intervention session.</li> <li>- Increase the percentage of new women screened who have completed standardized lifestyle intervention sessions.</li> <li>- Decrease the percentage of failure to complete diagnostic/medical follow-up for women who have an alert screening value.</li> <li>- Increase the percentage of participants who adopt a healthier lifestyle during the year following baseline screening.</li> <li>- Reduce the percentage of expected cardiovascular disease events and deaths per 1,000 women, in 10 years.</li> </ul> </li> </ul>
Specify the measurement for the performance indicator selected above (WW)*	<ul style="list-style-type: none"> <li>• Baseline: Number</li> <li>• Target: Number</li> </ul>
If baseline is unknown, explain how baseline will be defined: (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Which state plan objective does this objective relate to? (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Related RE-AIM Goal* (WW)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- To build a national WISEWOMAN program that provides every eligible NBCCEDP woman with an opportunity for WISEWOMAN services. (R-1)</li> <li>- 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)</li> <li>- To establish a WISEWOMAN program where at least 60% to 75% of the women screened receive the lifestyle intervention (LSI). (R-3)</li> <li>- To establish a WISEWOMAN program that improves lifestyle behavior. (E-1)</li> <li>- To establish a WISEWOMAN program that improves CVD risk scores. (E-2)</li> <li>- To ensure that WISEWOMAN is a cost effective program. (E-3)</li> <li>- To establish a WISEWOMAN program that is easy to adopt. (A-1)</li> <li>- To establish a WISEWOMAN program that can be delivered as intended (i.e. implemented with fidelity). (I-1)</li> <li>- To establish that the benefits of the WISEWOMAN program can be maintained over time at the individual level. (M-1)</li> <li>- To establish that the activities of the WISEWOMAN program can be sustained over time at the organizational level. (M-2)</li> </ul> </li> </ul>
Estimated Start Date*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Estimated End Date*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Describe revisions to this objective (required if target is updated, status is deferred or cancelled, start date is delayed, or end date is extended.):	<ul style="list-style-type: none"> <li>• Text</li> </ul>

## Intervention Supporting Objective

Question	Response Options
Objective Title*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Objective Description*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Status*	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Planned</li> <li>- In Process</li> <li>- Completed</li> <li>- Cancelled</li> <li>- Deferred</li> </ul> </li> </ul>
Setting	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Healthcare</li> <li>- Community</li> <li>- Worksite</li> <li>- Other (Specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Measurement (WW)*	<ul style="list-style-type: none"> <li>• Select one <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- Increase the percentage of new women screened who attend at least one standardized lifestyle intervention session.</li> <li>- Increase the percentage of new women screened who have completed standardized lifestyle intervention sessions.</li> <li>- Decrease the percentage of failure to complete diagnostic/medical follow-up for women who have an alert screening value.</li> <li>- Increase the percentage of participants who adopt a healthier lifestyle during the year following baseline screening.</li> <li>- Reduce the percentage of expected cardiovascular disease events and deaths per 1,000 women, in 10 years.</li> </ul> </li> </ul>
Specify the measurement for the performance indicator selected above (WW)*	<ul style="list-style-type: none"> <li>• Baseline: Number</li> <li>• Target: Number</li> </ul>
Direction of change* (HDSP)	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Increase</li> <li>- Decrease</li> </ul> </li> </ul>
Unit of Measurement* (HDSP)	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Number of</li> <li>- Percent of</li> <li>- Rate of</li> </ul> </li> </ul>
What will be measured?* (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Baseline* (HDSP)	<ul style="list-style-type: none"> <li>• Numeric</li> <li>• Not required if "Baseline Unknown" is selected</li> </ul>
Baseline Unknown	<ul style="list-style-type: none"> <li>• Select one: <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> </li> </ul>
Target * (HDSP)	<ul style="list-style-type: none"> <li>• Number</li> </ul>
Evidence of measuring target* (HDSP)	<ul style="list-style-type: none"> <li>• Select one:</li> </ul>

