



**WISEWOMAN BEST PRACTICES
TOOLKIT:
Lessons Learned from Selected Projects**

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MATHEMATICA
Inc.



This toolkit was developed by Mathematica Policy Research, Inc., under contract number 200-2001-00122, with the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, WISEWOMAN Program.

Printed February 2007

View and search the WISEWOMAN Best Practices Toolkit on the web at
<http://www.cdc.gov/wisewoman/>

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ACKNOWLEDGMENTS

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MPR thanks the members of the CDC WISEWOMAN Best Practices Study team—Julie Will, PhD; Rosanne Farris, PhD; Karen Gregory-Mercado, MPH, PhD; and Ryan Loo, PhD—for their contributions throughout each phase of the WISEWOMAN Best Practices Study. In addition, MPR thanks the WISEWOMAN project officers, project directors, and coordinators, as well as the staff at local sites who participated in the case studies that led to the development of this toolkit. MPR thanks Olga Khavjou, MA, and Eric Finkelstein, PhD, at RTI International for developing the site selection methods and selecting the case study sites. MPR thanks the National Breast and Cervical Cancer Early Detection Program and IMS for their assistance in the site selection. MPR greatly appreciates the guidance provided by the WISEWOMAN Consultant Group; the Best Practices Stakeholder Group; Russell Glasgow, PhD; and Ronette Briefel, DrPH.

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Toolkit Overview

1. GENERAL INFORMATION ABOUT THE TOOLKIT

Welcome to the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Best Practices Toolkit. The toolkit provides guidance, resources, and technical tools to help WISEWOMAN programs serve women. The described practices address recruitment and engagement of program participants, lifestyle intervention delivery, facilitation and maintenance of behavior change, and participant retention in the WISEWOMAN program. The toolkit also lists strategies to assist WISEWOMAN projects in recruiting and retaining local sites and in facilitating local site adoption of the described practices.

The toolkit is a compendium of best program practices identified through in-depth case studies with selected WISEWOMAN projects. The methods used to identify best practices are outlined in Chapter I. The toolkit is meant as a reference guide from which projects and local sites can select practices that might be useful in their states or tribal organizations. The writers recognize that the practices included in this toolkit might not be effective in all settings; therefore, the toolkit is not meant to dictate practices that all projects should use.

2. TARGET AUDIENCE

The primary audience for the toolkit consists of Centers for Disease Control and Prevention (CDC)-funded WISEWOMAN projects and their local sites. Programs interested in learning more about WISEWOMAN should contact CDC. WISEWOMAN is a trademarked brand and use of the name should be discussed with CDC.

While many of the practices are specific to WISEWOMAN, it is anticipated that the toolkit will appeal to a broader audience. This audience includes practitioners delivering public health and health promotion interventions that target cardiovascular disease and provide lifestyle interventions. In addition, practitioners working more broadly in public health and health promotion might find adaptable practices in the toolkit.

3. TOOLKIT ORGANIZATION

The toolkit is organized around the five dimensions of the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) developed by Dr. Russell Glasgow and colleagues.¹ The purpose of RE-AIM is to facilitate evaluations of the translatability and overall public health impact of a health promotion intervention. The framework specifies dimensions at the individual and institutional levels. For this study, dimensions are defined as (1) the intervention's **reach** into the intended population, (2) its **effectiveness** in modifying risk, (3) its **adoption** by target settings, (4) its consistent **implementation**, and (5) **maintenance** of its effects among participants and target settings.

¹ Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health*. 1999;89(9):1322-7.

The best practices for each RE-AIM dimension are presented in Chapters II–VI. For simplicity, the Reach, Effectiveness, Adoption, Implementation, and Maintenance chapters are formatted in an identical manner. The first page of each chapter provides a definition of the RE-AIM dimension to be presented, an illustration of how the dimension applies to WISEWOMAN, a description of the practices that fit within the dimension, and an overview of the information included in the chapter. The page numbers for key sections of the chapter are also listed on this page.

Starting on the second page of each chapter is a table with “Snapshots of Practices from Selected Projects.” In this table, the best practices are listed by category. All practices are numbered sequentially and subpractices are numbered to coordinate with the associated practice. For example, if a main practice is numbered “3,” the subpractice is numbered “3A.” Each snapshots table has columns for Project-Level Practice, Local-Level Practice, Page Described, and Tool Included on Page. Checkmarks in the first two of these columns (project- and local-level practices) indicate whether the best practice applies to the project-level, the local-level, or both. The page on which each practice is described in detail is listed under the Page Described column. If a technical tool from the field is available for a given practice, the page where this tool can be found is listed under the Tool Included on Page column. All tools are provided in Appendix A of the toolkit.

The next pages of each chapter present Details of Practices from Selected WISEWOMAN Programs. Each practice is presented in this section as described in the table below.

Practice(s)	The practice or group of practices described on the page
Description	Description of the practice
Examples from the Field	Examples of how the practice was used in the field by one or more projects. These examples were selected by Mathematica Policy Research, Inc. (MPR) from the sites that had appropriate examples. When selecting examples, MPR considered clarity of the example and ensured that all participating projects were represented in the toolkit.
	 Appendix page where relevant tools shared by projects are provided, if available
Things to Consider	Potential feasibility concerns that a project should consider when implementing the practice. Feasibility concerns are highlighted for (1) staff level of effort, (2) staff skill level and training, (3) cultural adaptability, and (4) other considerations. The descriptions of staff level of effort and other considerations include potential activities that could result in a cost to the project or local site. Defining specific costs was not feasible due to the significant variation in available resources across projects and local sites.
Related Practices	Chapter numbers, RE-AIM dimensions, and practice numbers for similar practices within the same chapter or in another chapter. These practices are clustered into categories, such as goal setting, experiential activities, incentives, partnerships, staffing, and training.
Contact Information	Contact information for projects highlighted in the Examples from the Field section

The final section of each chapter is an Action Checklist. This is another list of the practices in the chapter (grouped by categories) that is aimed at engaging toolkit users by encouraging them to mark practices that

they might consider using in their project or local site. The main column in the table is labeled “Is the Project or Site Interested in Adopting this Strategy?” for this purpose.

4. DEFINITIONS

Terms frequently used in the toolkit are defined below:

Best Practices are project or local site activities, practices, or processes that are considered successful for delivering WISEWOMAN program services, as indicated by quantitative measures combined with systematically gathered qualitative data. Best practices take into account existing variation in the program and policy, cultural, socioeconomic, and geographic contexts in which WISEWOMAN projects operate.

Core Elements are central to an intervention’s theory and internal logic. Core elements are critical features of the intervention’s intent and should be kept intact when the intervention is implemented or adapted for it to produce program outcomes similar to those of the original research.²

Local-Level Practices are practices that this study identified and that are directly applicable to local sites delivering WISEWOMAN program services. Toolkit users who do not have WISEWOMAN projects might also find these practices of interest.

Project-Level Practices are practices that this study identified and that are directly applicable to WISEWOMAN projects that typically operate at the state or tribal level and oversee multiple local sites. Toolkit users who do not have WISEWOMAN projects might also find these practices of interest.

The **RE-AIM** framework was developed by Glasgow and colleagues to facilitate evaluation of the translatability and overall public health impact of a health promotion intervention. The framework identifies five dimensions (reach, effectiveness, adoption, implementation, and maintenance):

Reach is the degree to which women participate in WISEWOMAN and their representativeness.³

Effectiveness is the extent to which modifications in risk factors occur as a result of WISEWOMAN participation.³

Adoption is the degree to which provider sites and service delivery settings adopt WISEWOMAN.³

Implementation is the extent to which the program and its lifestyle intervention are delivered as intended.³

Maintenance is the extent to which a program is sustained over time and health improvements in women are maintained over time.³

² McKleroy VS, Galbraith J, Cummings B, Jones P, Harshbarger C, Collins C, et al. Adapting evidence-based behavioral interventions for new settings and target populations. Atlanta (GA): Centers for Disease Control and Prevention; 2006.

³ Definitions of RE-AIM dimensions have been adapted to reflect the WISEWOMAN program.

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Chapter I: Methods Used to Identify Best Practices

The detailed methods for identifying best practices have been published and are available on the Web http://www.cdc.gov/pcd/issues/2006/jan/05_0133.htm free of charge.⁴ The methods are described briefly below.

1. WISEWOMAN PROGRAM BACKGROUND

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is funded by the Centers for Disease Control and Prevention (CDC) to screen women for risk factors associated with cardiovascular disease, provide lifestyle interventions to encourage reduction of and change in behavior risk factors, establish systems for accessing needed medications, and ensure that women receive needed follow-up care and return for a 1-year follow-up screening.

Congress established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1991. In 1993, Congress authorized CDC to set up WISEWOMAN as a demonstration program within NBCCEDP. CDC funded three WISEWOMAN demonstration projects in 1995. At the time of publication, 15 WISEWOMAN projects operated in 14 states across the country.

CDC funds state and tribal organizations to develop either standard or enhanced projects. Both types of projects screen women for cardiovascular risk factors and administer lifestyle interventions. Enhanced projects also evaluate the effectiveness of lifestyle interventions by comparing outcomes for women who receive an enhanced intervention to women who receive a minimum intervention or usual care. At the time of publication, nine standard projects and six enhanced projects were operating.

Each state or tribal project oversees a number of local sites that deliver WISEWOMAN program services. Participants are low-income and under- or uninsured women aged 40-64 who do not qualify for Medicaid. All WISEWOMAN participants also must be enrolled in the Breast and Cervical Cancer Early Detection Program (BCCEDP).

All WISEWOMAN projects provide women with blood pressure and cholesterol screenings and some projects also screen them for diabetes and osteoporosis. In addition, all projects administer a lifestyle intervention targeted at improving cardiovascular disease risk factors. Projects have freedom in selecting an intervention that is culturally appropriate for their priority population as long as scientific evidence supports its effectiveness either in lowering blood pressure or cholesterol or in improving diet and physical activity.⁵ This freedom means that projects across the country offer different interventions. In addition, local sites within projects often have the flexibility to modify selected characteristics of their project's intervention to fit the needs of the local community in which they operate.

⁴ Besculides M, Zaveri H, Farris R, Will J. Identifying best practices for WISEWOMAN programs using a mixed-methods evaluation. *Prev Chronic Dis.* 2006;3(1):A07. Epub 2005 Dec 15. Available at: http://www.cdc.gov/pcd/issues/2006/jan/05_0133.htm.

⁵ Department of Health and Human Services. The heart of the matter: chronic disease prevention guidance and resources for WISEWOMAN projects. Atlanta (GA): Centers for Disease Control and Prevention; 2006. Available at: <http://www.cdc.gov/wisewoman>.

2. WISEWOMAN BEST PRACTICE STUDY BACKGROUND

“Best practices” is a popular term that, in the programmatic setting, refers to activities, practices, or processes that lead to the implementation of an intervention or other program activity using the most appropriate strategies for a given population and setting.⁶ For WISEWOMAN, best practices are project or local site activities, practices, or processes that are considered successful for delivering program services, as indicated by quantitative measures combined with systematically gathered qualitative data. Mathematica Policy Research, Inc. (MPR) identified best practices in selected WISEWOMAN projects.

The goal of the WISEWOMAN Best Practices Study was to identify a set of best practices related to risk factor screening and the delivery of this varied set of lifestyle interventions from which existing and new WISEWOMAN projects could learn. The practices identified are presented in this toolkit.

3. CASE STUDIES

Five of the 15 WISEWOMAN projects were chosen for in-depth case study. The selected projects were in Massachusetts, Michigan, Nebraska, North Carolina, and Southeast Alaska Regional Health Consortium (SEARHC).⁷ Four of these states or tribal organizations have standard projects. North Carolina has an enhanced project, but its research activities occur in one site and all of its other sites operate as standard sites. Collectively, these projects vary on multiple dimensions, including the type of local site, intervention delivered, and staff arrangements.

Project selection was based on the availability of quantitative re-screening data for at least 100 women per local site 10 to 14 months after program enrollment. Quantitative data from each local site were used to calculate measures of RE-AIM. A composite RE-AIM score that measured the overall public health impact (success) of each local site was determined, and the two highest- and one lowest-performing sites within each of the five projects were selected for case study. Sites were selected through a separate CDC contract with RTI International. To reduce potential bias, MPR researchers conducting the case studies were blinded to local site performance during data collection.

MPR collected qualitative data through review of program materials, preliminary telephone interviews with CDC WISEWOMAN staff and state and tribal project- and local-level staff, and site visits. Site visits were made to each local site and the state or tribal organization that oversaw the local sites. During site visits, in-person interviews were conducted with staff members who played a role in developing or delivering the lifestyle intervention. When possible, local program partners were also interviewed to learn about the staff's perspectives on practices that were used to implement the lifestyle intervention. In one example, interviews were conducted with staff at a community swimming pool that offered discounted passes to WISEWOMAN participants as a way to increase their physical activity levels. The visits also entailed observations of the lifestyle intervention and focus groups with program participants.

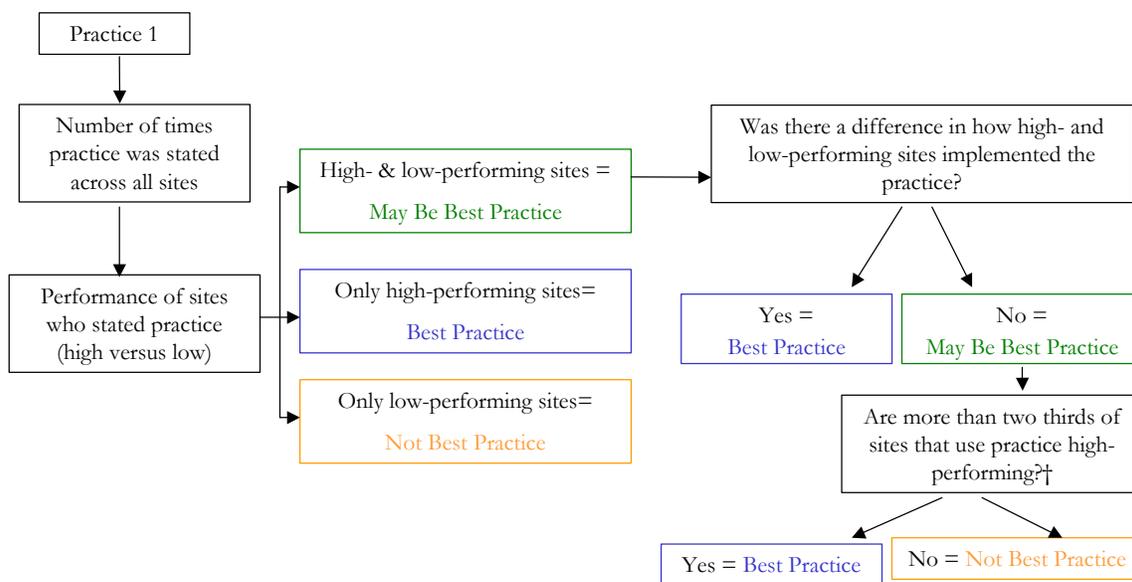
⁶ Green L. Generalizing from idiosyncratic research to “best practices” in other settings and populations. Presented at the Second International Symposium on the Effectiveness of Health Promotion, May 28, 2001. Toronto, Ontario, Canada: University of Toronto. Available at: <http://www.utoronto.ca/chp/download/2ndSymposium/L.%20Green.doc>.

⁷ Brief descriptions of the five case study projects and their lifestyle interventions are provided in Appendix A.

4. BEST PRACTICE IDENTIFICATION

Analysis of qualitative data involved writing site reports, developing theme tables, identifying practices of interest, and applying an algorithm to determine best practices. To ensure the accuracy of the data that were collected, site reports were verified by each site from which data were collected. Practice themes were then identified from the site reports. Next, potential best practices were identified from the theme tables through a consensus-building process between the CDC and MPR teams. The best practices algorithm (Figure 1) was then applied to each identified practice to assess whether it was a best practice. The application of this algorithm has been described in detail previously and can be viewed on the web http://www.cdc.gov/pcd/issues/2006/jan/05_0133.htm.

Figure 1
Algorithm for Determining Best Practices in Selected WISEWOMAN Programs



† If only one high- and one low-performing site stated practice, it is not a best practice because only 50% who stated practice were high-performing.

5. CAVEATS

To facilitate accurate interpretation of the practices described in this toolkit, we note several caveats about the methods used in the Best Practices Study.

First, only projects with sufficient data for local site analysis were included in the study. Thus, projects and local sites not included in the study might also have best practices. The WISEWOMAN Best Practices Study is ongoing and, if funding permits, additional case studies will be conducted to identify more best practices as data become available.

Second, high- and low-performing sites were selected based on an average composite score across the RE-AIM dimensions. A best practice related to a given RE-AIM dimension (e.g., Reach) could therefore be

identified from a high-performing site that had a mediocre score on the Reach dimension if its scores on other RE-AIM dimensions were high enough to counterbalance its Reach score.

Third, at least one high-performing site must have used a practice for the practice to be considered a best practice. It is possible that a low-performing site had a good practice, but unless high-performing sites also used the practice, it was not considered a best practice. Both high- and low-performing sites were selected so that differences in how sites used the same practice could be identified.

Fourth, we identify in the toolkit whether each practice is applicable to the project, local site, or both. In some cases, a practice might appear to apply to both the project and local site, but the description only highlights one of these levels. This reflects the methods used to collect and analyze data. A seemingly applicable practice might only have been identified at one of these levels during data collection, or it might have been identified at both levels but only met the criteria for best practice at one level.

Fifth, best practices are listed under only one dimension (the primary dimension to which they apply) for clarity and simplicity. Practices could, however, apply to more than one dimension. When this is the case, the secondary dimension is listed in parentheses after the practice name in the section entitled Details of Practices from Selected WISEWOMAN Projects.

Sixth, some of the participating projects have undergone significant transition during their period of funding, including a transition from enhanced to standard project. This transition could have had an impact on the way services are delivered. For example, during the enhanced project phase, women might have received a more intensive lifestyle intervention than during the period of standard operation.

Finally, activities and examples described for some best practices were made possible through additional resources that the project or local site obtained from agencies other than CDC. These additional resources allowed sites to supplement traditional WISEWOMAN activities and provide incentives or services not covered by CDC funding. For instance, local sites might pay for a participant's family members to attend events such as weekly swimming nights using non-CDC funds.



Chapter II: REACH— Participating in WISEWOMAN

WHAT IS REACH?

In the RE-AIM framework, the dimension of REACH focuses on the process of recruiting and engaging women in WISEWOMAN using strategies that are culturally appropriate for the women served.

WHAT TYPES OF PRACTICES ARE INCLUDED IN REACH?

The process of developing strategies to reach eligible women is critical to the success of all WISEWOMAN projects. All women who participate in WISEWOMAN must also participate in BCCEDP. REACH strategies broadly cluster into two categories: *inreach*, or strategies targeted to women already enrolled in BCCEDP, and *outreach*, or strategies to engage new women in WISEWOMAN and BCCEDP.

It is primarily the responsibility of local sites to successfully reach women; however, state and tribal projects may assist local sites by developing standardized materials and branding the program with a name or logo. Local sites reach eligible women by using a variety of collaborative, active, and informal strategies and by targeting certain ethnic groups using culturally appropriate strategies. Sites often work collaboratively with BCCEDP staff to recruit women who are new to both programs. They also employ active strategies to engage women, such as face-to-face recruitment, and informal strategies, such as word of mouth. Assigning appropriate staff to conduct recruitment activities is the key to success in reaching eligible women.

