

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](#)
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- [Standard Data Sources](#)
- [Policy and Environmental Assessment](#)
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Key Personnel

Question	Response Options
Primary Role *	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - 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)	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - Administrative Support - Communication Specialist - Community Health Advisors - Data Manager (WW)

Question	Response Options
	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> • Percentage

Key Partners

Question	Response Options
Partner Type*	<ul style="list-style-type: none"> • 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 Options
Primary Role*	<ul style="list-style-type: none"> • 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*	<ul style="list-style-type: none"> • Select one:

Question	Response Options
	<ul style="list-style-type: none"> - 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
<p>Standard Data sources*</p>	<ul style="list-style-type: none"> • Select one or more: <ul style="list-style-type: none"> - 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)

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)	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - 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 need of these services. - 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)	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - 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 quality care (prevent first and second events;

Question	Response Options
	<ul style="list-style-type: none"> - control risk factors and diseases) - Eliminate Disparities
Secondary Priority Area (HDSP)	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - 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 quality care (prevent first and second events; control risk factors and diseases) - Eliminate Disparities
Measurement (WW)*	<ul style="list-style-type: none"> • Select one <ul style="list-style-type: none"> - 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 indicator selected above (WW)*	<ul style="list-style-type: none"> • Baseline: Number • Target: Number
Related RE-AIM Goal* (WW)	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - 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 least 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

Question	Response Options
	program can be sustained over time at the organizational level. (M-2)

Intervention Supporting Objective

Question	Response Options
Measurement (WW)*	<ul style="list-style-type: none"> • Select one <ul style="list-style-type: none"> - 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 indicator selected above (WW)*	<ul style="list-style-type: none"> • Baseline: Number • Target: Number
Objective Focus*	<ul style="list-style-type: none"> • Select one: <ul style="list-style-type: none"> - General Population Based - WISEWOMAN Population Based (WW) - Priority Population Based (specify below) <ul style="list-style-type: none"> • Gender* (HDSP) <ul style="list-style-type: none"> ▪ Select one: <ul style="list-style-type: none"> o Female o Male o Not Specific • Geography* (HDSP) <ul style="list-style-type: none"> ▪ Select all that apply: <ul style="list-style-type: none"> o Rural / Low Density o Urban / High Density o Other (Specify) o Not Specified • Geography* (WW) <ul style="list-style-type: none"> ▪ Select all that apply <ul style="list-style-type: none"> o City o County o District/Region o Entire State o Entire Territory o Frontier o Rural o Tribal Reservation/Service Area o Urban o Not Specific

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

Products

Question	Response Options
Product Focus*	<ul style="list-style-type: none"> • Select one or more: <ul style="list-style-type: none"> - 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

Question	Response Options
	<ul style="list-style-type: none"> - Policy approaches/strategies - Population based strategies - Priority population strategies - Program planning - Recruitment (WW) - System approaches/strategies - Training & Technical Assistance - Other (specify)
Intended Audience*	<ul style="list-style-type: none"> • Select one or more: <ul style="list-style-type: none"> - 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)