Question	Response Options
	<ul style="list-style-type: none"> <li>- BRF5 Cholesterol Awareness Module</li> <li>- BRF5 Cardiovascular Disease Module</li> <li>- BRF5 Heart Disease and Stroke Signs and Symptoms Module</li> <li>- BRF5 Hypertension Awareness Module</li> <li>- Centers for Medicare and Medicaid Services (CMS)</li> <li>- Health Care Organization</li> <li>- Health Plan Employer Data and Information Set (HEDIS)</li> <li>- Hospital Discharge Data</li> <li>- U.S. Bureau of Census</li> <li>- Vital statistics</li> <li>- Youth Risk Behavior Surveillance (YRBS)</li> <li>- Other (Specify)</li> </ul>
Other (specify) (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
If baseline is unknown, explain how baseline will be defined:	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Objective Focus*	<ul style="list-style-type: none"> <li>• Select one:               <ul style="list-style-type: none"> <li>- General Population Based</li> <li>- WISEWOMAN Population Based (WW)</li> <li>- Priority Population Based (specify below)                   <ul style="list-style-type: none"> <li>• Gender* (HDSP)                       <ul style="list-style-type: none"> <li>▪ Select one:                           <ul style="list-style-type: none"> <li>o Female</li> <li>o Male</li> <li>o Not Specific</li> </ul> </li> </ul> </li> <li>• Geography* (HDSP)                       <ul style="list-style-type: none"> <li>▪ Select all that apply:                           <ul style="list-style-type: none"> <li>o Rural / Low Density</li> <li>o Urban / High Density</li> <li>o Other (Specify)</li> <li>o Not Specified</li> </ul> </li> </ul> </li> <li>• Geography* (WW)                       <ul style="list-style-type: none"> <li>▪ Select all that apply                           <ul style="list-style-type: none"> <li>o City</li> <li>o County</li> <li>o District/Region</li> <li>o Entire State</li> <li>o Entire Territory</li> <li>o Frontier</li> <li>o Rural</li> <li>o Tribal Reservation/Service Area</li> <li>o Urban</li> <li>o Not Specific</li> </ul> </li> </ul> </li> <li>• Ethnicity*                       <ul style="list-style-type: none"> <li>▪ Select all that apply:                           <ul style="list-style-type: none"> <li>o Hispanic or Latino</li> <li>o Not Hispanic or Latino</li> <li>o Not Specific</li> </ul> </li> </ul> </li> <li>• Race*                       <ul style="list-style-type: none"> <li>▪ Select up to 3:                           <ul style="list-style-type: none"> <li>o American Indian or Alaska Native</li> <li>o Asian</li> <li>o African American or Black</li> <li>o Native Hawaiian or other Pacific Islander</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>

Question	Response Options
	<ul style="list-style-type: none"> <li>o White</li> <li>o Not Specified</li> <li>• SES* (HDSP)                             <ul style="list-style-type: none"> <li>▪ Select one:                                     <ul style="list-style-type: none"> <li>o Low</li> <li>o Not Specified</li> </ul> </li> </ul> </li> </ul>
Describe the steps taken to ensure the objective is culturally competent for the priority population identified. (HDSP)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Additional Population Comments (WW)	
Supplemental project (HDSP)	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- None</li> <li>- Stroke Registry</li> <li>- Optional Funding</li> </ul> </li> </ul>
Summarize how resources have been leveraged for this objective*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Estimated Start Date*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Estimated End Date*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Describe revisions to this objective (required if target is updated, status is deferred or cancelled, start date is delayed, or end date is extended.):	<ul style="list-style-type: none"> <li>• Text</li> </ul>

## Objective Progress

Question	Response Options
Date Progress Occurred*	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Describe Progress*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Has the objective's target been met?	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> <li>- Currently Ongoing</li> </ul> </li> </ul>
Date objective's target was met	<ul style="list-style-type: none"> <li>• Month and year</li> </ul>
Actual Measurement	<ul style="list-style-type: none"> <li>• Direction of Change                             <ul style="list-style-type: none"> <li>- Select one:                                     <ul style="list-style-type: none"> <li>o Increase</li> <li>o Decrease</li> </ul> </li> </ul> </li> <li>• Unit of Measurement                             <ul style="list-style-type: none"> <li>- Select one                                     <ul style="list-style-type: none"> <li>o Number of</li> <li>o Percent of</li> <li>o Rate of</li> </ul> </li> </ul> </li> <li>• What was measured?: Text</li> <li>• Actual level: Number</li> </ul>
Facilitating factors for success	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Describe any barriers and/or issues to meeting the objective and plans to overcome:	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Describe any additional benefits (unexpected outcomes) as a result of this objective:	<ul style="list-style-type: none"> <li>• Text</li> </ul>

