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.

- Program information
- Key Personnel
- State Planning Group
- Key Partners
- Key Contractors
- Standard Data Sources
- Other Data Sources
- Burden Report
- Long Term Intervention Objective
- Supporting Intervention Objective
- Objective Progress
- Activity
- Activity Progress
- <u>Products</u>

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
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Key Personnel

Question	Respon	se Options
First Name *	•	Text
Middle Name	•	Text
Last Name *	•	Text
Telephone *	•	Text
E-mail Address *	•	Text
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
0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	-	Other (specify)
Secondary Role (WW)	•	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)
Program Time Allocation *	•	Percentage
Percentage of Salary paid by CDC DHDSP	•	Percentage
Is this individual a contractor? *	•	Select one:
	- Ye	
	- No	
Is this individual the primary program contact? *	•	Select one:
	- Ye	
	- No	

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Question	Response Options
Personnel Attachments Title*	Text – file name
Date Revised*	Date
Type of Evidence*	Select one:ResumeCVOther (Specify)
Other (specify)	• Text

Key Partners

Question	Response Options
Question 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)
Other (specify)	• Text
Partner Name*	Text
Partner Contact Name*	Text
Is this partner a member of the statewide work group responsible for the comprehensive CVH State plan*	Select one: Yes No
Upload Evidence of Commitment*	Text – file name
Type of Evidence	 Select one: Letters of support Memorandum of Understanding Other (specify)
Other (specify)	• Text

Key Contractors

Question	Respo	nse Options
Organization Name*		Text
Contact Name		Text
Primary Role*		Select one: Communication Communication/Marketing (WW) Data Management (WW) Epidemiologist Evaluator Health Educator

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Question	Response Options		
	- 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:		
	- 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)		
Other (specify)	Text		
Amount of Contract Funded by CDC CVH *	Percentage		

State Plan (HDSP)

Question	Response Options
Title*	• Text
Plan Timeframe*	• Dates
Status*	Select one:
	- Draft
	- Published
Website Address	Text
State Planning Group Name	Text
List Subgroups	Text
State Plan Attachments Title*	Text – file name
Type of Evidence	Select one:
	- Meeting Agenda or Minutes
	- State Plan
	- Other (specify)
Other (specify)	Text

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Burden Report (HDSP)

Question	Response Options
Your state's burden report is <i>currently</i> :	Select one:
	- Published
	- Unpublished
Title*	• Text
Publish Date*	Month and year
Report Focus*	Select one:
	- Heart Disease
	- Stroke
Date hard copy sent to CDC*	Month and year
Priority Populations:	
Gender*	Select one:
	- Female
	- Male
On a superplant	- Not Specific
Geography*	Select all that apply: Burst / Law Passitu
	Rural / Low DensityUrban / High Density
	- Orban / High Density - Not Specified
Race *	Select up to 3:
race	- American Indian or Alaska Native
	- Asian
	- African American or Black
	- Native Hawaiian or other Pacific Islander
	- White
	- Not Specified
Ethnicity*	Select all that apply:
	 Hispanic or Latino
	- Not Hispanic or Latino
	- Not Specific
Socioeconomic Status (SES)*	Select one:
	- Low
Additional Deputation Comments	- Not Specified Text
Additional Population Comments	TOAL
Burden Report Web Address	
Upload Burden Report(s): Document Title	
Date Last Revised	Month and year Tout
Working Report Title*	Text
Anticipated Publish Date*	Month and year
Describe Progress to Date*	• Text

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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)
	- Other (specify)
Other (specify)	• Text
Most Recent Data Set Year (YYYY)*	• Year

Other Data Sources

Question	Respo	nse Options
Data Source Name*	•	Text
Describe Population Sampled*		Text
Describe Collection Method*		Text
Collection Frequency*	•	Select one:
	-	Single Collection
	_	Ongoing Collections
Most Recent Year Collected*	•	Year

Policy and Environmental Assessments (HDSP)

Question	Response Options	
Title*	• Text	

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Question	Response Options
Assessment Type*	Select one:
	State level
	District level
Assessment Setting*	Select one:
	Health Care
	Work Site
	Community
	• School
Last Assessment Date*	Enter Date
Summarize the data collected in the assessment*	• Text
Summarize the methods used for the assessment*	• Text
Summarize the findings of the assessment*	• Text
Attachments	Upload File

Intervention Long Term Objective

Question	Response Options
Objective Title*	• Text
Objective Description*	Text
Status*	 Select one: Planned In Process Completed Cancelled Deferred
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 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

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Question	Response Options
Agestion	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:
Filliary Filolity Area (HDSF)	
	- 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
Secondary Priority Area (HDSP)	Select one:
	 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
Related HP2010 National Goal (HDSP)	Select one:
Troidica III 2020 Italional Obai (IBOI)	- Prevention of Risk Factors
	- Detection and Treatment of Risk Factors
	- Early Identification and Treatment of Heart Attacks and Strokes
	- Prevention of Recurrent Cardiovascular Events
Direction of change* (HDSP)	Select one:
Direction of change (1103)	- Increase
	- Decrease
Unit of Measurement* (HDSP)	Select one:
Offic of Measurement (HDSF)	- Number of
	- Percent of
What will be measured? (HDSP)	- Rate of Text
Baseline* (HDSP)	 Numeric Not required if "Baseline Unknown" is selected
Baseline Unknown (HDSP)	
Daseline Unknown (DDSP)	Ociect one.
	- Yes
Torget * (UDCD)	- No
Target * (HDSP)	Number Salast answ
Evidence of measuring target* (HDSP)	Select one: Select one:
	- BRFS Cholesterol Awareness Module
	- BRFS Cardiovascular Disease Module
	- BRFS Heart Disease and Stroke Signs and Symptoms
	Module
	- BRFS Hypertension Awareness Module
Ť	- Centers for Medicare and Medicaid Services (CMS)
	- Health Care Organization
	- Health Plan Employer Data and Information Set (HEDIS)
	- Hospital Discharge Data
	- U.S. Bureau of Census
	- Vital statistics
	- Youth Risk Behavior Surveillance (YRBS)
	- Other (Specify)
	1 (-r))