Notable Quote

From a WISEWOMAN participant

“I take handouts [brochures] to women about the program to help **encourage others to come.**”

IN THIS CHAPTER

- Snapshots of reach strategies from selected projects 10
- Details of reach strategies from selected projects 12
- Action checklist with strategies for reaching women 24

SNAPSHOTS OF REACH PRACTICES FROM SELECTED PROJECTS

	Project-Level Practice	Local-Level Practice	Page Described	Tool Included on Page
IDENTIFYING THE WISEWOMAN PROGRAM IN A CONSISTENT MANNER				
1. Develop standardized materials for local sites to use	✓		12	A.2-A.5
2. Brand the program with a logo or name	✓		13	
RECRUITING AND ENGAGING WOMEN				
3. Use multiple recruitment strategies to engage women		✓	14	
4. Work with BCCEDP to recruit new WISEWOMAN participants		✓	15	
4A. Employ a joint WISEWOMAN and BCCEDP coordinator		✓	15	
5. Engage in active recruitment of new participants		✓	16	
6. Conduct face-to-face recruitment with women		✓	17	
6A. Approach women waiting for other appointments in the same clinic or hospital and attempt to recruit them if they are eligible		✓	17	
6B. Offer incentives to engage women in conversation about the program		✓	17	
7. Be an active member of the clinic or hospital in which your program operates to encourage other providers to refer women to WISEWOMAN		✓	18	
8. Develop relationships with providers external to the clinic or hospital in which you operate, educate the providers and their staff about WISEWOMAN, and encourage referrals		✓	19	
9. Target appropriate community organizations, educate the organizations about WISEWOMAN, and encourage the organizations to refer women to the program		✓	19	
10. Engage in informal recruitment of new participants		✓	21	
10A. Use word of mouth as a recruitment strategy by encouraging participants to discuss WISEWOMAN with other women		✓	21	
11. Invite families to selected WISEWOMAN activities		✓	22	
IDENTIFYING APPROPRIATE STAFF				
12. Identify staff who are an appropriate fit to conduct outreach and recruitment activities		✓	23	

	Project- Level Practice	Local- Level Practice	Page Described	Tool Included on Page
12A. Use outreach staff with strong interpersonal skills		✓	23	
12B. Use the same WISEWOMAN staff to recruit women and provide the lifestyle intervention so that the women recognize familiar faces		✓	23	

DETAILS OF REACH PRACTICES FROM SELECTED PROJECTS

IDENTIFYING THE WISEWOMAN PROGRAM IN A CONSISTENT MANNER

Practice(s)	1. Develop standardized materials for local sites to use (Project)	
Description	<p>Developing materials at the project level ensures that the description of the program and its services are consistent and accurate. This practice also reduces the burden on local sites to develop their own materials.</p> <p>Several projects have developed standardized materials for local sites to use for outreach and recruitment. The materials include brochures and posters that are colorful and represent the diverse women served by the program.</p>	
Examples from the Field	<p>The Nebraska WISEWOMAN program Every Woman Matters created three brochures for local sites that present the same information in different languages (English, Spanish, and Vietnamese). Photographs of women used in each brochure represent the racial and ethnic backgrounds of the population targeted by the brochure.</p> <p style="text-align: center;"> Samples of Nebraska's brochure are included in the appendix on page A.2</p>	
Things to Consider	Staff Level of Effort:	Materials development can be time consuming for staff, as they must ensure that the printed messages are accurate, identify appropriate photographic images to include, and, often, obtain publication clearance from the state or tribe.
	Other Considerations:	To develop standard materials for local sites, projects might take responsibility for printing the materials and obtaining rights to images included in the materials.
	Staff Skill Level and Training:	Understanding how to market a program is beneficial when developing materials, as is understanding the process and requirements to publish materials in your state or tribal organization. If staff do not have these skills, training could be beneficial.
	Cultural Adaptability:	Projects can develop materials that reflect the women served in a variety of ways. One brochure could include images of diverse women or, as in the Nebraska example, multiple brochures can be developed for targeted groups.
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	

IDENTIFYING THE WISEWOMAN PROGRAM IN A CONSISTENT MANNER

Practice(s)	2. Brand the program with a logo or name (Project)	
Description	To increase recognition of a program within a state or tribal area, several projects have branded their program with a logo or name. Logos are used on all printed letters, forms, documents, and incentives to help create an association between a symbol and program services. Logos promote quick identification of the program throughout the communities where they are used. Program names have been developed and marketed to women and their broader communities. Some projects use the name to identify both the WISEWOMAN and BCCED programs so that the programs are viewed as one seamless program. Some projects also market their program using only the WISEWOMAN name. When branding through a name, projects should consider incorporating “WISEWOMAN” into the name.	
Examples from the Field	The project in Southeast Alaska, SEARHC, developed a logo to consistently identify its program. SEARHC also used the WISEWOMAN name to brand its program. Projects that developed a program name were Nebraska (Every Woman Matters) and Massachusetts (Women’s Health Network).	
Things to Consider	Staff Level of Effort:	When developing a logo or name, staff will spend time brainstorming and researching potential names or logos and, ideally, engaging in a collaborative process to ensure that the logo or name is acceptable to community members.
	Other Considerations:	Developing a program logo or name can involve contracting out for logo design or a trademark.
	Staff Skill Level and Training:	If the logo or name is developed in house, creative staff are needed. If legal action is required to trademark the logo, staff would benefit from training or experience in this area.
	Cultural Adaptability:	While developing the logo or name, staff should consider both the cultural adaptability and acceptability of the name or logo to ensure that they will be appropriate for the women served. For example, the SEARHC WISEWOMAN project contracted with a local artist to develop a Tlingit design for its logo to represent the cultural heritage of many of the women enrolled in the program.
Contact Information	<p>SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)</p> <p>Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227</p> <p>Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434</p>	

RECRUITING AND ENGAGING WOMEN

Practice(s)	3. Use multiple recruitment strategies to engage women (Local)	
Description	<p>Encouraging staff to use multiple recruitment strategies allows tailoring of strategies to match the diversity of the women who are being recruited. The multiple strategies described in this chapter fall into three categories: (1) partnerships with local BCCEDP staff, (2) active recruitment strategies, and (3) informal approaches. Approaching women in a clinic waiting room and describing the program is an example of an active recruitment strategy. Posting flyers in a local supermarket is an example of a passive recruitment strategy.</p> <p><i>A woman shared that, “The doctor told me I qualified for WISEWOMAN. I had not noticed the program before Now I see it everywhere. I was so relieved to learn that this program will take care of me.”</i></p>	
Examples from the Field	<p>The WISEWOMAN program in Plymouth, Massachusetts, used a wide variety of strategies to recruit and engage women. These included combinations of partnerships with BCCEDP, active recruitment strategies, and informal approaches. Plymouth employed a joint coordinator and staff for WISEWOMAN and BCCEDP, thus facilitating a strong partnership between the programs. In addition, staff actively recruited new women by cultivating relationships with local providers who were both internal and external to the hospital where the WISEWOMAN program operated to encourage referrals. To promote informal recruitment, the site encouraged women to spread the word about the program to other potentially eligible women in the community.</p>	
Things to Consider	Staff Level of Effort:	<p>Developing and implementing multiple strategies to engage women that are both complementary in design and multifaceted in emphasis can be time consuming for staff. Initially, staff will spend time developing recruitment strategies that best meet the local site’s requirements. On an ongoing basis, staff will spend time assessing whether the recruitment strategies achieve the identified recruitment goals and revise the approaches if needed.</p>
	Other Considerations:	<p>Each type of recruitment strategy will present unique considerations. For example, partnerships require identification of appropriate organizations for partnering, whereas informal approaches might require individualized tailoring.</p>
	Staff Skill Level and Training:	<p>The process of developing and implementing a multi-pronged recruitment approach requires staff to understand contextual factors, such as the target population, feasible strategies in the community, and community resources. Staff might benefit from training on the research and available practice-based evidence related to recruiting women into public health and other social service interventions.</p>
	Cultural Adaptability:	<p>By using multiple strategies, staff can include approaches that appropriately target specific ethnic groups in the area.</p>
Contact Information	<p>Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434</p>	

RECRUITING AND ENGAGING WOMEN

Practice(s)	4. Work with BCCEDP to recruit new WISEWOMAN participants (Local) 4A. Employ a joint WISEWOMAN and BCCEDP coordinator (Local)	
Description	According to legislation, all WISEWOMAN enrollees must participate in BCCEDP. It is therefore beneficial for local WISEWOMAN programs to develop relationships with BCCEDP for recruiting new enrollees to ensure that women participate in both programs. A specific recruitment strategy to employ when working with BCCEDP is to assign a joint program coordinator. This sets the stage for efficiently integrating the programs. In situations where the programs are quite large and it is too burdensome for a single staff member to coordinate both WISEWOMAN and BCCEDP, program coordinators can work together to ensure that recruitment occurs in an integrated manner. This could include presenting WISEWOMAN and BCCEDP as one program, discussing both programs with women during face-to-face outreach regardless of which program is conducting the outreach, or organizing joint marketing efforts for both programs.	
Examples from the Field	A joint coordinator can work in a variety of program arrangements. Programs that are integrated at the project level, such as in Massachusetts and Nebraska, naturally lend themselves to a joint BCCEDP-WISEWOMAN coordinator arrangement at the local level. Joint coordinators can also be used in projects that encourage WISEWOMAN and BCCEDP to operate more independently, such as the North Carolina and Michigan public health departments and SEARHC clinics.	
Things to Consider	Staff Level of Effort:	Staff will spend time ensuring that WISEWOMAN and BCCEDP work together when recruiting women. The required staff time depends on whether or not the local site employs one coordinator for both programs. When one coordinator is employed, the staff person is more familiar with the requirements and services of each program and can employ joint recruitment strategies from the start. When the programs have separate coordinators, each coordinator will invest time in joint recruitment efforts.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Local sites might seek a joint coordinator with knowledge of cardiovascular disease and breast and cervical cancer. The coordinator might require training for both programs.
	Cultural Adaptability:	N/A
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227 Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434	Michigan WISEWOMAN Project Phone: 517-335-1178 SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director) North Carolina WISEWOMAN Project Phone: 919-707-5301

RECRUITING AND ENGAGING WOMEN

Practice(s)	5. Engage in active recruitment of new participants (Local)
Description	<p>Active recruitment of new WISEWOMAN participants entails targeted and purposeful efforts that are specifically aimed at engaging women in the program. Strategies are probably specific to a local community and depend on the available resources and potential partnerships. When engaging in active recruitment, local staff begin by identifying appropriate avenues for targeted efforts.</p> <p>Potential active strategies include direct involvement with women through face-to-face outreach activities and targeted efforts to solicit referrals from health providers or community organizations.</p> <p>High-performing sites used more than one active recruitment strategy, which increased the likelihood that a sufficient number of women were engaged. These sites also applied strategies consistently over time. Six specific strategies are described in the following tables to illustrate identified best practices in active recruitment:</p> <ul style="list-style-type: none"> 6. Conduct face-to-face recruitment with women <ul style="list-style-type: none"> 6A. Approach women waiting for other appointments in the same clinic or hospital and attempt to recruit them if they are eligible 6B. Offer incentives to engage women in conversation about the program 7. Be an active member of the clinic or hospital in which your program operates to encourage other providers to refer women to WISEWOMAN 8. Develop relationships with providers external to the clinic or hospital in which you operate; educate the provider and its staff about WISEWOMAN and encourage referrals 9. Target appropriate community organizations, educate the organizations about WISEWOMAN, and encourage referrals
Examples from the Field	Examples from the field of best practices in active recruitment are described in the tables for practices 6–9.
Things to Consider	Things to consider for best practices in active recruitment are described in the tables for practices 6–9.
Contact Information	Contact information for best practices in active recruitment is provided in the tables for practices 6–9.

RECRUITING AND ENGAGING WOMEN

Practice(s)	<p>6. Conduct face-to-face recruitment with women (Local)</p> <p>6A. Approach women waiting for other appointments in the same clinic or hospital and attempt to recruit them if they are eligible (Local)</p> <p>6B. Offer incentives to engage women in conversation about the program (Local)</p>	
Description	<p>Using the active outreach strategy of targeted face-to-face recruitment allows staff to engage women and begin developing relationships with them. During these encounters, staff can provide brief or detailed program information, depending on the length of the encounter and each woman's interest.</p> <p>A local staff member stated, <i>"You must be everywhere ... helping people out."</i></p>	
Examples from the Field	<p>Two examples of local sites that used the face-to-face approach to recruit women are the WISEWOMAN programs at the SEARHC clinic in Juneau, Alaska, and the Cumberland County Health Department in Fayetteville, North Carolina.</p> <p>The Alaska site conducted monthly "lobby events" in the clinic in which it operates. These events provided women with the opportunity to participate in a heart-healthy activity, such as a tasting low-sugar food. The events encouraged women to sample activities related to program goals and were used to distribute program information and recruit new participants. They also increased clinic staff's awareness of the program, which aided in recruitment.</p> <p>The North Carolina site conducted face-to-face inreach by speaking with women while they were waiting for BCCEDP or other appointments at the health department. During these encounters, staff described the program and provided program brochures. In addition, staff distributed a small incentive, such as a heart-healthy snack, to encourage the women to engage in conversation. Interested women were able to enroll in WISEWOMAN and potentially complete the initial screening on the spot.</p>	
Things to Consider	Staff Level of Effort:	Completing face-to-face recruitment can be time consuming for staff but might be an efficient use of resources if the activity leads to the recruitment of a large number of eligible women.
	Other Considerations:	Materials and supplies, such as food and brochures, might be needed for lobby events.
	Staff Skill Level and Training:	Staff must have organizational skills to plan and manage events and be knowledgeable about the topics they discuss with women. They must also be familiar with WISEWOMAN services to provide a detailed description of the program and answer questions. Furthermore, staff must be approachable to be effective in face-to-face outreach.
	Cultural Adaptability:	Face-to-face contact affords staff the opportunity to conduct more tailored instruction that could be adapted in a culturally appropriate manner.
Related Practices	<p>Chapter III, Effectiveness, Practice #22</p> <p>Chapter VI, Maintenance, Practice #2</p> <p>Chapter VI, Maintenance, Practice #10</p>	
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	North Carolina WISEWOMAN Project Phone: 919-707-5301

RECRUITING AND ENGAGING WOMEN

Practice(s)	7. Be an active member of the clinic or hospital in which your program operates to encourage other providers to refer women to WISEWOMAN (Local)								
Description	Serving as an active member of the clinic or hospital in which WISEWOMAN operates is a strategy to increase the visibility of WISEWOMAN within the clinic or hospital. It also helps to build relationships between the WISEWOMAN program and other programs and providers and encourages other providers to refer eligible women for services. When applying this strategy, high-performing sites attended clinician meetings to educate staff about the program and regularly participated in clinic activities.								
Examples from the Field	Two examples of local sites with staff who were active members of the hospital or clinic were Jordan Hospital in Plymouth, Massachusetts, and the SEARHC clinic in Haines, Alaska. At Jordan Hospital, both the program coordinator and risk reduction educator worked at the hospital for other providers prior to working for WISEWOMAN. They maintained their close relationships with providers at the hospital to encourage referrals to the WISEWOMAN program. In Haines, Alaska, the program coordinator participated in health fairs at the clinic and throughout the region, using these as opportunities to interact with other clinic staff and increase the visibility of WISEWOMAN.								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Staff Level of Effort:</td> <td>Staff will spend a considerable amount of time participating in activities in the clinic or hospital. These activities might appear to be outside of typical WISEWOMAN responsibilities, but they cultivate rich referral sources.</td> </tr> <tr> <td>Other Considerations:</td> <td>Additional considerations are not anticipated.</td> </tr> <tr> <td>Staff Skill Level and Training:</td> <td>The ability to quickly recognize opportunities to promote WISEWOMAN will be beneficial for staff. In addition, staff will benefit from the ability to develop and maintain collaborative relationships with colleagues.</td> </tr> <tr> <td>Cultural Adaptability:</td> <td>N/A</td> </tr> </table>	Staff Level of Effort:	Staff will spend a considerable amount of time participating in activities in the clinic or hospital. These activities might appear to be outside of typical WISEWOMAN responsibilities, but they cultivate rich referral sources.	Other Considerations:	Additional considerations are not anticipated.	Staff Skill Level and Training:	The ability to quickly recognize opportunities to promote WISEWOMAN will be beneficial for staff. In addition, staff will benefit from the ability to develop and maintain collaborative relationships with colleagues.	Cultural Adaptability:	N/A
Staff Level of Effort:	Staff will spend a considerable amount of time participating in activities in the clinic or hospital. These activities might appear to be outside of typical WISEWOMAN responsibilities, but they cultivate rich referral sources.								
Other Considerations:	Additional considerations are not anticipated.								
Staff Skill Level and Training:	The ability to quickly recognize opportunities to promote WISEWOMAN will be beneficial for staff. In addition, staff will benefit from the ability to develop and maintain collaborative relationships with colleagues.								
Cultural Adaptability:	N/A								
Related Practices	<p>Chapter II, Reach, Practice #8</p> <p>Chapter II, Reach, Practice #9</p> <p>Chapter V, Implementation, Practice #7</p> <p>Chapter V, Implementation, Practice #8</p> <p>Chapter VI, Maintenance, Practice #16A/B</p>								
Contact Information	<p>Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434</p> <p>SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)</p>								

RECRUITING AND ENGAGING WOMEN

Practice(s)	<p>8. Develop relationships with providers external to the clinic or hospital in which you operate, educate the providers and their staff about WISEWOMAN, and encourage referrals (Local)</p> <p>[Practice #8 also applies to the dimension of Adoption, Chapter IV.]</p> <p>9. Target appropriate community organizations, educate the organizations about WISEWOMAN, and encourage the organizations to refer women to the program (Local)</p>				
Description	<p>Identifying appropriate referral sources in the community assists the local site in recruiting new participants. Sources can include providers external to the clinic or hospital and community organizations that serve the eligible population. Regardless of the source, local WISEWOMAN staff in high-performing sites proactively cultivated relationships. They also educated the full staff (such as doctors, nurses, and receptionists) about the program, including eligibility requirements and services provided, and gave appropriate assistance to ensure that the referral process was as burden free for the woman as possible.</p> <p>One site developed a relationship with a provider who posted flyers about WISEWOMAN in the office. A woman described what happened when she saw the flyer: <i>“At the doctor’s office, I saw a flyer for WISEWOMAN. I asked the doctor about it; at that time I was paying for the exams but couldn’t really afford them. The doctor said that WISEWOMAN would help in paying for the exams.”</i></p>				
Examples from the Field	<p>The WISEWOMAN program at Mary Lane Hospital in Ware, Massachusetts, provides an example of how a local site might implement these practices. The program coordinator in Ware met with area doctors and their staff to educate them about WISEWOMAN and its services. Additionally, the program coordinator identified local organizations, such as the senior center, for referrals. Building relationships with local providers and organizations took time and required multiple face-to-face meetings to ensure staff understood the program and the desired referral process. To ensure that the referral process was simple, the program coordinator provided referral packets to providers and the organizations that described available services.</p>				
Things to Consider	<table border="0"> <tr> <td style="vertical-align: top;">Staff Level of Effort:</td> <td>Staff might spend a considerable amount of time developing relationships with providers or community organizations that are external to the local site. Staff time will be needed to (1) identify potential providers or organizations, (2) develop materials for distribution, (3) cultivate relationships, (4) educate providers and organization staff on WISEWOMAN and the requested referral procedures, and (5) follow up with providers and organizations to promote incoming referrals on an ongoing basis.</td> </tr> <tr> <td style="vertical-align: top;">Other Considerations:</td> <td>Depending on the requested referral approach, local sites might need to print materials, compile referral packets, or travel to providers or community organizations.</td> </tr> </table>	Staff Level of Effort:	Staff might spend a considerable amount of time developing relationships with providers or community organizations that are external to the local site. Staff time will be needed to (1) identify potential providers or organizations, (2) develop materials for distribution, (3) cultivate relationships, (4) educate providers and organization staff on WISEWOMAN and the requested referral procedures, and (5) follow up with providers and organizations to promote incoming referrals on an ongoing basis.	Other Considerations:	Depending on the requested referral approach, local sites might need to print materials, compile referral packets, or travel to providers or community organizations.
Staff Level of Effort:	Staff might spend a considerable amount of time developing relationships with providers or community organizations that are external to the local site. Staff time will be needed to (1) identify potential providers or organizations, (2) develop materials for distribution, (3) cultivate relationships, (4) educate providers and organization staff on WISEWOMAN and the requested referral procedures, and (5) follow up with providers and organizations to promote incoming referrals on an ongoing basis.				
Other Considerations:	Depending on the requested referral approach, local sites might need to print materials, compile referral packets, or travel to providers or community organizations.				

Staff Skill Level and Training:	Staff will need to feel comfortable contacting providers and organizations with which they might not have established relationships. In addition, staff will need communication skills to be able to succinctly describe WISEWOMAN and its services as well as to explain why referring eligible women to WISEWOMAN is beneficial to both providers and patients.
Cultural Adaptability:	Sites can seek out community organizations that serve targeted cultural and ethnic groups in the local area. When developing the referral process, sites might consider the cultural appropriateness of the strategy for reaching targeted women.
Related Practices	Chapter II, Reach, Practice #7 Chapter V, Implementation, Practice #7 Chapter V, Implementation, Practice #8 Chapter VI, Maintenance, Practice #16A/B
Contact Information	Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434

RECRUITING AND ENGAGING WOMEN

Practice(s)	10. Engage in informal recruitment of new participants (Local) 10A. Use word of mouth as a recruitment strategy by encouraging participants to discuss WISEWOMAN with other women (Local)	
Description	<p>Informal recruitment of new WISEWOMAN participants entails encouraging the use of strategies that do not require extensive staff time or resources. Ideally, the strategies are simple and straightforward, such as using word of mouth. Employed strategies will likely be specific to a local community and the interests of the local staff. For example, informal strategies might work better in smaller, close-knit communities than in large, urban areas. Informal strategies have the potential to be fruitful referral sources when used in conjunction with other strategies.</p> <p>One participant shared that she heard of the program through a woman at church. The participant stated, <i>“She told me about it and encouraged me to go and it’s the best thing I did.”</i></p>	
Examples from the Field	<p>Staff at the Goldenrod Hills Community Action in Wisner, Nebraska, conducted outreach activities in a 14-county area for both WISEWOMAN and BCCEDP. Most of the areas were small rural farming communities. The site encouraged current participants to describe WISEWOMAN to other women who were potentially eligible for the program as a means of informal recruitment. The SEARHC programs in Alaska also used informal recruitment strategies by encouraging women to inform others about the program. In addition, the program distributed incentives to women to celebrate accomplished goals. The incentives included tote bags, towels, and jackets with the program name and logo. When women use these incentives in public, other women might be encouraged to inquire and learn about the program.</p>	
Things to Consider	Staff Level of Effort:	Limited staff time is anticipated to use informal strategies to recruit women. If informal strategies are selected by a local site, staff need to implement this practice consistently. For example, local sites might designate a particular encounter, such as the screening or lifestyle intervention, to encourage current participants to spread the word about WISEWOMAN.
	Other Considerations:	Local sites might provide program materials, such as brochures and incentives, with the name and logo to encourage women to promote WISEWOMAN through word of mouth.
	Staff Skill Level and Training:	Staff should feel comfortable encouraging women to engage in word-of-mouth recruitment for WISEWOMAN.
	Cultural Adaptability:	Understanding the cultural backgrounds of women will help staff tailor informal recruitment messages appropriately.
Related Practices	Chapter III, Effectiveness, Practice #22E	
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)

RECRUITING AND ENGAGING WOMEN

Practice(s)	11. Invite families to selected WISEWOMAN activities (Local) [Practice #11 also applies to the dimensions of Effectiveness, Chapter III, and Maintenance, Chapter VI.]	
Description	The support that family members offer can encourage otherwise hesitant women to attend WISEWOMAN activities and adopt a more heart-healthy lifestyle. Opening activities to family members and encouraging participants to attend events with family members might increase the program's reach, especially among culturally targeted groups that value a family approach to participation. In addition, it might be easier for women to attend events if their children can also attend. Emphasizing the family at program activities recognizes the possibility that the changes a woman adopts have an impact not only on the woman but also on her family.	
Examples from the Field	The WISEWOMAN program at the SEARHC clinic in Sitka, Alaska, encouraged women to attend activities with a family member. The program sponsored an open-swim session one evening a week, and the women were permitted to bring female children of any age and male children under the age of 12. The program also organized frequent educational opportunities focused on heart-healthy topics and encouraged women to bring their family members to these events.	
Things to Consider	Staff Level of Effort:	Opening activities to family members will not require significant staff time. Staff will already be spending time to prepare for the activity whether or not the women invite family members.
	Other Considerations:	The number of attendees participating in the activities will determine the types and quantity of resources needed to host the event. CDC WISEWOMAN funding cannot be used for family members, but projects or local sites may use funding from other sources.
	Staff Skill Level and Training:	Specific skills and training are not anticipated to use this practice.
	Cultural Adaptability:	The impetus of this practice is to recognize the importance of family in many cultures.
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

IDENTIFYING APPROPRIATE STAFF

Practice(s)	<p>12. Identify staff who are an appropriate fit to conduct outreach and recruitment activities (Local)</p> <p>12A. Use outreach staff with strong interpersonal skills (Local)</p> <p>12B. Use the same WISEWOMAN staff to recruit women and provide the lifestyle intervention so that the women recognize familiar faces (Local)</p> <p>[Practice #12B also applies to the dimensions of Effectiveness, Chapter III, and Implementation, Chapter V.]</p>	
Description	<p>The staff conducting outreach activities are as important as the types of activities a local site offers. Staff who are outgoing and approachable will encourage a high level of comfort among the women being recruited. Ensuring staff continuity during the course of program services (recruitment, screening, and lifestyle intervention) provides women with familiar faces when receiving WISEWOMAN services.</p> <p>Women shared their experiences with staff working on WISEWOMAN: <i>“The program coordinator is a doll! She is concerned about you and shows she cares.” “She treats you like a human being!”</i></p>	
Examples from the Field	<p>The WISEWOMAN program at the Cumberland County Health Department in Fayetteville, North Carolina, provides an example of appropriate staff for outreach and recruitment activities. This site employed a part-time staff member who was primarily responsible for completing outreach activities. This staff member was a “people person” and much of her job entailed interacting with women. This staff member offered a consistent presence to women; she completed much of the initial engagement of women, was present at the lifestyle intervention session, and encouraged women to return for their evaluation screening 1 year after the initial screening through mail and telephone contact.</p>	
Things to Consider	Staff Level of Effort:	Staff responsible for hiring will prioritize candidates based on relevant personality traits for outreach, such as approachability. This might prolong the recruitment process.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff will benefit from communication and interviewing skills when implementing these practices.
	Cultural Adaptability:	During staff recruitment, it is beneficial to consider candidates who are familiar with the cultural values of the women served.
Related Practices	<p>Chapter IV, Adoption, Practice #6</p> <p>Chapter V, Implementation, Practice #4</p>	
Contact Information	<p>North Carolina WISEWOMAN Project</p> <p>Phone: 919-707-5301</p>	

**ACTION CHECKLIST:
REACH - Participating in WISEWOMAN**



	Is the Project or Site Interested in Adopting this Strategy?
IDENTIFYING THE WISEWOMAN PROGRAM IN A CONSISTENT MANNER	
1. Develop standardized materials for local sites to use	
2. Brand the program with a logo or name	
RECRUITING AND ENGAGING WOMEN	
3. Use multiple recruitment strategies to engage women	
4. Work with BCCEDP to recruit new WISEWOMAN participants	
4A. Employ a joint WISEWOMAN and BCCEDP coordinator	
5. Engage in active recruitment of new participants	
6. Conduct face-to-face recruitment with women	
6A. Approach women waiting for other appointments in the same clinic or hospital and attempt to recruit them if they are eligible	
6B. Offer incentives to engage women in conversation about the program	
7. Be an active member of the clinic or hospital in which your program operates to encourage other providers to refer women to WISEWOMAN	
8. Develop relationships with providers external to the clinic or hospital in which you operate, educate the providers and their staff about WISEWOMAN, and encourage referrals	
9. Target appropriate community organizations, educate the organizations about WISEWOMAN, and encourage the organizations to refer women to the program	
10. Engage in informal recruitment of new participants	
10A. Use word of mouth as a recruitment strategy by encouraging participants to discuss WISEWOMAN with other women	
11. Invite families to selected WISEWOMAN activities	
IDENTIFYING APPROPRIATE STAFF	
12. Identify staff who are an appropriate fit to conduct outreach and recruitment activities	

	Is the Project or Site Interested in Adopting this Strategy?
12A. Use outreach staff with strong interpersonal skills	
12B Use the same WISEWOMAN staff to recruit women and provide the lifestyle intervention so that the women recognize familiar faces	

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Chapter III: *EFFECTIVENESS— Preventing and Improving Risk Factors*

WHAT IS EFFECTIVENESS?