## Activity

Question	Response Options
Activity Title*	• Text
Activity Description*	• Text
Estimated Start Date*	• Month and year
Estimated End Date*	• Month and year
Current Status*	• Select one: - Planned - In Process - Completed - Cancelled - Deferred
Lead Personnel*	• Select from list
Other personnel assigned to this activity	• Select from list
Contractors assigned to this activity	• Select from list
Partners assigned to this activity	• Select from list
Describe Partner Involvement:	• Text
Other (specify)	• Text

## Activity Progress (HDSP)

Question	Response Options
Date Progress Occurred*	• Month and year
Describe Progress*	• Text

## Products

Question	Response Options
Title*	• Text
Type*	• Select one: - Audio - Book - Book Chapter - Booklet - Conference Paper - Conference Proceedings - Curriculum - Electronic Tool/Resource - Evaluation Plan - Fact Sheet - Featured Article - Journal Article - Manual - Newsletter - Policy Document - Poster/Billboard - Presentation - Press Kit

Question	Response Options
	<ul style="list-style-type: none"> <li>- Report</li> <li>- Slideshow</li> <li>- Survey/Instruments</li> <li>- Video</li> <li>- Other (specify)</li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Product Description*	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Authors	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Product Focus*	<ul style="list-style-type: none"> <li>• Select one or more:                             <ul style="list-style-type: none"> <li>- Assessment and inventory</li> <li>- Awareness approaches/strategies</li> <li>- Burden of Cardiovascular Disease</li> <li>- Cultural competence</li> <li>- Data Management</li> <li>- Disease/Risk Factors</li> <li>- Epidemiology</li> <li>- Environmental approaches/strategies</li> <li>- Evaluation</li> <li>- Health Communication</li> <li>- Lifestyle Intervention (Nutrition) (WW)</li> <li>- Lifestyle Intervention (Physical Activity) (WW)</li> <li>- Lifestyle Intervention (Tobacco) (WW)</li> <li>- Partnerships</li> <li>- Policy approaches/strategies</li> <li>- Population based strategies</li> <li>- Priority population strategies</li> <li>- Program planning</li> <li>- Recruitment (WW)</li> <li>- System approaches/strategies</li> <li>- Training &amp; Technical Assistance</li> <li>- Other (specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Product Language*	<ul style="list-style-type: none"> <li>• Select all that apply                             <ul style="list-style-type: none"> <li>- English</li> <li>- Spanish</li> <li>- Other(Specify)</li> </ul> </li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Intended Audience*	<ul style="list-style-type: none"> <li>• Select one or more:                             <ul style="list-style-type: none"> <li>- General Population (WW)</li> <li>- WISEWOMAN population (WW)</li> <li>- Priority Population (WW)</li> <li>- Community/local program</li> <li>- Decision/policy makers</li> <li>- Faith-based organization</li> <li>- General population</li> <li>- Healthcare organization</li> <li>- Healthcare provider</li> <li>- Lifestyle Intervention Delivery (WW)</li> <li>- Lifestyle Intervention Development (WW)</li> <li>- Local health department</li> <li>- Other state government entity</li> <li>- Priority population</li> <li>- Private sector business</li> </ul> </li> </ul>

Question	Response Options
	<ul style="list-style-type: none"> <li>- State health department</li> <li>- Voluntary agency or professional organization</li> <li>- Other (specify)</li> </ul>
Other (specify)	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Website Address	<ul style="list-style-type: none"> <li>• Text</li> </ul>
Upload product	<ul style="list-style-type: none"> <li>• Text – file name</li> </ul>
Date last revised	<ul style="list-style-type: none"> <li>• Date</li> </ul>
Can this product be shared?	<ul style="list-style-type: none"> <li>• Select one:                             <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> </li> </ul>

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