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Question	Response Options
Other (specify) (HDSP)	• Text
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
Chaoify the measurement for the performance	events and deaths per 1,000 women, in 10 years. Baseline: Number
Specify the measurement for the performance indicator selected above (WW)*	Target: Number
If baseline is unknown, explain how baseline will be defined: (HDSP)	• Text
Which state plan objective does this objective relate to? (HDSP)	• Text
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 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 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)
Estimated Start Date*	 can be sustained over time at the organizational level. (M-2) Month and year
Estimated End Date*	Month and year
Describe revisions to this objective (required if target	Month and year Text
is updated, status is deferred or cancelled, start date is delayed, or end date is extended.):	TOAL

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Intervention Supporting Objective

Question	Response Options
Objective Title*	Text
Objective Description*	Text
Status*	Select one:
Status	- Planned
	- In Process
	- Completed
	- Cancelled
	- Deferred
Setting	Select one:
	- Healthcare
	- Community
	- Worksite
	- Other (Specify)
Other (specify)	• Text
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
Direction of change* (HDSP)	Select one:
	- Increase
	- Decrease
Unit of Measurement* (HDSP)	Select one:
	- Number of
	- Percent of
104 (1:202)	- Rate of
What will be measured?* (HDSP)	• Text
Baseline* (HDSP)	Numeric Net required if "Receline University" is collected.
Pagalina Unknown	Not required if "Baseline Unknown" is selected Select one:
Baseline Unknown	Select one: Yea
	- Yes
Torract * (UDCD)	- No
Target * (HDSP)	Number Calastone
Evidence of measuring target* (HDSP)	Select one:

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	Desperas Outions
Question	Response Options
	- BRFS Cholesterol Awareness Module
	- BRFS Cardiovascular Disease Module
	 BRFS Heart Disease and Stroke Signs and Symptoms
	Module
	- BRFS Hypertension Awareness Module
	- Centers for Medicare and Medicaid Services (CMS)
	- Health Care Organization
	- Health Plan Employer Data and Information Set (HEDIS)
	- Hospital Discharge Data
	- U.S. Bureau of Census
	- Vital statistics
	- Youth Risk Behavior Surveillance (YRBS)
011 ('(') (11202)	- Other (Specify)
Other (specify) (HDSP)	• Text
If baseline is unknown, explain how baseline will be	• Text
defined:	2/lest servi
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
	o Not Specific
	• Ethnicity*
	Select all that apply:
	o Hispanic or Latino
	o Not Hispanic or Latino
	o Not Specific
	· ·
	• Race*
	Select up to 3: American Indian or Alacka Nativa
	o American Indian or Alaska Native
	o Asian
	o African American or Black
	o Native Hawaiian or other Pacific Islander

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Question	Response Options
	o White o Not Specified • SES* (HDSP) • Select one: o Low o Not Specified
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 Registry Optional Funding
Summarize how resources have been leveraged for this objective*	• Text
Estimated Start Date*	Month and year
Estimated End Date*	Month and year
Describe revisions to this objective (required if target is updated, status is deferred or cancelled, start date is delayed, or end date is extended.):	• Text

Objective Progress

Question	Response Options
Date Progress Occurred*	Month and year
Describe Progress*	Text
Has the objective's target been met?	Select one:
	- Yes
	- No
	- Currently Ongoing
Date objective's target was met	Month and year
Actual Measurement	Direction of Change
	- Select one:
	o Increase
	o Decrease
	Unit of Measurement
	- Select one
	o Number of
	o Percent of
· ·	o Rate of
	What was measured?: Text
Envillanting fortune for	Actual level: Number
Facilitating factors for success	• Text
Describe any barriers and/or issues to meeting the	• Text
objective and plans to overcome:	Total
Describe any additional benefits (unexpected	• Text
outcomes) as a result of this objective:	

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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	Respor	nse Options
Date Progress Occurred*	•	Month and year
Describe Progress*	•	Text

Products

Question	Response Options
Title*	• Text
Type*	Select one:
	- Audio
	- Book
	- Book Chapter
Y	- 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

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Question	Respor	nse Options
Question	INCOPOL	· · · · · · · · · · · · · · · · · · ·
	_	Report Slideshow
	-	
	-	Survey/Instruments Video
	_	
Other (specify)	•	Other (specify) Text
Product Description*	•	Text
Authors	•	Text
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 Reliev enpressed of treatering
	-	Policy approaches/strategies Population based strategies
	_	Priority population strategies
		Program planning
	-	Recruitment (WW)
	-	System approaches/strategies
	_	Training & Technical Assistance
	-	Other (specify)
Other (specify)	•	Text
Product Language*	•	Select all that apply
1 Toddet Earlydage		English
		Spanish
	_	Other(Specify)
Other (specify)	•	Text
Intended Audience*	•	Select one or more:
Interlued Addience		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
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Data Collection

Question	Respo	Response Options	
		State health department Voluntary agency or professional organization Other (specify)	
Other (specify)	•	Text	
Website Address	•	Text	
Upload product	•	Text – file name	
Date last revised	•	Date	
Can this product be shared?	•	Select one:	
	-	Yes	
	-	No	



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