In the RE-AIM framework, the dimension of EFFECTIVENESS focuses on the intervention’s success at achieving its goals. In WISEWOMAN, EFFECTIVENESS outcomes focus on prevention of and improvements in cardiovascular disease risk factors and adoption of a heart-healthy lifestyle.

WHAT TYPES OF PRACTICES ARE INCLUDED IN EFFECTIVENESS?

The practices within the dimension of EFFECTIVENESS focus on strategies that aim to enhance the delivery of the lifestyle intervention. Projects contribute to EFFECTIVENESS through the development, adaptation, and evaluation of the lifestyle intervention and by providing training and tools to local sites to ensure that the underlying behavior change theories are understood and applied by staff when delivering the lifestyle intervention. Projects can also solicit feedback from women on their experiences with the intervention, which can inform program improvement. Local sites contribute to EFFECTIVENESS by delivering the lifestyle intervention to women according to the project’s protocol. Intervention delivery activities include actively contacting women, helping women understand risk-related behaviors, setting goals, supporting women while making lifestyle changes, and incorporating incentives into the intervention.

Notable Quote

From a WISEWOMAN Participant

“I was so worried about everything and everyone else that I had forgotten completely about me. So it was very helpful for me to have someone reminding me that I was worth doing this for and that **I could pay more attention to what I was eating.** The anti-stress piece was really helpful for me.”

IN THIS CHAPTER

- Snapshots of effectiveness strategies from selected projects 28
- Details of effectiveness strategies from selected projects 31
- Action checklist with strategies for preventing and improving risk factors 57

SNAPSHOTS OF EFFECTIVENESS PRACTICES FROM SELECTED PROJECTS

	Project-Level Practice	Local-Level Practice	Page Described	Tool Included on Page
DEVELOPING AND ADAPTING THE LIFESTYLE INTERVENTION				
1. Ensure that the lifestyle intervention is culturally appropriate for the diverse populations served	✓		31	
2. Gauge participant satisfaction with program services and use the information to revise or modify services offered	✓		33	
3. Incorporate goal-setting strategies into the lifestyle intervention	✓	✓	34	
4. Incorporate experiential activities into the lifestyle intervention	✓	✓	35	
UNDERSTANDING BEHAVIOR CHANGE THEORY				
5. Ensure that appropriate behavior change theory is understood and applied by staff during lifestyle interventions and that tools are used	✓	✓	37	A.6-A.7
5A. Train local staff on behavior change theories that guide the lifestyle intervention	✓	✓	37	
5B. Reinforce training on a regular basis and build on staff knowledge of the behavior change theory	✓	✓	37	
6. Develop or distribute tools that translate theory into practice for staff to use when working with women	✓		39	A.8-A.12
7. Develop or distribute appropriate tools to monitor behavior changes in women	✓		40	A.13
CONTACTING WOMEN FOR THE LIFESTYLE INTERVENTION				
8. Be active and persistent in reaching women for lifestyle interventions		✓	41	
9. Offer flexibility in staff work schedules to reach women at different times of day		✓	41	
10. Contact women multiple times to support behavior change		✓	42	
DELIVERING THE LIFESTYLE INTERVENTION				
11. Provide women with immediate feedback to capitalize on teachable moments created by the screening		✓	43	
12. Deliver the lifestyle intervention using appropriate adult learning techniques		✓	44	
12A. Incorporate multiple learning styles in lessons		✓	44	

	Project-Level Practice	Local-Level Practice	Page Described	Tool Included on Page
12B. Offer opportunities for experiential learning		✓	44	
13. Deliver the lifestyle intervention using multiple modes of contact		✓	45	
ENHANCING A WOMAN'S ABILITY TO MAKE LIFESTYLE CHANGES				
14. Identify the individual needs of the women served and ensure that the lifestyle intervention targets those needs		✓	46	
15. Encourage women to set goals during intervention sessions		✓	47	
16. Build new skills by teaching about the process of reaching goals		✓	47	A.14-A.18
17. Celebrate when women accomplish the goals they set for themselves		✓	47	A.14-A.18
17A. Identify ways for the program to celebrate goals		✓	47	A.14-A.18
17B. Teach women the importance of goals and how to reward themselves for achieving goals		✓	47	A.14-A.18
18. Incorporate opportunities for extra services into the lifestyle intervention		✓	49	
19. Address women's barriers to behavior change, focusing on environmental barriers		✓	50	
20. Link women to free or low-cost resources that support behavior change and address common barriers to adopting healthier lifestyles		✓	50	
21. Identify resources to address access to care barriers		✓	50	
USING INCENTIVES				
22. Include incentives in the lifestyle intervention		✓	51	
22A. Connect incentives to individual goal setting		✓	51	
22B. Provide incentives that address women's barriers to behavior change		✓	51	
22C. Offer incentives that encourage women to monitor their behavior changes		✓	51	
22D. Use incentives to encourage participation in program activities		✓	51	
22E. Develop incentives that increase program name recognition in the community		✓	51	

	Project- Level Practice	Local- Level Practice	Page Described	Tool Included on Page
PROVIDING WOMEN WITH SUPPORT AND ROLE MODELS				
23. Incorporate systems of support for the women into the lifestyle intervention through contact with staff and other participants	✓	✓	53	
24. Recognize that staff serve as role models for healthy lifestyle choices		✓	54	
GAINING FEEDBACK FROM WOMEN				
25. Use both passive and active mechanisms to assess satisfaction	✓		55	
25A. Assess program satisfaction at the end of education and counseling or support sessions	✓		55	
25B. Encourage women to write success stories to document their satisfaction	✓		55	

DETAILS OF EFFECTIVENESS STRATEGIES FROM SELECTED PROJECTS

DEVELOPING AND ADAPTING THE LIFESTYLE INTERVENTION

Practice(s)	1. Ensure that the lifestyle intervention is culturally appropriate for the diverse populations served (Project)	
Description	<p>Providing services to women in a culturally appropriate manner is part of the foundation of WISEWOMAN. Ensuring that the lifestyle intervention is culturally appropriate is paramount as it is a key delivered service. Many projects engage in lifestyle intervention design or adaptation, and it is important to consider cultural appropriateness during this process. In addition, it is important to recognize that cultural appropriateness often goes beyond language translation—culturally appropriate materials, activities, and tools can be used to integrate relevant cultural beliefs and attitudes into the lifestyle intervention.</p> <p>Identifying the priority population(s) guides how projects should culturally adapt materials. For example, if a project identifies the priority population as relatively homogeneous, the cultural adaptation should be specific to a single population. However, if the project anticipates serving a variety of cultural populations, its staff need to assess whether one adaptation is sufficient or if the materials need adapting for several populations.</p>	
Examples from the Field	<p>Two examples of WISEWOMAN projects that ensured that their lifestyle intervention incorporated culturally appropriate strategies are the Massachusetts project and SEARHC. The Massachusetts project primarily used the Patient-Centered Assessment and Counseling for Exercise and Nutrition (PACE) intervention to serve a culturally diverse group of women (see Appendix B for a description of PACE). When first offering services, the project staff anticipated needing to translate the materials into different languages. However, project staff quickly learned that they needed to complete a more extensive adaptation to best meet the cultural needs of women. Ultimately, their adaptation process entailed convening focus groups with participants to understand their needs and cultural beliefs, translating materials into several languages, and reducing the literacy level of the intervention materials to fifth grade.</p> <p>Unlike the Massachusetts project, SEARHC serves a relatively homogeneous population that primarily consists of Alaska Natives. Non-Native women served by the project typically possess an interest in and respect for Native culture and value the opportunity to engage in traditional Native events. The SEARHC project adapted the A New Leaf materials to reflect more typical food and activity choices for women in the region.</p>	
Things to Consider	Staff Level of Effort:	Ensuring that the lifestyle intervention is culturally appropriate will require a time commitment from staff. The process of adapting the materials, if needed, will require a significant amount of time and will probably be an ongoing process.
	Other Considerations:	The project might be responsible for the production and dissemination of adapted materials or obtaining outside expertise to adapt materials.

Staff Skill Level and Training:	Lifestyle intervention development and design requires staff with skills and content knowledge in curriculum design, behavior change, cardiovascular risk factors, nutrition, and physical activity. Staff must also have knowledge of the cultural norms and values of their target population(s). Staff without these skills and knowledge would benefit from training.
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Cultural Adaptability:	N/A
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Contact Information	Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434
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	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)
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DEVELOPING AND ADAPTING THE LIFESTYLE INTERVENTION

Practice(s)	2. Gauge participant satisfaction with program services and use the information to revise or modify services offered (Project)	
Description	One measure of success for the lifestyle intervention is the satisfaction of program participants. Developing a structured mechanism to collect information on participant satisfaction helps ensure that this information is gathered and can be incorporated when modifying program services. Ways to gather this information range from simple, such as providing women the opportunity to report success stories following completion of the lifestyle intervention, to complex, such as conducting a telephone or mail survey with a random sample of the WISEWOMAN population. Each project can evaluate its available time and resources for gathering information on participant satisfaction.	
Examples from the Field	<p>The SEARHC project solicited feedback from women following their annual re-screening visits. Staff distributed a satisfaction survey that asked about positive and negative experiences with the program's screening and lifestyle intervention. Women were encouraged to complete the survey and return it by mail to the project director in a postage-paid envelope provided. The project director analyzed the survey responses and reported findings to staff at the local sites several times each year.</p> <p>The Nebraska project encouraged local sites to solicit success stories from women to better understand their overall satisfaction with WISEWOMAN. Staff at some local sites promoted the writing of success stories by distributing return-addressed, stamped envelopes to women. In Kearney, Nebraska, the program coordinator estimated that the site received success stories from about 90 percent of program participants. In Wisner, Nebraska, the program coordinator received success stories on a weekly basis from women.</p>	
Things to Consider	Staff Level of Effort:	The amount of staff time required will vary depending on the method employed to solicit information on satisfaction. More sophisticated and complex methods will require more time to design, analyze, and share results with staff.
	Other Considerations:	Depending on the method used, the project might be responsible for the production of materials and postage.
	Staff Skill Level and Training:	The skill level required of staff will vary depending on the method employed to solicit information on satisfaction. More sophisticated and complex methods will require a higher level of skill. If the project employs a complex method to solicit information, staff would probably benefit from training in survey and sampling design.
	Cultural Adaptability:	N/A
Related Practices	Chapter III, Effectiveness, Practice #25	
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227

DEVELOPING AND ADAPTING THE LIFESTYLE INTERVENTION

Practice(s)	3. Incorporate goal-setting strategies into the lifestyle intervention (Project, Local)	
Description	Goal setting is an effective strategy to promote lifestyle changes in nutrition and physical activity. By setting goals, women identify specific areas for change as well as the steps needed to achieve the change. Projects can vary their levels of emphasis on goal setting in the lifestyle intervention, but this strategy establishes a foundation for realistic and targeted individual change in women. Local sites may exercise flexibility in how they incorporate goal setting into the intervention and may also vary the emphasis placed on goal setting within the broader lifestyle intervention.	
Examples from the Field	The Michigan WISEWOMAN project provided individual counseling sessions that aimed to support women in setting and working toward behavior change goals. During the initial session, an interventionist guided the women in selecting up to two goals that focused on nutrition, physical activity, or smoking cessation. Typical goals targeted increased fruit and vegetable intake, increased low-fat dairy product consumption, or increased physical activity. During subsequent counseling sessions, the interventionist inquired about the woman's progress toward the identified goals and helped the woman strategize ways to meet the goals.	
Things to Consider	Staff Level of Effort:	Staff who work with women to set goals will spend time helping them to identify appropriate goals, follow up on their progress, and suggest new tactics to keep them working towards goals. When planning for lifestyle intervention delivery, projects can incorporate time for staff to complete goal setting with women.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff need to understand behavior change theory and how goal setting relates to lifestyle changes in women. Also, staff would benefit from a background in cardiovascular disease risk factors as well as lifestyle change through healthy eating, physical activity, and smoking cessation.
	Cultural Adaptability:	Goal setting is typically completed one-on-one with a woman. This individualized approach is well suited to meeting the cultural needs of the participant. For example, a one-on-one setting promotes a feeling of safety for women when sharing personal information.
Related Practices	Chapter III, Effectiveness, Practice #15	
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

DEVELOPING AND ADAPTING THE LIFESTYLE INTERVENTION

Practice(s)	4. Incorporate experiential activities into the lifestyle intervention (Project, Local)	
Description	<p>Experiential engagement offers women the opportunity to learn through doing. By incorporating experiential engagement into the lifestyle intervention, projects encourage women to adopt healthier lifestyles through firsthand experience of the targeted behavior. Experiential activities can focus on either nutrition or physical activity. An example in nutrition is a food-tasting event that allows women to sample low-fat, low-sodium, or high-fiber foods. This type of activity could also offer the opportunity for food preparation. Walking clubs and swimming nights are examples of experiential engagement in the area of physical activity.</p> <p>Both projects and local sites can establish opportunities for experiential engagement. Projects can assist local sites by developing partnerships with organizations that offer opportunities for experiential encounters. If projects do not offer assistance, local sites can develop their own programs for women or establish partnerships with local organizations that offer services to women. High-performing local sites that offered women experiential opportunities developed and conducted multiple types of activities.</p> <p>A woman in a focus group explained the value of incorporating hands-on opportunities into the lifestyle intervention. She stated, “[I liked] getting to try hummus at an event. It’s amazing when you try something new; when you get a taste, your whole world opens up.”</p>	
Examples from the Field	<p>Both the Nebraska and Michigan projects have incorporated experiential engagement into their lifestyle interventions. In Nebraska, women who participated in the ABC Class (see Appendix B for a description of this program) received multiple opportunities for first-hand experiences with healthy food choices. For each class, the educator prepared a heart-healthy meal for the women, providing them an opportunity to taste new foods and gain more knowledge about portion sizes. A prepared meal might include pasta salad with chicken, fresh vegetables, and whole-wheat pasta or a low-sodium soup with vegetables and whole grains. In addition, educators actively taught women to understand the food label on products by incorporating label-reading activities into the classes. While discussing whole grains, women might have the opportunity to select a product they think is high in whole grains. The educator then instructs the women how to read the food label of the selected product to identify whether it is high in whole grains.</p> <p>At Public Health Delta and Menominee Counties in Escanaba, Michigan, the program coordinator organized a walking club for program participants. The club met weekly for 8 weeks. During each meeting, program staff presented brief information on a relevant topic and women walked a set course with program staff. The walking club promoted physical activity, offered women social support while engaging in physical activity, and allowed program staff to develop relationships with the women.</p>	
Things to Consider	Staff Level of Effort:	Staff will spend time preparing for and providing experiential activities. The amount of time spent depends on the frequency and types of activities.
	Other Considerations:	Accompanying supplies and materials will be required for each activity. In addition, the project or local site might need to reserve a facility if the activity occurs offsite.

	Staff Skill Level and Training:	Required staff skill level varies depending on the activity, but generally staff benefit from training in lifestyle change theory and an understanding of cardiovascular disease risk factors. Specific training might be necessary for some activities.
	Cultural Adaptability:	N/A
Related Practices		Chapter III, Effectiveness, Practice #12B Chapter III, Effectiveness, Practice #18 Chapter VI, Maintenance, Practice #8
Contact Information		Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227 Michigan WISEWOMAN Project Phone: 517-335-1178

UNDERSTANDING BEHAVIOR CHANGE THEORY

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- Practice(s)** 5. Ensure that appropriate behavior change theory is understood and applied by staff during lifestyle interventions and that tools are used (Project, Local)
- 5A. Train local staff on behavior change theories that guide the lifestyle intervention (Project, Local)
- 5B. Reinforce training on a regular basis and build on staff knowledge of the behavior change theory (Project, Local)
- [Practice #5B also applies to the dimension of Implementation, Chapter V.]
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Description Behavior change theory establishes the foundation for each lifestyle intervention used by projects. As such, the effectiveness of intervention delivery increases as staff come to understand the theory, its applications, and how to use related tools when working with women. Applying the practice typically entails training on behavior change theory and clear descriptions of applications, followed by project-provided training on the lifestyle intervention.

Training on behavior change theory requires initial introduction and continual reinforcement. After staff develop an initial understanding of the theory, future training sessions provide the opportunity to deepen staff knowledge related to the theory and its application to the lifestyle intervention.

High-performing local sites deliberately hired staff who already possessed a basic understanding of behavior change theories and arranged training by project or local site staff as well staff outside the project. These training sessions focused on understanding the theory and how to apply it when delivering lifestyle interventions.

Examples from the Field The SEARHC WISEWOMAN project used Traditions of the Heart (see Appendix B for a description of this intervention) to provide one-on-one assessment and counseling to women related to nutrition and physical activity behavior change. Multiple theoretical concepts guide Traditions of the Heart, including the Stages of Change theory. When delivering the intervention to women, staff conducted a brief motivation-enhancing interview with women to determine which lifestyle behaviors they were ready to change and were interested in pursuing.

To develop staff proficiency in applying motivational interviewing techniques to the Traditions of the Heart lifestyle intervention, SEARHC provided multiple training sessions on the topic. Initially, the training focused on teaching staff skills to understand the behavior change theory and conducting motivational interviews. Subsequent training sessions provided refresher courses to staff and focused more on how to combine the motivational interview and the Traditions of the Heart counseling technique.



SEARHC's WISEWOMAN Brief Negotiation Roadmap is included in the appendix on page A.6 as a tool to illustrate the process for conducting a motivation-enhancing interview.

Things to Consider	Staff Level of Effort:	Preparing for and delivering initial and ongoing training requires time from staff, especially when ongoing training programs incorporate material that is different from the material provided during the initial training. Additional staff time is needed to assess understanding and application of the theory.
	Other Considerations:	The project or local site might need to make logistical arrangements, such as reserving facilities and travel. Training might also involve providing tools that facilitate application of the theory.
	Staff Skill Level and Training:	Hiring staff with a background in behavior change theory is useful. Providing training to all staff who deliver the lifestyle intervention will ensure global understanding of behavior change theory.
	Cultural Adaptability:	N/A
Related Practices	Chapter IV, Adoption, Practice #9 Chapter V, Implementation, Practice #5	
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

UNDERSTANDING BEHAVIOR CHANGE THEORY

Practice(s)	6. Develop or distribute tools that translate theory into practice for staff to use when working with women (Project)	
Description	Projects develop a variety of tools to translate behavior change theory into practice for participating women. Assigning this task to project staff with specialized training ensures that the theory is applied consistently across local sites within a project.	
Examples from the Field	<p>Both the Nebraska and North Carolina projects developed materials that translate behavior change theory into practical tools for use by local staff when working with women. In Nebraska, the Intervention Management Log has a master key that describes how to use the log, defines the Stages of Change theory, and provides relevant outreach strategies and talking points for each stage of change.</p> <p>The University of North Carolina at Chapel Hill developed the A New Leaf lifestyle intervention and accompanying materials for the North Carolina WISEWOMAN project. The materials include a participant binder with assessment forms and related information. The material draws on multiple behavior change theories and translates the theoretical concepts so that participants can readily understand the material.</p> <p> Nebraska's Intervention Management Log and Master Key are included in the appendix on page A.8</p>	
Things to Consider	Staff Level of Effort:	Staff will spend time developing materials. The amount of time will vary depending on the nature and extent of materials. For example, a form requires significantly less time to develop than a binder full of materials. Project staff will also spend time distributing the tools and ensuring that local staff understand how to use them.
	Other Considerations:	Development will involve the production and distribution of tools.
	Staff Skill Level and Training:	Staff who develop the tools need to know behavior change theory and ways to apply the theory in practical settings. In addition, an understanding of the research supporting the theory is useful in thinking about applications.
	Cultural Adaptability:	N/A
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227</p> <p>North Carolina WISEWOMAN Project Phone: 919-707-5301</p>	

UNDERSTANDING BEHAVIOR CHANGE THEORY

Practice(s)	7. Develop or distribute appropriate tools to monitor behavior changes in women (Project)	
Description	The development and distribution of tools for monitoring behavior changes help sites encourage women to adopt and maintain lifestyle changes. Tools are typically based on theory and national guidelines for monitoring the adoption of behavior changes. When this type of tool is incorporated into the lifestyle intervention, women learn the importance of tracking changes over time and come to appreciate the behavior changes they make. Making projects responsible for developing tools to monitor behavior change ensures that the tools are consistently implemented across local sites within a project.	
Examples from the Field	<p>The lifestyle intervention used by the Michigan project emphasized goal setting. To encourage women to track progress toward goals they set, the project developed a WISEWOMAN Goal Progress Chart. The chart includes brief instructions, space for the women to record up to two goals, and calendars for tracking progress over 8 weeks.</p> <p> This chart is included in the appendix on page A.13.</p>	
Things to Consider	Staff Level of Effort:	Staff will spend time developing materials. The amount of time will vary depending on the nature of the tools. A single form will require significantly less time to develop than a lengthy set of tools. Project staff will also spend time distributing the tools and ensuring that local staff understand how to use them.
	Other Considerations:	Development will involve the production and distribution of tools.
	Staff Skill Level and Training:	Staff who develop the tools need knowledge of behavior change theory and ways to apply the theory in practical settings, especially as it relates to monitoring. Staff also need to be familiar with national guidelines and the target population to ensure that the tools are consistent with guidelines and appropriate for the target population.
	Cultural Adaptability:	N/A
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

CONTACTING WOMEN FOR THE LIFESTYLE INTERVENTION

Practice(s)	<p>8. Be active and persistent in reaching women for lifestyle interventions (Local)</p> <p>9. Offer flexibility in staff work schedules to reach women at different times of day (Local)</p>	
Description	<p>Engaging women in lifestyle interventions requires proactive and persistent effort by staff, especially when women are contacted by telephone. Participants often have busy lives with multiple responsibilities, and it is important for local staff to recognize their schedules when engaging women in lifestyle intervention activities. A strategy to facilitate persistence is to offer staff flexibility in their work schedules, which promotes reaching women during different times of day.</p>	
Examples from the Field	<p>In Nebraska, all participating women received telephone calls to discuss behavior changes and goal setting as part of the lifestyle intervention. Recognizing the challenges associated with reaching women by telephone, staff at local sites adopted a philosophy of persistence. Staff recognized the importance of calling women multiple times and at different times of day. To facilitate this persistence, local sites provided staff with flexibility in their work schedules to conduct telephone calls during day and evening hours.</p>	
Things to Consider	Staff Level of Effort:	Staff might spend a significant amount of time reaching women to complete the lifestyle intervention.
	Other Considerations:	Staff might need to use multiple strategies for contacting women because some participants might not have access to a telephone.
	Staff Skill Level and Training:	Persistence and flexibility when delivering the lifestyle intervention does not require a specific skill level or training.
	Cultural Adaptability:	N/A
Related Practices	<p>Chapter III, Effectiveness, Practice #13</p> <p>Chapter VI, Maintenance, Practice #1B</p>	
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project</p> <p>Phone: 1-800-532-2227</p>	

CONTACTING WOMEN FOR THE LIFESTYLE INTERVENTION

Practice(s)	10. Contact women multiple times to support behavior change (Local)								
Description	Adopting healthy behaviors is challenging for many women because it often requires changing lifelong habits. Staff at local sites can contact women on an ongoing basis to support them in adopting and maintaining a heart-healthy lifestyle.								
Examples from the Field	The Nebraska and Michigan WISEWOMAN projects incorporated ongoing contact with women into their lifestyle interventions. In Nebraska, local staff contacted women by telephone six times during a 6-month period to provide support in addressing their behavior change goals. In Michigan, local staff contacted women three to six times each year to discuss progress on established goals. These contacts occurred either in person or by telephone, depending on the needs of the women.								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Staff Level of Effort:</td> <td>Contacting women multiple times requires significant time from staff.</td> </tr> <tr> <td>Other Considerations:</td> <td>Additional considerations are not anticipated.</td> </tr> <tr> <td>Staff Skill Level and Training:</td> <td>Staff contacting women should be clear communicators, comfortable on the telephone, and personable. They should also have an understanding of behavior change theory and motivational interviewing techniques.</td> </tr> <tr> <td>Cultural Adaptability:</td> <td>N/A</td> </tr> </table>	Staff Level of Effort:	Contacting women multiple times requires significant time from staff.	Other Considerations:	Additional considerations are not anticipated.	Staff Skill Level and Training:	Staff contacting women should be clear communicators, comfortable on the telephone, and personable. They should also have an understanding of behavior change theory and motivational interviewing techniques.	Cultural Adaptability:	N/A
Staff Level of Effort:	Contacting women multiple times requires significant time from staff.								
Other Considerations:	Additional considerations are not anticipated.								
Staff Skill Level and Training:	Staff contacting women should be clear communicators, comfortable on the telephone, and personable. They should also have an understanding of behavior change theory and motivational interviewing techniques.								
Cultural Adaptability:	N/A								
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227</p> <p>Michigan WISEWOMAN Project Phone: 517-335-1178</p>								

DELIVERING THE LIFESTYLE INTERVENTION

Practice(s)	11. Provide women with immediate feedback to capitalize on teachable moments created by the screening (Local)	
Description	<p>Screening women for cardiovascular risk factors creates an opportunity for a teachable moment during which staff can provide immediate feedback to women regarding their results. Depending on the type of screening tests used, only some results might be available during the appointment. Discussing even a subset of the results with the woman ensures that this opportunity for discussion is not missed.</p> <p>When combining the screening with education, high-performing sites discussed individual screening results prior to discussing behavior changes because the screening results established a foundation for discussing subsequent behavior changes.</p>	
Examples from the Field	<p>At the Guilford County Health Department in Greensboro, North Carolina, staff met in person with women once each year. During this visit, a nurse completed the required risk factor screening and provided education. To fully realize the potential of this in-person encounter, the nurse incorporated the known screening results for blood pressure, height, and weight into the education. Formal screening results, which include blood cholesterol levels, were mailed to each woman about 1 week after her screening appointment.</p>	
Things to Consider	Staff Level of Effort:	<p>Arranging time for staff who conduct the lifestyle intervention to meet with women following the screening will require planning by the local site. The time to provide feedback to the women is incorporated into the staff time needed to deliver the lifestyle intervention.</p>
	Other Considerations:	<p>Additional considerations are not anticipated.</p>
	Staff Skill Level and Training:	<p>Staff who discuss clinical screening results with women must understand how to interpret and explain these results using simple terms. They must also understand how cardiovascular disease risk factors can be modified.</p>
	Cultural Adaptability:	<p>N/A</p>
Contact Information	<p>North Carolina WISEWOMAN Project Phone: 919-707-5301</p>	

DELIVERING THE LIFESTYLE INTERVENTION

Practice(s)	<p>12. Deliver the lifestyle intervention using appropriate adult learning techniques (Local)</p> <p>12A. Incorporate multiple learning styles in lessons (Local)</p> <p>12B. Offer opportunities for experiential learning (Local)</p>	
Description	<p>Adult learners benefit from teaching strategies that recognize their unique needs. Women might have visual, auditory, or tactile learning styles. High-performing local sites incorporated multiple learning styles into their in-person lifestyle interventions to ensure that the needs of all participants were addressed. Expanding tactile learning approaches to incorporate experiential opportunities, such as walking groups, provided a rich resource that actively engaged women in the learning process. While ensuring that materials were appropriate in language and literacy level, high-performing local sites paired materials with varied teaching techniques to meet the needs of the population served.</p> <p>A woman in a focus group discussed the benefit of experiential learning during the lifestyle intervention. She described her experience learning to read nutrition labels, especially for fat contents, on snack foods as follows: “[It] was really effective to actually see [the label] and realize that’s what [I’ve] been eating and putting in [my] body for all these years.”</p>	
Examples from the Field	<p>As part of their lifestyle intervention, the local sites in SEARHC provided women with a wide range of opportunities that focused on increasing their knowledge about heart-healthy topics or engaged them in heart-healthy activities. The local sites delivered education sessions to women that addressed health behavior topics of great interest. Staff emphasized a teaching approach that recognized the multiple learning styles of women. Approaches included lectures by staff or discussions among women (auditory learning style), distribution of materials and colorful displays (visual learning style), and opportunities to touch and explore materials (tactile learning style). In addition, the local sites engaged women in a range of experiential opportunities that promoted a heart-healthy lifestyle, including swimming, gardening, and strength training.</p>	
Things to Consider	Staff Level of Effort:	Staff might spend time ensuring that the material is presented using a combination of visual, auditory, and tactile approaches.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	To deliver the intervention in ways that accommodate adult learning styles, staff need to be familiar with these techniques. If staff do not have this knowledge before beginning to deliver the lifestyle intervention, they would benefit from training.
	Cultural Adaptability:	N/A
Related Practices	Chapter III, Effectiveness, Practice #4 Chapter III, Effectiveness, Practice #18	Chapter VI, Maintenance, Practice #8
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

DELIVERING THE LIFESTYLE INTERVENTION

Practice(s)	13. Deliver the lifestyle intervention using multiple modes of contact (Local)	
Description	<p>Each woman participating in WISEWOMAN has different needs, interests, and availability. Delivering the lifestyle intervention through multiple modes of contact recognizes the complexity of women’s lives and allows the intervention to fit the women’s availability. Multiple modes of contact include in-person encounters as well as telephone and mail contact.</p> <p>One woman described the benefit of participating in a class and receiving supportive telephone calls as part of the lifestyle intervention: <i>“When the class came along, I was just on the verge of not taking care of myself and it reminded me to take care of myself and that there are all these people out there who care about me. The telephone calls showed me this was true.”</i></p> <p>Another woman described her appreciation for receiving mail associated with the lifestyle intervention. She stated, <i>“I just like getting mail because, to me, it’s like Christmas when you get these booklets that you can look through.”</i></p>	
Examples from the Field	<p>The Every Woman Matters program in Nebraska allowed women to choose whether to receive a telephone- and mail-based self-study lifestyle intervention or an in-person class-format lifestyle intervention. These options were based on the recognition that participating in a face-to-face intervention is of interest to women but not always feasible due to time and geographical constraints. The self-study option was more feasible for some women than the class format. Both options contained the same content. However, educators could elaborate on the content and provide hands-on opportunities during class time to meet the interests of participating women.</p>	
Things to Consider	Staff Level of Effort:	This practice does not require staff to allocate additional time. Instead, staff will divide their time delivering lifestyle interventions using multiple forms of contact.
	Other Considerations:	Local sites might use a variety of methods, such as telephone conversations or mailed letters and materials, to deliver the lifestyle intervention to women who cannot attend in-person sessions.
	Staff Skill Level and Training:	Staff need to feel comfortable contacting women in multiple ways. Training might be required to ensure that staff feel prepared to use different modes of contact.
	Cultural Adaptability:	Considering the cultural appropriateness of various forms of contact with respect to literacy, language, and population mobility is helpful in determining what modes should be used.
Related Practices	<p>Chapter III, Effectiveness, Practice #8 Chapter VI, Maintenance, Practice #1B</p>	
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227</p>	

ENHANCING A WOMAN’S ABILITY TO MAKE LIFESTYLE CHANGES

Practice(s)	14. Identify the individual needs of the women served and ensure that the lifestyle intervention targets those needs (Local)	
Description	<p>WISEWOMAN projects serve a diverse group of women with a variety of concerns. By identifying the concerns of each woman and targeting the lifestyle intervention to her nutrition, physical activity, and smoking cessation needs, local staff can provide an individualized lifestyle intervention. High-performing local sites tailored their counseling to each woman, provided referrals and supported goals related to nutrition, physical activity, and tobacco cessation.</p> <p>During focus groups, women described how the lifestyle intervention addressed their individual needs. One woman said, <i>“I eat more fruits and vegetables than before. Conversation helped me. I had a 7-year diet and I lost 70 pounds. Then I was at a standstill. The interventionist helped me to figure out that I need more exercise.”</i> Another women stated, <i>“I have cut back on red meat and fat and I have increased my exercise.”</i></p>	
Examples from the Field	The Women’s Health Network in Massachusetts provided telephone counseling to each woman. Local staff discussed the woman’s risk factors based on her screening results and identified lifestyle changes that address these risk factors. In addition, the staff offered targeted resources to each woman, such as a free nutrition course, free smoking cessation counseling, or certificates to gyms or yoga studios. The goal of offering these resources was to encourage the woman to adopt lifestyle changes that target her areas of interest.	
Things to Consider	Staff Level of Effort:	This practice does not require staff to allocate additional time. Instead, staff will spend time identifying needs and providing personalized services when delivering the lifestyle intervention. Time might also be spent forming partnerships to obtain free or reduced-cost services to address women’s needs.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff should understand the behavior change process to ensure that the intervention addresses each woman’s needs.
	Cultural Adaptability:	Personalizing the delivery of the lifestyle intervention allows staff to ensure that the presentation is culturally appropriate.
Contact Information	Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434	

ENHANCING A WOMAN'S ABILITY TO MAKE LIFESTYLE CHANGES

Practice(s)	15. Encourage women to set goals during intervention sessions (Local) 16. Build new skills by teaching about the process of reaching goals (Local) 17. Celebrate when women accomplish the goals they set for themselves (Local) 17A. Identify ways for the program to celebrate goals (Local) 17B. Teach women the importance of goals and how to reward themselves for achieving goals (Local)
Description	<p>One strategy for adopting a heart-healthy lifestyle is to set goals that address specific areas of concern. Local staff can play a role in teaching women about the process of reaching goals during intervention sessions. For example, staff can educate women about factors that facilitate attainment of goals, such as identifying a supportive partner to encourage progress, and those that impede goal attainment.</p> <p>Also, staff can discuss the importance of identifying rewards for achieving goals as well as establishing and rewarding interim goals. Rewards that mark goal attainment can be free or low-cost indulgences that the woman enjoys, such as a bubble bath. Local programs can also reward the woman for achieving identified goals by highlighting the woman's accomplishment as a success story or providing an incentive to recognize goal attainment. High-performing local sites provided women with incentives to celebrate behavior changes, encouraged women to document goal attainment by writing success stories, and taught women how to self-reward behavior change.</p>
Examples from the Field	<p>Goal setting was included in the lifestyle interventions offered by the SEARHC and Massachusetts projects. In SEARHC, women had an opportunity to set goals during the initial lifestyle counseling session as well as during follow-up and educational meetings. A health educator at the Juneau, Alaska, site developed a goal-setting form that asks women to identify a goal, steps to achieve the goal, a supportive partner to facilitate goal attainment, potential barriers and strategies to overcome the barriers, and a self-reward for achieving the goal. On request, staff provided additional support after the initial session through in-person or telephone contact to assess progress toward the goal and to brainstorm ways to overcome barriers the woman encountered.</p> <p>The WISEWOMAN program at Jordan Hospital in Plymouth, Massachusetts, also encouraged women to identify goals that support a heart-healthy lifestyle. The project asked women to track their progress toward these goals. To facilitate tracking, staff at the local site developed monitoring forms for the most common goals—increasing physical activity, eating five fruits and vegetables a day, and adopting a low-fat diet. Along with the monitoring forms, staff provided a tip sheet that educates women on a given topic and reinforces the importance of adopting the targeted heart-healthy behavior. Staff asked women to return the completed tracking forms and sent women an incentive to celebrate goal attainment.</p>



The goal-setting form used in SEARHC and the tracking forms used in Plymouth, Massachusetts, are included in the appendix on page A.14.

Things to Consider	Staff Level of Effort:	This set of practices relates to how the lifestyle intervention is delivered. The practice requires that staff allocate a portion of the time they spend delivering the intervention to goal setting.
	Other Considerations:	Local sites can provide women with rewards and incentives to celebrate the goals they achieve.
	Staff Skill Level and Training:	Staff who deliver the lifestyle intervention should understand the goal-setting process, the role it serves in lifestyle changes, and strategies for using goal setting to achieve behavior changes.
	Cultural Adaptability:	Goal setting is personalized (which includes ensuring cultural appropriateness) to meet the needs of each woman.
Related Practices	Chapter II, Effectiveness, Practice #3	
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	
	Women's Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434	

ENHANCING A WOMAN’S ABILITY TO MAKE LIFESTYLE CHANGES

Practice(s)	18. Incorporate opportunities for extra services into the lifestyle intervention (Local)	
Description	A strategy for encouraging women to adopt a heart-healthy lifestyle is to provide ongoing opportunities to engage in physical activity and learn about heart-healthy nutrition. Offering these additional services reinforces the healthy behaviors promoted by WISEWOMAN. Because these are optional activities, women may use them based on their abilities and interests. High-performing local sites offered a wide variety of choices for women to increase the likelihood that women would find a topic of interest.	
Examples from the Field	<p>Local WISEWOMAN programs in the Michigan project offered additional opportunities to women that encouraged the adoption of a heart-healthy lifestyle. The sites in District Health Department 10 offered women a variety of opportunities that targeted smoking cessation and physical activity. Women who expressed an interest in smoking cessation received referrals to the state quitline and for nicotine replacement therapy. In addition, staff provided a guide to area recreation opportunities and walking trails to women who expressed an interest in physical activity.</p> <p>At the Public Health Delta and Menominee Counties in Escanaba, Michigan, staff offered women the opportunity to participate in heart-healthy activities. Staff coordinated a two-session grocery store tour that included education about heart-healthy food choices and a tour of a local grocery store to help women locate these foods. The site also offered a weekly walking group to interested women.</p>	
Things to Consider	Staff Level of Effort:	The amount of staff time required varies depending on how the local site incorporates extra services. If local staff provide the services, they will need to allocate time to coordinating and delivering the services. If local staff provide referrals for extra services, less time will be required.
	Other Considerations:	Local staff who deliver services might need to provide related materials, supplies, and facilities.
	Staff Skill Level and Training:	If the local staff provide the services, the staff will benefit from content knowledge in the area of the service. If the local staff primarily provides referrals, they will benefit from a solid knowledge of resources available to women in the community.
	Cultural Adaptability:	When planning extra services, staff should consider the cultural appropriateness of the service. Also, staff can identify events of particular interest to the cultural groups targeted by the local site.
Related Practices	Chapter III, Effectiveness, Practice #4 Chapter III, Effectiveness, Practice #12B Chapter VI, Maintenance, Practice #8	
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

ENHANCING A WOMAN'S ABILITY TO MAKE LIFESTYLE CHANGES

Practice(s)	<p>19. Address women's barriers to behavior change, focusing on environmental barriers (Local)</p> <p>20. Link women to free or low-cost resources that support behavior change and address common barriers to adopting healthier lifestyles (Local)</p> <p>21. Identify resources to address access to care barriers (Local)</p>								
Description	<p>Women experience a variety of barriers that impede their ability to adopt heart-healthy behaviors. Local sites can address environmental barriers, such as weather, safety, or transportation, by encouraging physical activity around the home or by providing opportunities for indoor physical activity through free and reduced-price memberships to local gyms. Cost and the lack of access to affordable medical care are also barriers that can limit the adoption of heart-healthy choices. High-performing sites offered women multiple opportunities to address barriers as well as long-term resources. In addition, high-performing sites followed up with women to ensure that they took advantage of referrals.</p> <p>One woman described the benefit of receiving referrals through WISEWOMAN: <i>"The referrals were the best part for me; without the referrals, I would not have done anything."</i></p>								
Examples from the Field	<p>The WISEWOMAN program at Mary Lane Hospital in Ware, Massachusetts, illustrates how a local site can address many of the barriers women face when making behavior changes. Staff at this site provided women access to indoor physical activity opportunities through free and discounted certificates to area gyms. The staff also coordinated multiple opportunities for free support, such as informing women of a multi-session nutrition course offered at the hospital, tobacco cessation support provided by program nurses, and a monthly WISEWOMAN support group. The WISEWOMAN support group offered women the opportunity to discuss heart health in a safe environment. The program's nurse coordinator facilitated the group but encouraged women to take ownership of the group to ensure that it met their needs. In addition, the site recognized the barriers women face in affording necessary medications and identified available community resources to assist the women.</p>								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 20%;">Staff Level of Effort:</td> <td>To effectively address barriers, staff will need to allocate a portion of their time during the lifestyle intervention to barrier identification and strategies to address each barrier. Staff will also need to spend time identifying community resources that could address the most common barriers.</td> </tr> <tr> <td style="vertical-align: top;">Other Considerations:</td> <td>Additional considerations are not anticipated.</td> </tr> <tr> <td style="vertical-align: top;">Staff Skill Level and Training:</td> <td>Staff will benefit from understanding the types of barriers women experience and from knowing the resources available in the community. Staff also need appropriate skills to effectively discuss barriers with women.</td> </tr> <tr> <td style="vertical-align: top;">Cultural Adaptability:</td> <td>When discussing potential barriers, staff will need to consider the cultural appropriateness of ways to overcome the barriers discussed.</td> </tr> </table>	Staff Level of Effort:	To effectively address barriers, staff will need to allocate a portion of their time during the lifestyle intervention to barrier identification and strategies to address each barrier. Staff will also need to spend time identifying community resources that could address the most common barriers.	Other Considerations:	Additional considerations are not anticipated.	Staff Skill Level and Training:	Staff will benefit from understanding the types of barriers women experience and from knowing the resources available in the community. Staff also need appropriate skills to effectively discuss barriers with women.	Cultural Adaptability:	When discussing potential barriers, staff will need to consider the cultural appropriateness of ways to overcome the barriers discussed.
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Cultural Adaptability:	When discussing potential barriers, staff will need to consider the cultural appropriateness of ways to overcome the barriers discussed.								
Related Practices	<p>Chapter VI, Maintenance, Practice #11</p> <p>Chapter VI, Maintenance, Practice #15</p>								
Contact Information	<p>Women's Health Network, Massachusetts WISEWOMAN Project</p> <p>Phone: 617-624-5434</p>								

USING INCENTIVES

Practice(s)	22. Include incentives in the lifestyle intervention (Local) 22A. Connect incentives to individual goal setting (Local) 22B. Provide incentives that address women’s barriers to behavior change (Local) 22C. Offer incentives that encourage women to monitor their behavior changes (Local) [Practice #22C also applies to the dimension of Maintenance, Chapter VI.] 22D. Use incentives to encourage participation in program activities (Local) 22E. Develop incentives that increase program name recognition in the community (Local)
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Description Providing incentives to women who participate in WISEWOMAN is a common practice in many projects. Incentives are useful and serve multiple purposes. High-performing local sites understood this and took time to explain each incentive’s purpose to women during encounters.

One purpose of incentives is to support the goals that women set during the lifestyle intervention. These incentives are offered to either encourage or reinforce adoption of goals or reward goal achievement. An example is a water bottle or walking reflector to support achievement of physical activity-related goals.

Another purpose of incentives is to help overcome women’s barriers to behavior change. These incentives are offered to reduce common barriers to the adoption of a heart-healthy lifestyle, such as the costs associated with joining a gym.

Programs also use incentives that assist women in monitoring their behavior changes, such as distributing pedometers to women to support their use of the 10,000 Steps® program. When providing these incentives, staff at high-performing sites gave one-on-one attention to ensure that the women knew how to use the self-monitoring tools.

Incentives are also distributed to women to encourage participation in program activities. For example, the program might distribute a pin or other piece of jewelry to women during each screening visit. Over time, the women might look forward to receiving the incentives and attending the annual screening appointments. High-performing local sites explained the purpose of these incentives during in-person encounters.

A final reason for distributing incentives is to increase recognition of the program in the community. Incentives developed for this purpose need to display the program name visibly and be something that women will carry with them. Tote bags, jackets, towels, and water bottles with the program name are examples of incentives that increase program visibility.

During focus groups, one woman described an incentive that was connected to her individual goals: *“I got vegetarian recipes and a good cookbook I like to eat as little meat as I can and the cookbooks were helpful. I also learned ways to get more fiber.”*

Examples from the Field	<p>The WISEWOMAN project in Southeast Alaska incorporated incentives that serve a variety of purposes. To promote physical activity and help reduce financial barriers to physical activity, local sites offered women free swimming sessions at community pools. To encourage participation in the swimming sessions, local sites recorded attendance each week. After attending a specified number of sessions, women earned a towel with the WISEWOMAN logo which they could use at future swimming sessions. The incentive also served to increase recognition of the program in the community and to reinforce positive behavior.</p> <p>The SEARHC project also distributed jewelry to women during each screening visit. The project developed several pins, each of which depicts traditional Alaska Native artwork. Each woman received a pin that corresponded to the number of years she participated in WISEWOMAN. Women could anticipate receiving a new piece of jewelry at each annual screening appointment.</p> <p>In addition to the towel and jewelry, SEARHC distributed other incentives that fulfilled a variety of purposes. The incentives have included tote bags, cutting boards, pedometers, water bottles, and stress-reduction balls.</p>	
Things to Consider	Staff Level of Effort:	To ensure that incentives are used for the desired purposes within the lifestyle intervention, staff will spend time selecting incentives that serve a relevant purpose and explaining the purpose to participants. Staff might also allocate time to designing, purchasing, and distributing incentives.
	Other Considerations:	Local sites can purchase and distribute different types and quantities of incentives.
	Staff Skill Level and Training:	Staff providing the lifestyle interventions will benefit from understanding the intended purpose of each incentive.
	Cultural Adaptability:	When selecting incentives, staff need to consider the cultural appropriateness of the incentives, given the population served by the project.
Related Practices	<p>Chapter II, Reach, Practice #6B Chapter II, Reach, Practice #10A Chapter VI, Maintenance, Practice #2 Chapter VI, Maintenance, Practice #10</p>	
Contact Information	<p>SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)</p>	

PROVIDING WOMEN WITH SUPPORT AND ROLE MODELS

Practice(s)	23. Incorporate systems of support for women into the lifestyle intervention through contact with staff and other participants (Project, Local)	
	[Practice #23 also applies to the dimension of Maintenance, Chapter VI.]	
Description	<p>A strong system of social support is important in facilitating behavior change. Both staff and other participants can serve as support systems for women. Through ongoing contact, staff can encourage women to adopt and maintain lifestyle changes. During group intervention and education sessions, participants offer support to each other by discussing common challenges and successes.</p> <p>During focus groups, women described the benefit of social support from other participants and staff members. One woman stated, <i>“When I’m walking with the walking class, I find I must be accountable.”</i> Another woman who received supportive phone calls from WISEWOMAN staff said, <i>“The outreach worker makes me feel like I’ve known her forever, even though I’d never met her [before].”</i></p>	
Examples from the Field	The Every Woman Matters program in Nebraska offered women the choice of either a class-format or self-study lifestyle intervention. Both interventions incorporated social support with the content covered. The class-format intervention was typically conducted during four sessions with the same group of women. Through this regular contact, women developed relationships with each other and the cooperative extension educator who taught the class. With both the class-format and self-study intervention options, women received telephone calls from outreach staff to discuss progress on identified goals. This ongoing contact promoted the development of trusting relationships between program staff and participants.	
Things to Consider	Staff Level of Effort:	Staff who serve as a support system for women might contribute a significant amount of time to this activity. The amount of time will vary depending on the needs of each woman. Staff might also spend time cultivating a system for support among women.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Providing support requires patience, compassion, and empathy from staff. A specific skill level or training background is not required.
	Cultural Adaptability:	N/A
Related Practices	Chapter VI, Maintenance, Practice #12	
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	

PROVIDING WOMEN WITH SUPPORT AND ROLE MODELS

Practice(s)	24. Recognize that staff serve as role models for healthy lifestyle choices (Local)	
Description	Role models can illustrate how to make healthy lifestyle choices when others observe and discuss their personal experiences. Through interaction with participants, staff can model making positive choices in physical activity and healthy eating, and participants can learn how to apply these choices in their own lives. Program staff at high-performing sites modeled healthy behaviors that were directly related to program objectives, such as food choices and physical activity.	
Examples from the Field	Staff in SEARHC understood the benefit of being role models for participants and attempted to provide women with positive illustrations of heart-healthy living. Local sites in SEARHC offered free swimming sessions for WISEWOMAN participants on a weekly basis. The health educator in Sitka, Alaska participated in these swimming events whenever possible to provide an example of being physically active. The local sites also offered a biweekly strength-training class for participants that staff organized and taught. By leading the class, staff modeled physical activity for the women and developed relationships through frequent contact. In Haines, Alaska, the health educator organized a community garden with participants, which encouraged participants to engage in physical activity while growing fresh vegetables.	
Things to Consider	Staff Level of Effort:	Staff will spend time participating in activities with women that model healthy behaviors.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Role modeling does not require special skills or training, but staff should be cognizant that the heart-healthy behaviors they practice influence participating women.
	Cultural Adaptability:	The manner in which staff model a healthy lifestyle can reflect the targeted cultural background of the women served.
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

GAINING FEEDBACK FROM WOMEN

Practice(s)	<p>25. Use both passive and active mechanisms to assess satisfaction (Project)</p> <p>25A. Assess program satisfaction at the end of education and counseling or support sessions (Project)</p> <p>25B. Encourage women to write success stories to document their satisfaction (Project)</p>	
Description	<p>By assessing participant satisfaction with the lifestyle intervention, projects can measure program success objectively. Participant satisfaction can be identified through formal and structured means as well as through passive methods. Formal methods can include a structured survey that women complete at a specific point in time. Passive methods can include encouraging women to write success stories that illustrate the program's benefits.</p> <p>In many WISEWOMAN programs, the lifestyle intervention concludes before the woman is due for her annual screening appointment. The end of the lifestyle intervention provides an opportunity to assess satisfaction. It is likely that the women have engaged in multiple contacts with the program at this point and have had an opportunity to contemplate its messages and recommendations. The fact that the women are still engaged in program services can increase their likelihood of response.</p> <p>Success stories provide anecdotal evidence of how the lifestyle intervention has affected the lives of the women. These stories illustrate what the women have valued during their participation and focus on their priorities, challenges, and achievements. Projects can use success stories to understand the types of behavior changes women adopt.</p>	
Examples from the Field	<p>The Nebraska and SEARHC projects solicited feedback on participant satisfaction. In the SEARHC project, staff asked women to complete a structured survey after the annual re-enrollment visit and return it using a postage-paid envelope. The survey included questions about the experience with lifestyle counseling, attendance at experiential and educational gatherings, and lifestyle changes that the woman or her friends and family have made as a result of WISEWOMAN. All returned surveys were sent to the project director, who analyzed the results and used them to guide program improvement.</p> <p>To understand the impact of the program on women's lives, the Every Woman Matters program in Nebraska encouraged women to submit success stories after completing the lifestyle intervention. For this purpose, local sites provided a structured form and a postage-paid envelope. In addition, cooperative extension educators who delivered the class-format lifestyle intervention assessed satisfaction using an evaluation form distributed at the end of the class.</p>	
Things to Consider	Staff Level of Effort:	Developing and implementing a system to assess satisfaction and analyzing information from the system to guide program improvement requires staff time.
	Other Considerations:	Projects can produce and distribute survey tools to assess satisfaction.
	Staff Skill Level and Training:	Staff require a background relevant to the type of feedback system developed. For example, if a formal survey is used, staff would benefit from understanding survey design and research methodology.

	Cultural Adaptability:	N/A
Related Practices	Chapter III, Effectiveness, Practice #2	
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director) Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	

**ACTION CHECKLIST:
EFFECTIVENESS—Preventing and Improving Risk Factors**



	Is the Project or Site Interested in Adopting this Strategy?
DEVELOPING AND ADAPTING THE LIFESTYLE INTERVENTION	
1. Ensure that the lifestyle intervention is culturally appropriate for the diverse populations served	
2. Gauge participant satisfaction with program services and use the information to revise or modify services	
3. Incorporate goal-setting strategies into the lifestyle intervention	
4. Incorporate experiential activities into the lifestyle intervention	
UNDERSTANDING BEHAVIOR CHANGE THEORY	
5. Ensure that appropriate behavior change theory is understood and applied by staff during lifestyle interventions and that tools are used	
5A. Train local staff on behavior change theories that guide the lifestyle intervention	
5B. Reinforce training on a regular basis and work to build on staff knowledge of the behavior change theory	
6. Develop or distribute tools that translate theory into practice for staff to use when working with women	
7. Develop or distribute appropriate tools to monitor behavior changes in women	
CONTACTING WOMEN FOR THE LIFESTYLE INTERVENTION	
8. Be active and persistent in reaching women for lifestyle interventions	
9. Offer flexibility in staff work schedules to reach women at different times of day	
10. Contact women multiple times to support behavior change	
DELIVERING THE LIFESTYLE INTERVENTION	
11. Provide women with immediate feedback to capitalize on teachable moments created by the screening	
12. Deliver the lifestyle intervention using appropriate adult learning techniques	
12A. Incorporate multiple learning styles in lessons	

	Is the Project or Site Interested in Adopting this Strategy?
12B. Offer opportunities for experiential learning	
13. Deliver the lifestyle intervention using multiple modes of contact	
ENHANCING A WOMAN'S ABILITY TO MAKE LIFESTYLE CHANGES	
14. Identify the individual needs of the women served and ensure that the lifestyle intervention targets those needs	
15. Encourage women to set goals during intervention sessions	
16. Build new skills by teaching about the process of reaching goals	
17. Celebrate when women accomplish the goals they set for themselves	
17A. Identify ways for the program to celebrate goals	
17B. Teach women the importance of goals and how to reward themselves for achieving goals	
18. Incorporate opportunities for extra services into the lifestyle intervention	
19. Address women's barriers to behavior change, focusing on environmental barriers	
20. Link women to free or low-cost resources that support behavior change and address common barriers to adopting healthier lifestyles	
21. Identify resources to address access to care barriers	
USING INCENTIVES	
22. Include incentives in the lifestyle intervention	
22A. Connect incentives to individual goal setting	
22B. Provide incentives that address women's barriers to behavior change	
22C. Offer incentives that encourage women to monitor their behavior changes	
22D. Use incentives to encourage participation in program activities	
22E. Develop incentives that increase program name recognition in the community	
PROVIDING WOMEN WITH SUPPORT AND ROLE MODELS	
23. Incorporate systems of support for women into the lifestyle intervention through contact with staff and other participants	
24. Recognize that staff serve as role models for healthy lifestyle choices	
GAINING FEEDBACK FROM WOMEN	
25. Use both passive and active mechanisms to assess satisfaction	

	Is the Project or Site Interested in Adopting this Strategy?
25A. Assess program satisfaction at the end of education and counseling or support sessions	
25B. Encourage women to write success stories to document their satisfaction	

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Chapter IV: ADOPTION— Engaging and Retaining WISEWOMAN Sites



WHAT IS ADOPTION?

In the RE-AIM framework, the dimension of ADOPTION addresses implementation of a program in targeted settings by identifying the absolute number, proportion, and representativeness of settings whose leaders are willing to initiate a program or intervention. For WISEWOMAN, the goals of ADOPTION are to provide initial training to deliver program services and to promote local site retention. Associated practices and strategies focus on how projects engage local sites when beginning program operations. Within a state WISEWOMAN project, the ultimate goal for ADOPTION is implementing a state-wide program; within a tribal project, the ultimate goal is providing services in areas that are accessible to all eligible women.

WHAT TYPES OF PRACTICES ARE INCLUDED IN ADOPTION?

Developing effective strategies to engage and train sites is vital for the success of the program. As recipients of funding from the CDC, projects play a major role in selecting local sites and bringing them on board with the WISEWOMAN program. Projects also contribute to the retention of local staff after the site has adopted the program. Specifically, projects are instrumental in gaining staff buy-in at local sites, offering staff training, and fostering communication. Local sites often exert more control over program staffing because they select the appropriate staff to work with the local population and encourage staff commitment to WISEWOMAN.

IN THIS CHAPTER

- Snapshots of adoption strategies from selected projects 62
- Details of adoption strategies from selected projects 64
- Action checklist with strategies for engaging and retaining WISEWOMAN sites 78

SNAPSHOTS OF ADOPTION PRACTICES FROM SELECTED PROJECTS

	Project-Level Practice	Local-Level Practice	Page Described	Tool Included on Page
PROMOTING SITE AND STAFF BUY-IN				
1. Provide clear expectations to local sites of program and service-delivery process	✓		64	
2. Promote and foster buy-in among staff at local sites	✓	✓	65	
2A. Engage local sites in program planning	✓		65	
2B. Emphasize to local staff the importance of adapting the lifestyle intervention to meet the needs of women	✓		65	
3. Ensure that local sites are able to complete the paperwork used for reporting	✓		67	
4. Develop an initial plan for implementation but revise this plan as needed		✓	68	
5. Develop staff protocols that maximize percentage of time and resources staff spend on WISEWOMAN duties	✓		69	
SELECTING AND ARRANGING STAFF				
6. Encourage high levels of commitment among staff working in WISEWOMAN programs		✓	70	
6A. Maximize percentage of work time allocated to WISEWOMAN duties (versus duties for other programs)	✓	✓	70	
7. Identify staff members who are an appropriate fit for WISEWOMAN		✓	71	
7A. Hire staff with educational backgrounds that match service delivery arrangement	✓	✓	71	
7B. Hire staff members who can speak the appropriate language to work with the population of women served		✓	71	
7C. Recognize the importance of appropriate interpersonal skills in staff as well as training, previous experience, and educational background	✓	✓	71	
7D. Match interests of staff to their roles in WISEWOMAN		✓	71	
TRAINING LOCAL SITE STAFF TO DELIVER WISEWOMAN				
8. Train multiple staff in the procedures for WISEWOMAN but limit the number of staff trained to deliver the lifestyle intervention	✓	✓	73	
9. Offer staff regular training opportunities	✓		74	
9A. Promote training on nutrition, physical activity, smoking cessation, goal setting, and other areas relevant to behavior change	✓		74	
PROMOTING COMMUNICATION				

	Project-Level Practice	Local-Level Practice	Page Described	Tool Included on Page
10. Promote regular communication between project staff and staff at local sites	✓		75	A.19-A.21
10A. Establish systems for two-way communication initiated by either the project or local sites	✓		75	
10B. Provide ongoing forums for communication among local sites	✓		75	
11. Engage in brainstorming and strategizing discussions with local sites	✓		76	
12. Proactively address local site barriers to delivering WISEWOMAN services	✓		76	
13. Increase communication among local site staff within local sites and across local sites within a project		✓	77	

DETAILS OF ADOPTION STRATEGIES FROM SELECTED PROJECTS

PROMOTING SITE AND STAFF BUY-IN

Practice(s)	1. Provide clear expectations to local sites of program and service-delivery process (Project)	
Description	Expectations, such as performance goals and the program philosophy, can be communicated to sites through training and discussion. Training sessions, manuals, and explanations of how to use lifestyle intervention documents help local sites understand the process of service delivery. Projects that communicate clear expectations to local sites about the program and the service-delivery process help ensure that program staff are prepared to deliver services as designed.	
Examples from the Field	In Nebraska, the Every Woman Matters program set performance goals for lifestyle intervention participation. Local sites offered a class for which the project expected 65 percent of enrolled women to participate and a self study intervention involving supportive phone calls and educational materials for which the goal was 35 percent of enrolled women. For each of these lifestyle interventions, staff are provided with training modules or manuals to understand the delivery process.	
Things to Consider	Staff Level of Effort:	Clearly outlining service-delivery protocols and developing forms and training modules to assist local sites in understanding service delivery expectations will take time at the onset of program services. Staff will also contribute time, both initially and on an ongoing basis, to train staff at local sites to deliver WISEWOMAN services.
	Other Considerations:	To inform local sites of program expectations and operations, the project might initially invest in the development of training modules. Project staff might also travel to local sites to provide training.
	Staff Skill Level and Training:	Staff who train local site staff will require appropriate presentation skills and knowledge of both the program expectations and associated content.
	Cultural Adaptability:	N/A
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	

PROMOTING SITE AND STAFF BUY-IN

Practice(s)	<p>2. Promote and foster buy-in among staff at local sites (Project, Local)</p> <p>2A. Engage local sites in program planning (Project)</p> <p>2B. Emphasize to local staff the importance of adapting the lifestyle intervention to meet the needs of women (Project)</p>
Description	<p>Promoting and fostering buy-in among local staff is achieved at the project and local levels. Projects can increase local staff buy-in in two ways. First, they can provide local sites the opportunity to be involved and invested in program design and to adapt the lifestyle intervention to meet the needs of the women they serve. Local sites involved in program planning can describe their experience and, ideally, these contributions will result in service delivery that meets local needs. Second, projects can provide a structured lifestyle intervention with a consistent set of core elements, yet allow for local changes to the intervention’s characteristics to accommodate site nuances. This can lead to less local staff frustration. For example, projects can solicit feedback early on and incorporate suggestions into protocol decisions, or projects can involve local staff in lifestyle intervention revisions after initial development.</p> <p>For local sites, staff buy-in can be achieved through staff interaction and conversation about programmatic issues; these interactions often take the form of meetings or informal encounters. Through meetings and collaboration, staff at high-performing local sites built interpersonal connections by fostering a team approach to serving women.</p>
Examples from the Field	<p>One project that engaged local sites in program planning is the Michigan WISEWOMAN project. After the project developed its lifestyle intervention and trained local sites on how to deliver it, the project coordinator collected feedback from trained local staff and this was incorporated into the final lifestyle intervention. Staff at local sites offered a unique and essential perspective because of their direct involvement with the women served.</p> <p>In Massachusetts, the Women’s Health Network implemented an intervention that included a structured component as well as an opportunity for community customization. The project required local sites to use the PACE intervention, but local sites could identify additional opportunities that support women in making lifestyle changes, such as support group sessions or nutrition education courses. The project required approval of all additional services identified to ensure they address the program goals of WISEWOMAN.</p> <p>WISEWOMAN program staff at the Public Health Delta and Menominee Counties in Escanaba, Michigan, sought to build a team approach among lifestyle counselors in the program. Three lifestyle counselors contributed different areas of expertise (dietetics, health education, and nursing), and they informally learned from each other by sharing recommendations based on their backgrounds and areas of expertise.</p>
Things to Consider	<p>Staff Level of Effort: Initial lifestyle intervention design might require staff time to incorporate local feedback. The review and approval of site adaptations to the program service delivery might also be time consuming. It might take time to inform and train all local sites on changes.</p>

Other Considerations:	If input is solicited from sites after materials have been produced, the project might have to produce and distribute revised materials.
Staff Skill Level and Training:	Incorporating feedback and making changes require appropriate content knowledge of the lifestyle intervention, including an understanding of the intervention's core elements and adaptable characteristics and an understanding of local contexts. Designing a more formal means to receive feedback (such as a questionnaire or administrative form) might also require relevant skills.
Cultural Adaptability:	N/A
Related Practices	Chapter V, Implementation, Practice #2
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178 Women's Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434

PROMOTING SITE AND STAFF BUY-IN

Practice(s)	3. Ensure that local sites are able to complete the paperwork used for reporting (Project)	
Description	Some amount of paperwork is necessary for documenting, monitoring, and reporting program services. Projects can provide training to local sites on the paperwork required. If local sites face barriers in completing paperwork, such as insufficient time available or unclear expectations, the project can provide technical assistance to address these barriers. If possible, the project should revise the forms to simplify the reporting process. Developing a streamlined reporting approach makes it easier for local sites to complete paperwork accurately and return it to the project in a timely manner.	
Examples from the Field	The Michigan WISEWOMAN project provided in-person training to local staff on how to complete all required forms. Over time, the project has also solicited and responded to feedback on reporting expectations. Sites expressed concern about burdensome and repetitive forms. The project responded by reviewing reporting requirements and developing a single form that collects all needed information. In addition, the project changed the name of a form used in their intervention from “Lifestyle Contract” to “Healthy Lifestyle Goals” after receiving feedback from the local sites that women had reacted adversely to the word “Contract.”	
Things to Consider	Staff Level of Effort:	Projects are required to report semi-annual data elements to CDC for all participating women. To facilitate this, project staff train local staff and provide technical assistance related to reporting requirements and associated paperwork on an ongoing basis. Initially, project staff will spend time ensuring that local staff understand how to use the forms and report the needed information. Over time, project staff might revise their forms and ensure that local staff continue to complete the paperwork accurately.
	Other Considerations:	Form changes may result in re-printing and re-distributing forms.
	Staff Skill Level and Training:	Staff who conduct training on completing paperwork and provide technical assistance are expected to be well versed in program procedures, possess good communication skills to receive and provide feedback, and conduct quality assurance to ensure accuracy in local site reporting. In addition, it is beneficial if staff can listen to participants and adjust material based on their reactions.
	Cultural Adaptability:	N/A
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

PROMOTING SITE AND STAFF BUY-IN

Practice(s)	4. Develop an initial plan for implementation but revise this plan as needed (Local)	
Description	Lifestyle intervention protocols developed by the project provide structure that ensures that local sites deliver the intervention as intended. Local site situations can evolve as resources or funding change, which might require sites to revise characteristics of the intervention, such as how services are delivered. Local sites might find it beneficial to remain flexible and revise the intervention’s characteristics, as needed. Over time, high-performing sites revised their plans to provide additional services that more fully supported women as they make lifestyle changes.	
Examples from the Field	In Fayetteville, North Carolina, at the Cumberland County Public Health Department, the lifestyle intervention originally consisted of individual counseling sessions. Over time, the project allowed the local site to deliver the counseling session in a small group format to address frequent no-shows at individual appointments. This adaptation became feasible when the local program obtained more space, including a small room for group sessions. Local staff and participants reported that the small groups maintained the advantages of privacy and personal attention yet also offered social support and a fun atmosphere.	
Things to Consider	Staff Level of Effort:	Local staff will contribute time to assess how to revise implementation and ensure that program expectations continue to be met.
	Other Considerations:	Additional considerations depend on the type and extent of revisions.
	Staff Skill Level and Training:	Staff should possess the ability to observe and critically reassess how a plan is progressing. Revisions to an implementation plan might entail new activities, for which local staff should be trained.
	Cultural Adaptability:	Revisions to the lifestyle intervention protocol might incorporate elements designed to address the unique cultural circumstances of targeted populations.
Contact Information	North Carolina WISEWOMAN Project Phone: 919-707-5301	

PROMOTING SITE AND STAFF BUY-IN

Practice(s)	5. Develop staff protocols that maximize percentage of time and resources staff spend on WISEWOMAN duties (Project)	
Description	Projects might be able to increase local staff commitment by developing protocols that maximize the percentage of time and resources required for WISEWOMAN staff. Project protocols will define local staff roles and the type of background required for each role. It is likely that staff, such as local coordinators and lifestyle intervention personnel, are qualified to carry out program duties and activities that are not WISEWOMAN related. However, where possible, limiting the extent of multitasking across programs or assignment of staff to multiple programs can help to maximize the attention given to WISEWOMAN.	
Examples from the Field	The SEARHC project in Alaska maximized the percentage of time that staff spend on WISEWOMAN. SEARHC's protocol required that each local site have a two-person staff team, including a patient educator with a clinical background and a health educator with a community health background. In addition, the staffing arrangement was such that educators in local sites completed only WISEWOMAN duties, with the exception of one patient educator who shared her time between WISEWOMAN and BCCEDP due to the size of the community served.	
Things to Consider	Staff Level of Effort:	Projects will need to allocate staff time to carefully develop protocols that maximize staffing commitment while considering local realities. Staff might need to revise protocols over time, which would require additional time.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Developing program protocols will require staff with skills to understand the range of program requirements and local feasibility. Staff who develop protocols will need training on federal and project expectations to consider during protocol design.
	Cultural Adaptability:	Staff protocols can specify required staff knowledge or expertise related to cultural groups served.
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

SELECTING AND ARRANGING STAFF

Practice(s)	<p>6. Encourage high levels of commitment among staff working in WISEWOMAN programs (Local)</p> <p>6A. Maximize percentage of work time allocated to WISEWOMAN duties (versus duties for other programs) (Project, Local)</p>	
Description	<p>Local management staff can encourage their front-line staff to maintain a commitment to their WISEWOMAN responsibilities by arranging staff hours to correspond to their program duties. Projects can also encourage local sites to have committed local staff. Committed staff have fewer diversions from WISEWOMAN activities.</p>	
Examples from the Field	<p>In Fayetteville, North Carolina, at the Cumberland County Health Department, the WISEWOMAN program encouraged staff commitment by maximizing the percentage of work time allocated to program duties. Although the local coordinator shared her time between WISEWOMAN and another program, she maximized her WISEWOMAN time by devoting 4 full days to WISEWOMAN and 1 day to the other program each week. This schedule ensured that WISEWOMAN was her primary focus on those days. When working on WISEWOMAN, she was responsible for delivering a range of services, including screening, the lifestyle intervention, participant outreach, and coordination of the flow of patients and services.</p>	
Things to Consider	Staff Level of Effort:	<p><i>Project.</i> Staff might spend time designing a protocol that helps sites maximize staff commitment.</p> <p><i>Local.</i> Management staff will spend time organizing staff responsibilities. Additional time might also be spent selecting staff members who are able to carry out a greater range of WISEWOMAN activities.</p>
	Other Considerations:	<p>Additional considerations are not anticipated.</p>
	Staff Skill Level and Training:	<p><i>Project.</i> Coordinating protocols with local sites to arrange staff in a way that maximizes the focus on WISEWOMAN will require organizational and communication skills.</p> <p><i>Local.</i> To maximize the commitment of current staff, the site might need to train staff on new skills so that they are able to carry out a greater number of WISEWOMAN responsibilities.</p>
	Cultural Adaptability:	<p>N/A</p>
Contact Information	<p>North Carolina WISEWOMAN Project Phone: 919-707-5301</p>	

SELECTING AND ARRANGING STAFF

Practice(s)	7. Identify staff members who are an appropriate fit for WISEWOMAN (Local) 7A. Hire staff with educational backgrounds that match service delivery arrangement (Project, Local) 7B. Hire staff members who can speak the appropriate language to work with the population of women served (Local) 7C. Recognize the importance of appropriate interpersonal skills in staff as well as training, previous experience, and educational background (Project, Local) 7D. Match interests of staff to their roles in WISEWOMAN (Local)
Description	<p>Staff are vitally important to the success of WISEWOMAN because they interact with the women directly. Projects play a role in encouraging local sites to hire staff with appropriate skills for delivering the lifestyle intervention, including an educational background suited to service delivery and appropriate interpersonal skills, such as being warm and friendly, being a good listener, and being familiar with the community.</p> <p>Often, the local site determines which staff members will deliver services. Characteristics to consider when selecting staff include professional and educational backgrounds that align with services offered and language skills that match those of the women served. Other personal traits are also important to consider when selecting staff, such as an expressed interest in the program mission, connections with the community, and a caring attitude. This combination of education, language skills, and interpersonal skills can help increase program participation and improve the quality of interaction with women.</p>
Examples from the Field	<p>Projects in Massachusetts and Alaska had protocols that assist local sites in choosing appropriate staff for WISEWOMAN. In Massachusetts, the project encouraged local sites to select staff with specific training. The local coordinator was expected to have a clinical background and possess cultural sensitivity. For example, the screening clinician was a nurse or physician, and the risk reduction educator and case manager was a nurse or dietitian. At SEARHC in Alaska, the staff model required a two-person team. One team member was a health educator with a background in community health or a person who had completed SEARHC's community wellness advocate training (12-credit training program). The other team member was a clinician. Health educators who had completed the community wellness advocate training were valued because they were typically local residents and familiar with the Alaskan Native culture.</p> <p>The WISEWOMAN program at Jordan Hospital in Plymouth, Massachusetts, had a team of staff members with complementary characteristics. Each staff member's role was clearly defined, with qualities that enhanced their ability to carry out services. For example, the nurse who provided education by telephone had a professional and educational background with specialized training in cardiovascular disease, along with strong interpersonal skills. A Portuguese-speaking medical interpreter, who was also a recruiter, helped translate educational telephone sessions through three-way calling. As a woman of Brazilian descent, she was also valued for gaining women's trust.</p>

Things to Consider	Staff Level of Effort:	Employing appropriate staff is a cost that the local site must cover. Sites might increase the time they spend hiring staff if they are also emphasizing an appropriate staff fit. It is not anticipated that the project will spend much time developing and drafting guidelines for local sites to hire staff with appropriate educational backgrounds and skills.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Depending on the nature of the lifestyle intervention, local sites might emphasize different skills in the staff hired. The project does not require specific skills to develop guidelines for local sites to hire staff with appropriate educational backgrounds and skills.
	Cultural Adaptability:	Hiring staff who speak the language of the women served and staff who have an interest in the program because of their connection to the community will increase the cultural adaptability of the program.
Related Practices	Chapter II, Reach, Practice #12 Chapter V, Implementation, Practice #4	
Contact Information	Women's Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434 SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

TRAINING LOCAL SITE STAFF TO DELIVER WISEWOMAN

Practice(s)	8. Train multiple staff in the procedures for WISEWOMAN but limit the number of staff trained to deliver the lifestyle intervention (Project, Local)								
Description	Project and local staff can offer training on WISEWOMAN procedures to all staff but they may limit training on the lifestyle intervention to certain staff members. It is beneficial to train all WISEWOMAN staff on procedures to increase staff understanding, investment, and cooperation in the program. Limiting specialized training, such as counseling or education techniques, to those delivering the intervention encourages sites to assign only appropriately trained staff to this role.								
Examples from the Field	<p>In Michigan, the state project coordinator provided on-site training to all local staff who worked on WISEWOMAN, mainly on program structure and procedures. Training that was specific to lifestyle counseling, such as education about the Stages of Change model and discussing goal setting with women, was reserved for lifestyle counselors.</p> <p>At the Cumberland County health department in Fayetteville, North Carolina, the lifestyle coordinator was the primary staff member trained to deliver the lifestyle intervention. An outreach worker and nurse supervisor were trained in WISEWOMAN procedures and provided program support through other means, including outreach, follow-up visits, and administrative duties.</p>								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 20%;">Staff Level of Effort:</td> <td> <p><i>Project.</i> Staff will spend time providing training on procedures to all WISEWOMAN staff and additional time providing specific training on the intervention to targeted staff.</p> <p><i>Local.</i> Providing procedures training to all local WISEWOMAN staff will require an initial time investment.</p> </td> </tr> <tr> <td style="vertical-align: top;">Other Considerations:</td> <td>If all local WISEWOMAN staff are trained on procedures, the project might need to produce extra materials or conduct additional visits to the site.</td> </tr> <tr> <td style="vertical-align: top;">Staff Skill Level and Training:</td> <td>If all local staff members working on WISEWOMAN have not been trained in procedures, they will need this additional training.</td> </tr> <tr> <td style="vertical-align: top;">Cultural Adaptability:</td> <td>N/A</td> </tr> </table>	Staff Level of Effort:	<p><i>Project.</i> Staff will spend time providing training on procedures to all WISEWOMAN staff and additional time providing specific training on the intervention to targeted staff.</p> <p><i>Local.</i> Providing procedures training to all local WISEWOMAN staff will require an initial time investment.</p>	Other Considerations:	If all local WISEWOMAN staff are trained on procedures, the project might need to produce extra materials or conduct additional visits to the site.	Staff Skill Level and Training:	If all local staff members working on WISEWOMAN have not been trained in procedures, they will need this additional training.	Cultural Adaptability:	N/A
Staff Level of Effort:	<p><i>Project.</i> Staff will spend time providing training on procedures to all WISEWOMAN staff and additional time providing specific training on the intervention to targeted staff.</p> <p><i>Local.</i> Providing procedures training to all local WISEWOMAN staff will require an initial time investment.</p>								
Other Considerations:	If all local WISEWOMAN staff are trained on procedures, the project might need to produce extra materials or conduct additional visits to the site.								
Staff Skill Level and Training:	If all local staff members working on WISEWOMAN have not been trained in procedures, they will need this additional training.								
Cultural Adaptability:	N/A								
Contact Information	<p>Michigan WISEWOMAN Project Phone: 517-335-1178</p> <p>North Carolina WISEWOMAN Project Phone: 919-707-5301</p>								

TRAINING LOCAL SITE STAFF TO DELIVER WISEWOMAN

Practice(s)	9. Offer staff regular training opportunities to staff (Project) 9A. Promote training on nutrition, physical activity, smoking cessation, goal setting, and other areas relevant to behavior change (Project)	
Description	Regular staff training on lifestyle intervention procedures plays a key role in maintaining high-quality service delivery by ensuring that all staff conducting WISEWOMAN activities have current knowledge. Training opportunities might include yearly meetings or conferences, visits to local sites to train new staff, and ongoing updates regarding program service delivery. Projects can encourage local staff to attend training sessions that are related to the content of the lifestyle intervention. The project could host a training session or inform local sites of training that is hosted by a different organization.	
Examples from the Field	Regular opportunities for staff training were part of the Every Woman Matters program in Nebraska. Class educators attended either a group statewide training once or twice a year and participated in distance training through telephone conference calls. At group trainings educators received content-related education, were provided with CDs containing lesson materials, and discussed content with the trainers. The trainers made suggestions for hands-on activities. The educators also requested and received training on supplemental lessons that addressed topics of interest to women, such as meal planning and dairy product consumption.	
Things to Consider	Staff Level of Effort:	Regular training programs might require considerable staff time for organization and planning, meeting attendance, and travel. Project staff might spend a limited amount of time informing local sites of special training opportunities.
	Other Considerations:	Projects that conduct regular training programs can sponsor speakers and arrange venues and travel. If a project organizes additional specialized training, local staff travel and registration fees should be considered.
	Staff Skill Level and Training:	To host regular training programs, project staff will need organizational and planning skills. They might also need to manage meeting activities as facilitators or presenters. The range of required knowledge pertaining to content of the training, either general or specialized, depends on whether the project staff are providing presentations or arranging for outside presenters.
	Cultural Adaptability:	Staff should ensure that training materials are culturally appropriate to meet local needs.
Related Practices	Chapter III, Effectiveness, Practice #5A Chapter V, Implementation, Practice #5	
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	

PROMOTING COMMUNICATION

Practice(s)	<p>10. Promote regular communication between project staff and staff at local sites (Project)</p> <p>10A. Establish systems for two-way communication initiated by either the project or local sites (Project)</p> <p>10B. Provide ongoing forums for communication among local sites (Project)</p>	
Description	<p>Communication between project and local staff can be in the form of e-mail, telephone calls, site visits, or newsletters. Regular communication helps ensure that project and local sites are aware of program issues and changes. Communication is beneficial when it occurs on a regular basis and is initiated by both projects and local sites. The project is better able to manage requests, answer questions, and assist with challenges. Local sites can inform the project of changes and seek advice when needed, and local sites can learn from each other through meetings and teleconferences. The project can support local site communication by providing a group setting to share information.</p>	
Examples from the Field	<p>The WISEWOMAN program in North Carolina promoted communication in a variety of ways. Project staff remained accessible by e-mail and telephone for ongoing communication. The project also distributed WISEWOMAN-specific information in the BCCEDP newsletter, <i>Monthly Matters</i>, as well as quarterly data tips for local sites. In addition, project staff visited local sites once a year for monitoring and technical assistance.</p> <p>At the SEARHC WISEWOMAN program, the project director convened monthly videoconferences to encourage local sites to share lessons learned and to build general awareness of what other sites were doing. In addition to facilitating this sharing across local sites, the project director took advantage of monthly conferences to discuss new ideas and respond to questions; this fostered relationships among local staff and between project and local staff.</p> <p> A sample issue of <i>Monthly Matters</i> is included in the appendix on page A.19.</p>	
Things to Consider	Staff Level of Effort:	<p>Some staff time will be spent establishing communication systems (for example, listservs) and returning telephone calls and e-mails in a timely manner. Ongoing time to engage in communication is required.</p>
	Other Considerations:	<p>Common modes of communication (telephone, conference calls, videoconference, travel for in-person meetings, and electronic and mail communication) require a range of infrastructure and resources.</p>
	Staff Skill Level and Training:	<p>Basic administrative skills are required for establishing e-mail and telephone contact systems and distributing media.</p>
	Cultural Adaptability:	<p>N/A</p>
Contact Information	<p>North Carolina WISEWOMAN Project Phone: 919-707-5301</p>	<p>SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)</p>

PROMOTING COMMUNICATION

Practice(s)	<p>11. Engage in brainstorming and strategizing discussions with local sites (Project)</p> <p>12. Proactively address local site barriers to delivering WISEWOMAN services (Project)</p>	
Description	<p>Projects can brainstorm with local staff to address challenges and methods to improve performance. Projects facilitate discussions by (1) maintaining open communication and (2) being accessible to local sites by telephone and e-mail. By providing support to local sites, projects can reduce frustration experienced by local staff, increase local staff investment in program services, and foster communication between project and local staff.</p> <p>Proactive projects maintain communication with sites to stay aware of local issues and offer solutions. Project staff who actively make recommendations to local site staff have the potential to reduce or prevent local site barriers.</p>	
Examples from the Field	<p>The lifestyle intervention coordinator in Nebraska’s Every Woman Matters program provided ongoing technical assistance to local sites that experienced barriers to women’s attendance at a four-session educational class. She provided encouragement and suggested site-specific ways to reduce barriers to class attendance, such as arranging classes at convenient times and encouraging outreach workers to develop close relationships with the women. The lifestyle intervention coordinator also made general recommendations to prevent potential barriers to class attendance. She encouraged local staff to coordinate with each other on an ongoing basis. For example, the outreach staff and the educators were instructed to plan several months in advance when scheduling classes to provide sufficient time to recruit women. To make the recruitment process more effective, the lifestyle intervention coordinator advised the outreach staff to attend the educators’ classes so that outreach staff have firsthand knowledge of the class when they describe it to women.</p>	
Things to Consider	Staff Level of Effort:	<p>Significant time might be spent brainstorming and strategizing with local sites. The amount of time that the project spends making recommendations and overseeing local sites will depend on what the project suggests and the local site’s level of interest in and ability to adopt the recommendation.</p>
	Other Considerations:	<p>The project can choose from a variety of communication modes, such as telephone, conference calls, videoconference, or travel to the site.</p>
	Staff Skill Level and Training:	<p>Communication and listening skills are valuable for brainstorming discussions. To enhance the project staff’s understanding of what will help local sites, sharp observational skills along with good listening skills are important. Project staff will need training on the local site operations to provide feasible recommendations.</p>
	Cultural Adaptability:	<p>N/A</p>
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project</p> <p>Phone: 1-800-532-2227</p>	

PROMOTING COMMUNICATION

Practice(s)	13. Increase communication among local site staff within local sites and across local sites within a project (Local)	
Description	Communication among local site staff members usually involves conversations about programmatic issues. A strategy used by high-performing sites to increase communication was to promote a team approach among staff assigned to WISEWOMAN. Staff meetings can help promote the team approach through regular communication with other staff members. Meetings are most helpful when they deal specifically with WISEWOMAN-related programmatic issues and purposefully engage staff in discussion.	
Examples from the Field	WISEWOMAN staff at the Public Health Delta and Menominee Counties program in Escanaba, Michigan, sought to build a team approach for lifestyle counselors in the program. A team of lifestyle counselors contributed various areas of expertise (dietetics, health education, and nursing), and they informally learned from each other by sharing recommendations based on their backgrounds and expertise. In addition, lifestyle counselors attended internal quarterly meetings at which staff discussed ways to counsel women who resisted behavior change and successful counseling approaches that have led to improved screening rates among participating women.	
Things to Consider	Staff Level of Effort:	Staff interaction and networking on a regular basis requires time. Meetings are time consuming to plan and attend but the time required for planning and attendance will depend on the frequency and length of the meetings.
	Other Considerations:	Local sites can choose from a variety of communication modes, such as telephone, conference calls, videoconference, or travel to the site.
	Staff Skill Level and Training:	Staff will benefit from strong communication skills to promote and engage in dialogue with other staff members. No specific training is needed to increase communication among local staff; however, a site might identify a need for training on communication in the workplace.
	Cultural Adaptability:	N/A
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

**ACTION CHECKLIST:
ADOPTION – Engaging and Retaining WISEWOMAN Sites**



	Is the Project or Site Interested in Adopting this Strategy?
PROMOTING SITE AND STAFF BUY-IN	
1. Provide clear expectations to local sites of program and service-delivery process	
2. Promote and foster buy-in among staff at local sites	
2A. Engage local sites in program planning	
2B. Emphasize to local staff the importance of adapting the lifestyle intervention to meet the needs of women	
3. Ensure that local sites are able to complete the paperwork used for reporting	
4. Develop an initial plan for implementation but revise this plan as needed	
5. Develop staff protocols to maximize percentage of time and resources that staff spend on WISEWOMAN duties	
SELECTING AND ARRANGING STAFF	
6. Encourage high levels of commitment among staff working in WISEWOMAN programs	
6A. Maximize percentage of work time allocated to WISEWOMAN duties (versus duties for other programs)	
7. Identify staff members who are an appropriate fit for WISEWOMAN	
7A. Hire staff with educational backgrounds that match service delivery arrangement	
7B. Hire staff members who can speak the appropriate language to work with the population of women served	
7C. Recognize the importance of appropriate interpersonal skills in staff as well as training, previous experience, and educational background	
7D. Match interests of staff to their roles in WISEWOMAN	
TRAINING LOCAL SITE STAFF TO DELIVER WISEWOMAN	
8. Train multiple staff in the procedures for WISEWOMAN but limit the number of staff trained to deliver the lifestyle intervention	
9. Offer staff regular training opportunities	
9A. Promote training on nutrition, physical activity, smoking cessation, goal setting, and other areas relevant to behavior change	

	Is the Project or Site Interested in Adopting this Strategy?
PROMOTING COMMUNICATION	
10. Promote regular communication between project staff and staff at local sites	
10A. Establish systems for two-way communication initiated by either the project or local sites	
10B. Provide ongoing forums for communication among local sites	
11. Engage in brainstorming and strategizing discussions with local sites	
12. Proactively address local site barriers to delivering WISEWOMAN services	
13. Increase communication among local site staff within local sites and across local sites within a project	

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Chapter V: IMPLEMENTATION— Delivering the Lifestyle Intervention

WHAT IS IMPLEMENTATION?

In the RE-AIM framework, the dimension of IMPLEMENTATION focuses on the consistent delivery of the lifestyle intervention according to its CDC-approved protocol. Ideally, IMPLEMENTATION guidelines make the intervention more feasible to deliver by providing recommendations on how to train staff, build community partnerships, and retain women in the intervention and program.

WHAT TYPES OF PRACTICES ARE INCLUDED IN IMPLEMENTATION?

Instituting strategies that support successful delivery of the lifestyle intervention is one of the keys to program success. Projects and local sites contribute to the intervention's feasibility by resolving barriers that impede delivery. To ensure that the intervention is delivered as intended, the local site is often responsible for selecting staff with appropriate backgrounds to provide services. Projects play a key role in providing initial and ongoing training to local staff. Both projects and local sites can coordinate opportunities to expand staff knowledge through supplementary training. Partnerships with state and community organizations can assist local sites by augmenting their available resources as well as providing active referral sources. Developing systems for tracking women assists sites in retaining women in the program.

IN THIS CHAPTER

- Snapshots of implementation strategies from selected projects 82
- Details of implementation strategies from selected projects 83
- Action checklist with strategies for delivering lifestyle interventions 93

SNAPSHOTS OF IMPLEMENTATION PRACTICES FROM SELECTED PROJECTS

	Project- Level Practice	Local- Level Practice	Page Described	Tool Included on Page
INTERVENTION FEASIBILITY				
1. Assess local site barriers to delivering the lifestyle intervention and make mid-course corrections	✓		83	
2. Engage in a process of adapting the lifestyle intervention that involves both project and local site staff	✓		83	
3. Identify the purpose of assessments used in the lifestyle intervention and ensure that assessments are feasible for women and local sites to complete	✓		85	A.22
LIFESTYLE INTERVENTION TRAINING				
4. Hire staff with specialized training that is appropriate for their roles in WISEWOMAN		✓	86	
5. Train and retrain staff to deliver the lifestyle intervention	✓	✓	87	
6. Reinforce project-provided training on WISEWOMAN and the lifestyle intervention on a regular basis		✓	87	
PARTNERING				
7. Partner with organizations that employ staff with the necessary skills and expertise to deliver the lifestyle intervention	✓		89	
8. Partner with community organizations and health care providers		✓	90	
8A. Develop a proactive referral system to facilitate delivery of care		✓	90	
RETAINING WOMEN				
9. Develop a tracking system to identify women in need of re-screening		✓	92	

DETAILS OF IMPLEMENTATION STRATEGIES FROM SELECTED PROJECTS

INTERVENTION FEASIBILITY

Practice(s)	<ol style="list-style-type: none"> 1. Assess local site barriers to delivering the lifestyle intervention and make mid-course corrections (Project) 2. Engage in a process of adapting the lifestyle intervention that involves both project and local site staff (Project)
Description	<p>Local sites might experience barriers that impede their ability to deliver the intervention as designed. For example, projects might provide materials to local sites that are cumbersome to use or do not reflect the culture or literacy level of women, or the intervention might require that services be delivered through a mode of contact that is challenging for women, such as in-person contacts. Through active communication between projects and local sites, projects can assess where barriers exist and make modifications to the intervention to target these barriers. In addition, projects can engage staff from local sites in the adaptation process to ensure that changes will be feasible in their communities.</p>
Examples from the Field	<p>The Michigan WISEWOMAN project solicited regular feedback from local sites by telephone, e-mail, and in-person contact on the delivery of the lifestyle intervention to identify and address barriers to delivery. Through this communication, the project identified a concern that women expressed related to one of the forms used during the intervention. Originally, women initiating the lifestyle intervention developed lifestyle goals to pursue throughout the year, and these were documented on a “Lifestyle Contract” form. The word “contract” dissuaded some women from committing to developing goals, discouraging program participation. To address the aversion to this word, the project renamed the form “Healthy Lifestyle Goals.”</p> <p>Another example is from the Women’s Health Network in Massachusetts, which used PACE (see Appendix B for a description of PACE) as its lifestyle intervention. Originally, materials for PACE were available in Spanish as well as English. After sites began to use the materials, the project identified concerns with the cultural appropriateness and literacy level of the materials. To address these concerns, the project engaged in a long-term effort to adapt PACE to address both the cultural and literacy needs of the women served. First, Massachusetts developed a low-literacy version of PACE in English, which then served as the foundation for Spanish, Portuguese, and Chinese cultural and linguistic adaptations. As part of the adaptation process, the project convened focus groups with community members to understand physical activity and food preferences. After the adaptations were developed, the materials were pilot tested by Women’s Health Network participants and assessed for usability by staff.</p>
Things to Consider	<p>Staff Level of Effort: Staff might spend time overcoming local barriers and brainstorming about feasible changes to the intervention’s characteristics, (such as altering the mode of delivery) while maintaining the intervention’s core elements. Staff might also spend time drafting and sharing revised procedures or translating materials.</p>

Other Considerations:	Projects might communicate by telephone and travel to local sites and might provide revised forms or notices of procedure changes as necessary. Depending on the revision process, approval by an institutional review board might be necessary if the process includes focus groups or other activities with women.
Staff Skill Level and Training:	Staff should possess good communication and listening skills and have a working knowledge of the lifestyle intervention, including its core elements, characteristics, and intended delivery. Understanding the CDC evaluation framework is useful as well.
Cultural Adaptability:	Ways to address barriers to the lifestyle intervention delivery might include changes that result in a more culturally appropriate approach for the priority population.
Related Practices	Chapter IV, Adoption, Practice #2B
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178 Women's Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434

INTERVENTION FEASIBILITY

Practice(s)	3. Identify the purpose of assessments used in the lifestyle intervention and ensure that assessments are feasible for women and local sites to complete (Project)	
Description	Projects use assessments for program evaluation and to provide feedback to participants. Assessments are often conducted to gather information related to women’s clinical screening results or health behaviors. If used consistently over time, they can provide a long-term perspective on the changes women make. Although assessments serve an important role in providing feedback about participants to the project, local site, or women, it is critical not to overburden participants or staff at local sites with cumbersome and complicated assessment forms. By soliciting input from local sites on the selection of assessment forms, projects can ensure feasibility while continuing to gather needed information for program evaluation and participant feedback. In addition, when revising assessment forms, projects can ensure maintenance of the intervention’s core elements.	
Examples from the Field	<p>The Michigan WISEWOMAN project developed a Healthy Lifestyle Assessment form to provide feedback to sites regarding women’s behaviors. The form has a clearly articulated purpose, is brief, and targeted. It includes eight short and simple questions about current eating and physical activity patterns as well as five statements to help identify a woman’s readiness to change her behavior. The assessment form was designed to be completed at the initial intervention contact, and staff used the form as a reference point for individualizing their discussions about a woman’s nutrition, physical activity, and tobacco cessation goals. The assessment offered interventionists a tool to help women understand their behaviors and how those behaviors are connected to cardiovascular disease risk factors.</p> <p> The Healthy Lifestyle Assessment is included as a tool in the appendix on page A.22.</p>	
Things to Consider	Staff Level of Effort:	The process of checking that assessments have a stated purpose, communicating with sites regarding their feasibility, and making subsequent revisions will involve staff time.
	Other Considerations:	The project might need to print and distribute new assessment materials.
	Staff Skill Level and Training:	Staff should possess communication skills and understand the purpose of the assessment in the context of the intervention. In addition, if assessments will be used for evaluation, staff should be familiar with program evaluation techniques.
	Cultural Adaptability:	Assessments can be made culturally appropriate by including relevant examples of foods eaten and types of preferred activities.
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

LIFESTYLE INTERVENTION TRAINING

Practice(s)	4. Hire staff with specialized training that is appropriate for their roles in WISEWOMAN (Local)	
Description	<p>Consistent with the variations in the lifestyle interventions used by WISEWOMAN programs in different locales, the training and background of staff who deliver the interventions vary greatly. It is important that local sites hire staff with training and backgrounds that are appropriate for the lifestyle intervention they have selected and for the settings in which the intervention will be delivered. For example, lifestyle interventionists who counsel women in a clinical setting might benefit from training on cardiovascular disease case management, physical activity, nutrition, and tobacco cessation treatment. Other counselors might benefit from specialized training in health education and promotion, nursing, adult learning theory, or motivational interviewing techniques. For staff who have teaching roles, a background in education is useful.</p> <p>The CDC's guidance document, <i>The Heart of the Matter</i>,⁸ provides descriptions of the types of activities in which health educators engage when delivering lifestyle interventions. Local sites might refer to this list when considering appropriate staff.</p>	
Examples from the Field	<p>The WISEWOMAN coordinator in Fayetteville, North Carolina, provided screening services, conducted outreach, delivered the lifestyle intervention, and coordinated patient flow and service delivery. Her background as a registered nurse enabled her to fulfill many of these duties. She remained up to date on information relevant to the intervention by attending additional training programs, such as annual project meetings and external training sessions that address cardiovascular disease, tobacco cessation treatment, case management, counseling techniques, and goal setting.</p>	
Things to Consider	Staff Level of Effort:	The site might spend additional time selecting a staff member with the appropriate specialized skills for his or her role. Site staff can develop job descriptions to help identify appropriately trained people.
	Other Considerations:	Selecting staff with appropriate skills and facilitating their training might require hiring higher salaried professionals or paying training registration fees.
	Staff Skill Level and Training:	Supervisory staff at the local site will benefit from a clear understanding of the specific skills and training needed for each staff role.
	Cultural Adaptability:	During the hiring process, staff might seek a candidate with specific skills, such as people who speak the language or understand the cultural practices of the priority population(s).
Related Practices	<p>Chapter II, Reach, Practice #12 Chapter IV, Adoption, Practice #6</p>	
Contact Information	<p>North Carolina WISEWOMAN Project Phone: 919-707-5301</p>	

⁸ The guidance document is available at <http://www.cdc.gov/wisewoman/>.

LIFESTYLE INTERVENTION TRAINING

Practice(s)	<p>5. Train and retrain staff to deliver the lifestyle intervention (Project, Local)</p> <p>6. Reinforce project-provided training on WISEWOMAN and the lifestyle intervention on a regular basis (Local)</p>								
Description	<p>Training is an ongoing process from which staff benefit over time. High-performing sites recognized that, initially, staff required basic training on how to deliver the intervention as designed. Over time, training can focus on reviewing basic service delivery and teaching new skills that are relevant to the intervention. Training might be offered by the program or an external organization. Outside training might focus on innovative counseling strategies or deepen staff content knowledge of nutrition, physical activity, or tobacco cessation.</p> <p>Both projects and local sites have a role in training staff to deliver the intervention. At the beginning, projects must provide some foundational training to local staff. After a while, local sites might be able to conduct their own training that reinforces and expands upon project-provided training. Training sessions might be delivered in multiple ways and vary over time. For example, initial training might entail a site visit by project staff to the local site, while ongoing training might be accomplished at group meetings or by teleconference.</p>								
Examples from the Field	<p>In the Nebraska Every Woman Matters program, the cooperative extension services coordinator trained extension educators to deliver a specific curriculum to WISEWOMAN participants. These training sessions have occurred through in-person group meetings and remote meetings using distance learning techniques (e.g., teleconference, videoconference). After providing initial training on the curriculum, educators shared strategies to deliver the material, which helped staff review the basic content as well as extend their knowledge.</p> <p>The SEARHC WISEWOMAN project actively encouraged local staff to attend training programs that will enhance their job performance, and the local staff enthusiastically take part in these training opportunities. For example, most local staff have attended the public health nutrition course offered by the University of North Carolina at Chapel Hill as well as training sessions on physical activity and tobacco cessation counseling.</p>								
Things to Consider	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Staff Level of Effort:</td> <td>Staff might spend time attending or preparing for retraining meetings (organization, content preparation, and travel).</td> </tr> <tr> <td>Other Considerations:</td> <td>Projects might need to consider registration for training, renting facilities, travel, or supplying materials.</td> </tr> <tr> <td>Staff Skill Level and Training:</td> <td>Staff should have strong communication and organizational skills. In addition, staff who conduct training must possess deep content knowledge of training topics and strong presentation skills.</td> </tr> <tr> <td>Cultural Adaptability:</td> <td>Training might target specific cultural needs of a local community, which can change over time.</td> </tr> </table>	Staff Level of Effort:	Staff might spend time attending or preparing for retraining meetings (organization, content preparation, and travel).	Other Considerations:	Projects might need to consider registration for training, renting facilities, travel, or supplying materials.	Staff Skill Level and Training:	Staff should have strong communication and organizational skills. In addition, staff who conduct training must possess deep content knowledge of training topics and strong presentation skills.	Cultural Adaptability:	Training might target specific cultural needs of a local community, which can change over time.
Staff Level of Effort:	Staff might spend time attending or preparing for retraining meetings (organization, content preparation, and travel).								
Other Considerations:	Projects might need to consider registration for training, renting facilities, travel, or supplying materials.								
Staff Skill Level and Training:	Staff should have strong communication and organizational skills. In addition, staff who conduct training must possess deep content knowledge of training topics and strong presentation skills.								
Cultural Adaptability:	Training might target specific cultural needs of a local community, which can change over time.								
Related Practices	<p>Chapter III, Effectiveness, Practice #5A</p> <p>Chapter IV, Adoption, Practice #9</p>								

Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)
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PARTNERING

Practice(s)	7. Partner with organizations that employ staff with the necessary skills and expertise to deliver the lifestyle intervention (Project)								
Description	In some areas, identifying appropriately trained staff to deliver the lifestyle intervention is a challenge. By developing partnerships with organizations that have staff with the needed skills, projects can proactively cultivate this existing resource and use the partner's staff to deliver lifestyle intervention services. This approach might offer a cost-effective solution to projects by providing them with appropriately trained staff in a capacity determined by the project and partner organization, without assuming the cost of hiring these staff for full- or part-time work.								
Examples from the Field	The Nebraska Every Woman Matters program offered women the opportunity to participate in a class-format lifestyle intervention. To ensure that trained staff were available to deliver the classes, the Nebraska program partnered with the state cooperative extension services at the University of Nebraska. The cooperative extension services had educators located throughout the state at county extension offices. For Every Woman Matters, educators offered ABC classes in 70 of 93 counties in Nebraska (see Appendix B for a description of ABC classes). The Every Woman Matters program used these local educators to deliver the WISEWOMAN intervention classes. The educators had master's level training in such areas as education, home economics, and dietetics, which made them well suited to deliver the intervention.								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 20%;">Staff Level of Effort:</td> <td>Investigating opportunities within the community and negotiating the terms of the partnerships will take time. Projects might identify a staff person to serve as a liaison with the partner organization. This staff person will devote a significant amount of time working with the partner organization.</td> </tr> <tr> <td style="vertical-align: top;">Other Considerations:</td> <td>In establishing a partnership, the project might host meetings or travel to visit prospective partners.</td> </tr> <tr> <td style="vertical-align: top;">Staff Skill Level and Training:</td> <td>Staff should be aware of the needed content knowledge and duties of workers in the partner organization.</td> </tr> <tr> <td style="vertical-align: top;">Cultural Adaptability:</td> <td>The site might seek partners whose staff have the skills and experience required to meet the needs of the cultural groups served by WISEWOMAN.</td> </tr> </table>	Staff Level of Effort:	Investigating opportunities within the community and negotiating the terms of the partnerships will take time. Projects might identify a staff person to serve as a liaison with the partner organization. This staff person will devote a significant amount of time working with the partner organization.	Other Considerations:	In establishing a partnership, the project might host meetings or travel to visit prospective partners.	Staff Skill Level and Training:	Staff should be aware of the needed content knowledge and duties of workers in the partner organization.	Cultural Adaptability:	The site might seek partners whose staff have the skills and experience required to meet the needs of the cultural groups served by WISEWOMAN.
Staff Level of Effort:	Investigating opportunities within the community and negotiating the terms of the partnerships will take time. Projects might identify a staff person to serve as a liaison with the partner organization. This staff person will devote a significant amount of time working with the partner organization.								
Other Considerations:	In establishing a partnership, the project might host meetings or travel to visit prospective partners.								
Staff Skill Level and Training:	Staff should be aware of the needed content knowledge and duties of workers in the partner organization.								
Cultural Adaptability:	The site might seek partners whose staff have the skills and experience required to meet the needs of the cultural groups served by WISEWOMAN.								
Related Practices	<p>Chapter II, Reach, Practice #7</p> <p>Chapter II, Reach, Practice #8</p> <p>Chapter II, Reach, Practice #9</p> <p>Chapter V, Implementation, Practice #8</p> <p>Chapter VI, Maintenance, Practice #16A/B</p>								
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project</p> <p>Phone: 1-800-532-2227</p>								

PARTNERING

Practice(s)	8. Partner with community organizations and health care providers (Local) 8A. Develop a proactive referral system to facilitate delivery of care (Local)	
Description	<p>Partnering with community organizations (e.g., fitness centers, support groups) and health care providers (e.g., free or reduced-fee clinics) enables sites to provide supplemental services that help women make behavior changes and receive the follow-up medical care they need. High-performing sites engaged in multiple, varied, and meaningful partnerships to offer women a range of opportunities. These strategies can increase the extent to which women utilize these services.</p> <p>Sites that proactively assist women in using resources and services offered by partners, as opposed to using more passive strategies like making women aware of local resources, are more likely to succeed in encouraging women to take advantage of services offered by partners. Proactive strategies might include facilitating the use of resources that address a targeted concern, such as access to needed medical prescriptions, and assisting the woman in contacting the resource. High-performing sites focused on simplifying the referral process to ensure that women receive needed services.</p>	
Examples from the Field	<p>In Plymouth, Massachusetts, the WISEWOMAN program had multiple partnerships with providers and community organizations. Women were informed about opportunities to attend partnership activities during telephone contacts with program staff. Within the site hospital, the program partnered with a hospital-run diabetes education program. Within the community, the site contracted with an independent tobacco cessation treatment specialist who conducted individualized and group smoking cessation counseling sessions. Also, the site arranged access for women to free sessions for 3 weeks at a local health club with a personal trainer who designs at-home fitness programs. Recognizing the potential financial barrier to continuing the gym membership, the site alerted the health club that women were unlikely to continue their membership beyond 3 weeks. The at-home fitness program encouraged women to continue the behavior change initiated during the trial gym membership.</p> <p>In Fayetteville, North Carolina, staff actively referred women to community resources, including the local prescription assistance program. To encourage women to take advantage of this resource, staff inquired about needed medications during the intervention session and assisted women in completing paperwork. Staff also delivered the paperwork to the prescription assistance program and ensured that the women received the medications.</p>	
Things to Consider	Staff Level of Effort:	Investigating referral services available in the community, educating providers and organizations about WISEWOMAN, and establishing the partnerships and referral services will take time.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff should have a working knowledge of the program objectives and procedures to adequately inform potential partners about the program. Staff working with providers and community organizations should have good communication skills.

	Cultural Adaptability:	Services offered by partners can be specifically targeted to cultural groups served by WISEWOMAN programs.
Related Practices		Chapter II, Reach, Practice #7 Chapter II, Reach, Practice #8 Chapter II, Reach, Practice #9 Chapter V, Implementation, Practice #7 Chapter VI, Maintenance, Practice #16A/B
Contact Information		Women’s Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434 North Carolina WISEWOMAN Project Phone: 919-707-5301

RETAINING WOMEN

Practice(s)	9. Develop a tracking system to identify women in need of re-screening (Local)	
Description	Local sites monitor when women need to complete their re-screening visits in a variety of ways. High-performing sites developed tracking and reminder systems to remind staff to contact women directly about the need for an appointment. These systems included a method to alert staff about women eligible for re-screening in the upcoming month, a computer database to notify staff about women needing a reminder call that month, and a database system that generated reminder letters for women. In addition, high-performing sites developed tracking systems to alert providers about women requiring re-screening, which enabled the provider to conduct this re-screening during the women's next visit to the clinic.	
Examples from the Field	Local sites in the SEARHC project used different types of systems to identify women in need of re-screening. In Haines, Alaska, the WISEWOMAN program used a computer database system that generated letters addressed to women 1 month before their re-screening appointment was due. In Juneau, Alaska, the WISEWOMAN program placed a form in the woman's medical chart to notify clinic providers that the woman was due for a WISEWOMAN re-screening. Clinic providers were trained to complete this screening with the woman when she came for her clinic appointment, thus reducing the number of visits she had to make to the clinic for services.	
Things to Consider	Staff Level of Effort:	The time spent on developing and maintaining the tracking system will vary according to its sophistication. The time needed to make telephone calls, send letters, or contact providers with alert forms will depend on the site's caseload.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff members who develop and maintain a tracking system should have strong computer and organizational skills. Staff who contact women should have good interpersonal skills.
	Cultural Adaptability:	Local sites might need to consider specific cultural preferences when using tracking and reminder systems.
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

**ACTION CHECKLIST:
IMPLEMENTATION—Delivering the Lifestyle Intervention**



	Is the Project or Site Interested in Adopting this Strategy?
INTERVENTION FEASIBILITY	
1. Assess local site barriers to delivering the lifestyle intervention and make mid-course corrections	
2. Engage in a process of adapting the lifestyle intervention that involves both project and local site staff	
3. Identify the purpose of assessments used in the lifestyle intervention and ensure that assessments are feasible for women and local sites to complete	
LIFESTYLE INTERVENTION TRAINING	
4. Hire staff with specialized training that is appropriate for their roles in WISEWOMAN	
5. Train and retrain staff to deliver the lifestyle intervention	
6. Reinforce project-provided training on WISEWOMAN and the lifestyle intervention on a regular basis	
PARTNERING	
7. Partner with organizations that employ staff with the necessary skills and expertise to deliver the lifestyle intervention	
8. Partner with community organizations and health care providers	
8A. Develop a proactive referral system to facilitate delivery of care	
RETAINING WOMEN	
9. Develop a tracking system to identify women in need of re-screening	

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Chapter VI: MAINTENANCE— Sustaining WISEWOMAN

WHAT IS MAINTENANCE?

At the individual level, the dimension of MAINTENANCE in the RE-AIM framework focuses on sustaining program participation through re-screening and sustaining positive behavior and clinical changes. At the institutional level, MAINTENANCE refers to sustaining program operations.

WHAT TYPES OF PRACTICES ARE INCLUDED IN MAINTENANCE?

As applied to WISEWOMAN, the practices within MAINTENANCE at the individual level focus on addressing long-term participation in the screening and lifestyle intervention as well as sustaining behavior changes that women make. At the institutional level, MAINTENANCE focuses on sustaining the operation of WISEWOMAN at the state or tribal project level as well as at local sites. Projects and local sites encourage long-term participation by using innovative strategies to increase re-screening rates and long-term involvement in the intervention. Projects and local sites can facilitate the maintenance of behavior change and improvements in cardiovascular risk factors internally as well as refer women to external resources made available through community partnerships. By partnering with other programs and organizations, programs can position themselves for long-term sustainability.

Notable Quote

From a WISEWOMAN Participant

"My eating habits will probably continue to improve because I'm getting used to the fruits and vegetables. I used to grab a Twinkie. Now I grab a banana. That's what I pack in my lunch. **It's becoming just the way I am."**

IN THIS CHAPTER

- Snapshots of maintenance strategies from selected projects 96
- Details of maintenance strategies from selected projects 98
- Action checklist with strategies for sustaining WISEWOMAN 116

SNAPSHOTS OF MAINTENANCE PRACTICES FROM SELECTED PROJECTS

	Project- Level Practice	Local- Level Practice	Page Described	Tool Included on Page
LONG-TERM PROGRAM PARTICIPATION				
1. Develop strategies to increase re-screening rates in local sites	✓	✓	98	
1A. Send multiple reminders to women about re-screening appointments	✓	✓	98	
1B. Use multiple modes of contact to reach women for re-screening	✓	✓	98	
2. Use incentives to encourage women to return for screening and intervention activities	✓	✓	99	
3. Develop practices that facilitate long-term participation in WISEWOMAN for interested women	✓	✓	100	
4. Update contact information for women during each visit or contact	✓	✓	101	
5. Institute a sense of belonging to the program through the use of membership cards that expire after 12 months	✓	✓	102	
6. Provide opportunities for WISEWOMAN involvement on an ongoing basis	✓	✓	103	
7. Distribute newsletters to all enrolled women	✓	✓	104	
8. Expand program services to meet additional needs of women	✓	✓	105	
LONG-TERM BEHAVIOR CHANGE				
9. Create strategies that focus on maintaining behavior changes in women	✓	✓	106	
10. Use incentives to promote maintenance of behavior changes	✓	✓	107	
11. Link women to free or low-cost resources that support behavior change	✓	✓	108	
12. Offer women opportunities for support from themselves and others	✓	✓	108	
13. Conduct follow-up through telephone contact or e-mail	✓	✓	110	

	Project- Level Practice	Local- Level Practice	Page Described	Tool Included on Page
14. Identify ways to maintain positive changes and further improve risk factors	✓	✓	111	
14A. Offer positive reinforcements for changes in risk factors	✓	✓	111	
14B. Compare screening results from one year to the next for a longer term perspective	✓	✓	111	
15. Identify resources to provide women access to needed medications	✓	✓	113	
LONG-TERM PROGRAM SUSTAINABILITY				
16. Increase the long-term sustainability of the WISEWOMAN program	✓	✓	114	
16A. Integrate the WISEWOMAN program into other programs and into clinic or hospital services	✓	✓	114	
16B. Develop partnerships for program sustainability	✓	✓	114	

DETAILS OF MAINTENANCE STRATEGIES FROM SELECTED PROJECTS

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	<p>1. Develop strategies to increase re-screening rates in local sites (Project, Local)</p> <p>1A. Send multiple reminders to women about re-screening appointments (Project, Local)</p> <p>1B. Use multiple modes of contact to reach women for re-screening (Project, Local)</p>								
Description	<p>Long-term program participation relies on the site's efforts to both recapture women at each re-screening appointment and recruit new women into the program. To facilitate the process of re-enrolling women, sites can employ several methods, such as reminding women multiple times using various methods and distributing incentives to encourage women to return.</p> <p>Reminding women multiple times of upcoming re-screening due dates increases the likelihood that women will return. Staff can offer verbal encouragement during in-person visits and telephone conversations and can send written reminders by mail or e-mail. At the annual screening appointment, sites can also distribute membership cards that expire after 1 year to encourage women to return to receive a new card. In addition, staff can work with other on-site providers, such as clinical staff, to encourage women to return for re-screening. The use of more than one mode of contact to remind women about re-screening helps promote long-term participation.</p>								
Examples from the Field	<p>In Nebraska, the Every Woman Matters program provided local sites with a monthly report listing women who required re-screening appointments. Local sites sent standardized letters to remind women that they were due for re-screening. In addition, outreach workers at local sites contacted women by telephone to encourage them to return for re-screening.</p>								
Things to Consider	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Staff Level of Effort:</td> <td>Contacting women takes time, especially when follow-up is needed with women who do not respond to initial contact efforts or whose contact information has changed.</td> </tr> <tr> <td>Other Considerations:</td> <td>The use of reminders can entail producing and mailing letters, membership cards, or other incentives that target re-enrollment.</td> </tr> <tr> <td>Staff Skill Level and Training:</td> <td>Staff should possess organizational skills to track women for re-screening and strong interpersonal skills to encourage women to attend re-screening appointments.</td> </tr> <tr> <td>Cultural Adaptability:</td> <td>The language and examples used in written reminders can be adapted to the culture and literacy level of program participants. Staff members who call participants to remind them of re-screening should speak the appropriate language and adapt their messages so that they are culturally appropriate. In addition, sites can choose a method of contact that is suitable for contacting targeted women (for example, use telephone calls instead of letters for women with low literacy levels).</td> </tr> </table>	Staff Level of Effort:	Contacting women takes time, especially when follow-up is needed with women who do not respond to initial contact efforts or whose contact information has changed.	Other Considerations:	The use of reminders can entail producing and mailing letters, membership cards, or other incentives that target re-enrollment.	Staff Skill Level and Training:	Staff should possess organizational skills to track women for re-screening and strong interpersonal skills to encourage women to attend re-screening appointments.	Cultural Adaptability:	The language and examples used in written reminders can be adapted to the culture and literacy level of program participants. Staff members who call participants to remind them of re-screening should speak the appropriate language and adapt their messages so that they are culturally appropriate. In addition, sites can choose a method of contact that is suitable for contacting targeted women (for example, use telephone calls instead of letters for women with low literacy levels).
Staff Level of Effort:	Contacting women takes time, especially when follow-up is needed with women who do not respond to initial contact efforts or whose contact information has changed.								
Other Considerations:	The use of reminders can entail producing and mailing letters, membership cards, or other incentives that target re-enrollment.								
Staff Skill Level and Training:	Staff should possess organizational skills to track women for re-screening and strong interpersonal skills to encourage women to attend re-screening appointments.								
Cultural Adaptability:	The language and examples used in written reminders can be adapted to the culture and literacy level of program participants. Staff members who call participants to remind them of re-screening should speak the appropriate language and adapt their messages so that they are culturally appropriate. In addition, sites can choose a method of contact that is suitable for contacting targeted women (for example, use telephone calls instead of letters for women with low literacy levels).								
Related Practices	<p>Chapter III, Effectiveness, Practice #8</p> <p>Chapter III, Effectiveness, Practice #13</p>								
Contact Information	<p>Every Woman Matters, Nebraska WISEWOMAN Project</p> <p>Phone: 1-800-532-2227</p>								

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	2. Use incentives to encourage women to return for screening and intervention activities (Project, Local)	
Description	<p>Projects and local sites offer a variety of incentives that encourage women to return for screening and intervention activities. High-performing local sites offered women direct reminders, such as telephone calls and letters, as well as indirect reminders, such as membership cards that expire after 12 months. Other strategies involve enlisting clinic providers working for other programs to remind women about the program. These incentives reduce participation barriers, commemorate length of program participation, and enhance women’s enjoyment of the program. Incentives to encourage women to return can include a token piece of jewelry to mark each year spent in the program, gas cards to reduce the cost of transportation to the program, or tote bags and water bottles for women to use for WISEWOMAN activities.</p> <p>A WISEWOMAN participant described the importance of incentives: <i>“It was so cool because I’d never had [a pedometer] before! And the pen! We do matter! It makes you think, I’m important ..., I still count as a person. Somebody out there cares about me.”</i></p>	
Examples from the Field	<p>The Michigan WISEWOMAN program provided local sites with a variety of incentives to encourage ongoing participation. Local staff informed women of the incentives to be distributed at upcoming sessions with the intent of motivating women to attend. For example, during a lifestyle intervention session, the interventionist would inform the woman that during her next visit she would receive a pedometer and they would discuss how to use it to encourage her to increase her level of physical activity.</p> <p>The SEARHC program in Alaska gave women a small piece of jewelry (a pin or necklace) at their initial screening appointment and each time they were re-screened thereafter. A Native artist developed the design for each year’s piece of jewelry, and women knew that if they continued to be screened, they would receive these incentives each year.</p>	
Things to Consider	Staff Level of Effort:	Time might be spent selecting appropriate incentives as well as ordering, purchasing, and distributing them to sites.
	Other Considerations:	The project or local site might be responsible for purchasing incentives, and projects might consider distributing incentives to sites.
	Staff Skill Level and Training:	Understanding the community and the program is necessary to choose incentives that will encourage women to continue with the program. Specific skills or training are not required to distribute incentives.
	Cultural Adaptability:	Incentives should be targeted toward women in a culturally appropriate manner, ensuring that they will be of value and not offensive to recipients.
Related Practices	Chapter II, Reach, Practice #6B Chapter III, Effectiveness, Practice #22	Chapter VI, Maintenance, Practice #10
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	3. Develop practices that facilitate long-term participation in WISEWOMAN for interested women (Project, Local)
Description	<p>Facilitating long-term WISEWOMAN participation involves keeping current contact information for women and catering to their needs and interests as they participate in program activities. Sites can choose to use multiple strategies to make program participation appealing to women. The five strategies listed below, which are described in the tables, were identified as best practices to facilitate long-term participation:</p> <p>Update contact information for women during each visit or contact (Project, Local)</p> <p>Institute a sense of program belonging to the program through the use of membership cards that expire after 12 months (Project, Local)</p> <p>Provide opportunities for WISEWOMAN involvement on an ongoing basis (Project, Local)</p> <p>Distribute newsletters and mailings to all enrolled women (Project, Local)</p> <p>Expand program services to meet additional needs of women (Project, Local)</p>
Examples from the Field	Examples from the field of best practices that facilitate long-term participation are described in the tables for strategies 4–8.
Things to Consider	Things to consider for best practices that facilitate long-term participation are described in the tables for strategies 4–8.
Contact Information	Contact information for programs with best practices that facilitate long-term participation is provided in the tables for strategies 4–8.

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	4. Update contact information for women during each visit or contact (Project, Local)	
Description	In some locations, women's mobility makes tracking them a challenge. To maintain records with women's current contact information, the site can gather updated information on a regular basis. For WISEWOMAN programs that have frequent contact with women, updated information can be obtained during some rather than all contacts, whereas programs with infrequent contact might want to ask women for updated information at most or all contacts.	
Examples from the Field	At the Every Woman Matters program in Kearney, Nebraska, outreach workers gathered updated contact information from participants during the last call in a series of intervention sessions. This increased the likelihood that outreach workers would connect with women to schedule the next re-screening appointment.	
Things to Consider	Staff Level of Effort:	Projects might spend a small amount of time encouraging local staff to obtain updated information on their participants. Little time is needed for local staff to gather updated information because this is done while they are providing regular program services to women.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	If regularly updating participant contact information is part of the project protocol, staff should be trained on doing this.
	Cultural Adaptability:	N/A
Contact Information	Every Woman Matters, Nebraska WISEWOMAN Project Phone: 1-800-532-2227	

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	5. Institute a sense of belonging to the program through the use of membership cards that expire after 12 months (Project, Local)								
Description	Membership cards offer women a sense of belonging to the program because they are a tangible reminder of the program. The cards can also be used to provide women access to free and reduced-cost activities associated with WISEWOMAN. When the cards expire, women are encouraged to re-enroll by participating in a re-screening visit to avoid forfeiting their access to certain program activities.								
Examples from the Field	The SEARHC WISEWOMAN program encouraged local sites to use membership cards. In some sites, the membership card provided women access to program activities (e.g., free swimming pool use and discounts for other physical activity programs). In one site, some women who lacked a valid card scheduled a re-screening appointment to take advantage of these discounts.								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 30%;">Staff Level of Effort:</td> <td>Staff might spend some time designing, developing, and distributing membership cards. Time might also be spent forming relationships with organizations that offer free or reduced-free services to card holders.</td> </tr> <tr> <td style="vertical-align: top;">Other Considerations:</td> <td>Printing or laminating cards is a consideration.</td> </tr> <tr> <td style="vertical-align: top;">Staff Skill Level and Training:</td> <td>No special skills are required to develop membership cards.</td> </tr> <tr> <td style="vertical-align: top;">Cultural Adaptability:</td> <td>Cards can be written in the language of the women served by the program.</td> </tr> </table>	Staff Level of Effort:	Staff might spend some time designing, developing, and distributing membership cards. Time might also be spent forming relationships with organizations that offer free or reduced-free services to card holders.	Other Considerations:	Printing or laminating cards is a consideration.	Staff Skill Level and Training:	No special skills are required to develop membership cards.	Cultural Adaptability:	Cards can be written in the language of the women served by the program.
Staff Level of Effort:	Staff might spend some time designing, developing, and distributing membership cards. Time might also be spent forming relationships with organizations that offer free or reduced-free services to card holders.								
Other Considerations:	Printing or laminating cards is a consideration.								
Staff Skill Level and Training:	No special skills are required to develop membership cards.								
Cultural Adaptability:	Cards can be written in the language of the women served by the program.								
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)								

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	6. Provide opportunities for WISEWOMAN involvement on an ongoing basis (Project, Local)	
Description	To encourage program participation, projects and sites can offer enrollees access to activities such as support groups, walking groups, fitness and stress-reduction sessions, tobacco cessation counseling, and other ongoing activities that are supplemental to the project's lifestyle intervention. Because they are ongoing activities, they might increase the likelihood that women will remain engaged in the program.	
Examples from the Field	The SEARHC WISEWOMAN program made educational and experiential activities available to women in addition to the standard lifestyle intervention provided during the annual screening visit. In Haines, Alaska, the health educator organized many types of activities that took place at least twice a month, including strength training classes twice a week, weekly swimming at the community pool, yoga classes, low-impact aerobics, gathering local fruits and vegetables, and community gardening during the summer.	
Things to Consider	Staff Level of Effort:	Staff might spend considerable time organizing and coordinating activities on an ongoing basis as well as brainstorming new ideas and testing participation.
	Other Considerations:	Staff might arrange venues or provide food.
	Staff Skill Level and Training:	Staff should possess strong organizational and networking skills as well as related content knowledge or training to provide activities.
	Cultural Adaptability:	Activities can be adapted to meet the cultural preferences of participants.
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)	

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	7. Distribute newsletters to all enrolled women (Project, Local)	
Description	Distributing newsletters is a strategy to maintain contact with women. High-performing local sites mailed newsletters on an ongoing basis to all women who had ever enrolled in WISEWOMAN, rather than limiting distribution to those current with their screening. Newsletters can keep women informed about upcoming program events and provide educational information on heart-healthy nutrition and physical activity. To increase their appeal, newsletters can be formatted in a reader-friendly way using colorful and fun designs.	
Examples from the Field	<p>In Juneau, Alaska, the WISEWOMAN program distributed a monthly newsletter that announced one-time and ongoing community events such as health fairs, walks, and fitness programs. The newsletter also listed the contact information of WISEWOMAN participants who would like an exercise partner, as well as available fitness resources such as gym discounts and free swimming programs.</p> <p>At Public Health Delta and Menominee Counties in Escanaba, Michigan, the WISEWOMAN program distributed a colorful quarterly newsletter that highlighted program events, health department and community events of interest to participants, and success stories of participants. Some women enrolled in the program who did not participate in the lifestyle intervention chose to return to the program because of the activities described in the newsletter.</p>	
Things to Consider	Staff Level of Effort:	Staff might spend time writing newsletters and formatting them to be reader friendly.
	Other Considerations:	Printing and mailing newsletters are considerations.
	Staff Skill Level and Training:	Staff should have strong writing skills and possess some ability to format newsletters in a fun, reader-friendly way.
	Cultural Adaptability:	Newsletter images and content can be adapted to the culture(s) of the priority population.
Contact Information	SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director) Michigan WISEWOMAN Project Phone: 517-335-1178	

LONG-TERM PROGRAM PARTICIPATION

Practice(s)	8. Expand program services to meet additional needs of women (Project, Local)	
Description	Projects and local sites can encourage long-term participation by adding activities that supplement the lifestyle intervention, such as classes, counseling, or peer support. To promote long-term engagement, high-performing local sites offered services on a frequent and ongoing basis and focused services in all targeted areas of behavior change (nutrition, physical activity, and tobacco cessation).	
Examples from the Field	In Ware, Massachusetts, the site expanded on the standard lifestyle intervention— PACE and risk reduction education—that all women received. They provided women access to a hospital-based nutrition education program, coordinated smoking cessation classes, and made community resources available by offering women gift certificates to fitness and yoga facilities. The site also coordinated a monthly support group for interested women to discuss successes and challenges associated with making behavior changes. Women chose whether or not to participate in these additional services.	
Things to Consider	Staff Level of Effort:	Staff might spend considerable time organizing and coordinating activities on an ongoing basis.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff should possess strong organizational and networking skills as well as related content knowledge or training to provide activities.
	Cultural Adaptability:	Activities can be adapted to meet the cultural preferences of participants.
Related Practices	Chapter III, Effectiveness, Practice #4 Chapter III, Effectiveness, Practice #12B Chapter III, Effectiveness, Practice #18	
Contact Information	Women's Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434	

LONG-TERM BEHAVIOR CHANGE

Practice(s)	9. Create strategies that focus on maintaining behavior changes in women (Project, Local)
Description	<p>Four strategies, which are described in the following tables, were identified as best practices to assist women in maintaining behavior change:</p> <p style="padding-left: 40px;">10. Use incentives to promote maintenance of behavior changes (Project, Local)</p> <p>Link women to free or low-cost resources that support behavior change (Project, Local)</p> <p>Offer women opportunities for support from themselves and others (Project, Local)</p> <p>Conduct followup through telephone contact or e-mail (Project, Local)</p> <p><i>A focus group participant explained, “[Women] are more interested in having a listener and motivator. The majority of women know what it is they are supposed to do, but they need help and motivation to do it.”</i></p>
Examples from the Field	Examples from the field of best practices that focus on maintaining behavior change are described in the tables for strategies 10–13.
Things to Consider	Things to consider for best practices that focus on maintaining behavior change are described in the tables for strategies 10–13.
Contact Information	Contact information for programs with best practices that focus on maintaining behavior change is provided in the tables for strategies 10–13.

LONG-TERM BEHAVIOR CHANGE

Practice(s)	10. Use incentives to promote maintenance of behavior changes (Project, Local)								
Description	Projects can provide incentives to local sites, which in turn can distribute them to women. The incentives are specifically designed to help women maintain their behavior changes. For example, pedometers encourage women to walk and cookbooks with heart-healthy recipes teach women alternative ways to prepare favorite foods. Women described the incentives as “gifts” and reported feeling special when they received them.								
Examples from the Field	The WISEWOMAN program at Public Health Delta and Menominee Counties in Michigan provided incentives to women that related to identified goals and encouraged women to maintain positive behavior changes. For example, the site encouraged the maintenance of physical activity by giving women water bottles, walking reflectors, pedometers, and, in some cases, walking shoes for women who could not afford them.								
Things to Consider	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 20%;">Staff Level of Effort:</td> <td>Some time might be spent planning the types of incentives to use as well as ordering, purchasing, and distributing them to sites.</td> </tr> <tr> <td style="vertical-align: top;">Other Considerations:</td> <td>Projects and sites can distribute a variety of incentive types. Ordering in bulk ensures that the project or local site has a sufficient supply to target incentives appropriately to women.</td> </tr> <tr> <td style="vertical-align: top;">Staff Skill Level and Training:</td> <td>Some understanding of the community and the program is required to choose incentives that will be most effective in encouraging women to maintain their behavior changes. Little skill and training are needed to distribute incentives.</td> </tr> <tr> <td style="vertical-align: top;">Cultural Adaptability:</td> <td>Culturally appropriate incentives can be selected.</td> </tr> </table>	Staff Level of Effort:	Some time might be spent planning the types of incentives to use as well as ordering, purchasing, and distributing them to sites.	Other Considerations:	Projects and sites can distribute a variety of incentive types. Ordering in bulk ensures that the project or local site has a sufficient supply to target incentives appropriately to women.	Staff Skill Level and Training:	Some understanding of the community and the program is required to choose incentives that will be most effective in encouraging women to maintain their behavior changes. Little skill and training are needed to distribute incentives.	Cultural Adaptability:	Culturally appropriate incentives can be selected.
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Other Considerations:	Projects and sites can distribute a variety of incentive types. Ordering in bulk ensures that the project or local site has a sufficient supply to target incentives appropriately to women.								
Staff Skill Level and Training:	Some understanding of the community and the program is required to choose incentives that will be most effective in encouraging women to maintain their behavior changes. Little skill and training are needed to distribute incentives.								
Cultural Adaptability:	Culturally appropriate incentives can be selected.								
Related Practices	Chapter II, Reach, Practice #6B Chapter III, Effectiveness, Practice #22 Chapter VI, Maintenance, Practice #2								
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178								

LONG-TERM BEHAVIOR CHANGE

Practice(s)	<p>11. Link women to free or low-cost resources that support behavior change (Project, Local)</p> <p>12. Offer women opportunities for support from themselves and others (Project, Local)</p>						
Description	<p>Women benefit from supportive resources as they face the challenge of maintaining lifestyle behavior changes. Access to free or low-cost services in the community, support from an encouraging staff member, and opportunities to share experiences with those facing similar challenges are all forms of support that projects and local staff can provide to women. Projects and local sites can form partnerships with community organizations to increase the number of links to resources and opportunities for support.</p> <p>High-performing local sites promoted maintenance of behavior change by offering <i>multiple</i> links to community resources to better match women’s individual needs. Some links, such as fitness program discounts, sought to reduce cost barriers to behavior change maintenance and others, such as the supportive environment at ongoing walking groups, strived to be motivational for women.</p> <p>Staff members can provide support directly to women by actively listening when women describe their challenges and progress and by providing encouragement when women are less motivated to practice healthy behaviors. High-performing local sites encouraged women to receive peer support by organizing support groups or informing women of existing groups in the community. Community support opportunities are valuable because they might be available to women who are no longer participating in WISEWOMAN, and they can offer the encouragement of peers in the community rather than staff members who might not identify with women’s personal challenges.</p>						
Examples from the Field	<p>The Women’s Health Network program in Plymouth, Massachusetts linked women to multiple community resources to support their behavior changes. For example, the site offered women a free 3-week membership in a local health club and sessions with a personal trainer who designed an at-home workout. The site also offered opportunities for support groups. Women who had recently been diagnosed with diabetes or who are noncompliant with their treatment were offered the opportunity to participate in a diabetes support group through the hospital. The group provided education about nutrition and physical activity aimed at lowering blood glucose levels. The site also offered women individual and group sessions in a tobacco cessation treatment program.</p>						
Things to Consider	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Staff Level of Effort:</td> <td style="padding: 5px;">Identifying resources that offer support to women and establishing linkages to these resources might take time to initiate and sustain.</td> </tr> <tr> <td style="padding: 5px;">Other Considerations:</td> <td style="padding: 5px;">Additional considerations are not anticipated.</td> </tr> <tr> <td style="padding: 5px;">Staff Skill Level and Training:</td> <td style="padding: 5px;">Staff who identify and establish linkages to sources of support should have strong networking and organizational skills. Staff who provide support to women should have strong interpersonal skills.</td> </tr> </table>	Staff Level of Effort:	Identifying resources that offer support to women and establishing linkages to these resources might take time to initiate and sustain.	Other Considerations:	Additional considerations are not anticipated.	Staff Skill Level and Training:	Staff who identify and establish linkages to sources of support should have strong networking and organizational skills. Staff who provide support to women should have strong interpersonal skills.
Staff Level of Effort:	Identifying resources that offer support to women and establishing linkages to these resources might take time to initiate and sustain.						
Other Considerations:	Additional considerations are not anticipated.						
Staff Skill Level and Training:	Staff who identify and establish linkages to sources of support should have strong networking and organizational skills. Staff who provide support to women should have strong interpersonal skills.						

	Cultural Adaptability:	Supportive resources can be culturally targeted, such as using counselors who speak the appropriate language or referring women to support groups with women from similar backgrounds.
Related Practices		Chapter III, Effectiveness, Practice #20 Chapter III, Effectiveness, Practice #23 Chapter VI, Maintenance, Practice #15
Contact Information		Women's Health Network, Massachusetts WISEWOMAN Project Phone: 617-624-5434

LONG-TERM BEHAVIOR CHANGE

Practice(s)	13. Conduct followup through telephone contact or e-mail (Project, Local)	
Description	Follow-up contact plays a key role in maintaining women's behavior change because it shows women that staff are invested in their continued practice of healthy behaviors. Site staff are also able to address the individual needs of women in a supportive and caring way through these contacts. Staff members listen to women and stay current on their progress in adopting healthy lifestyle behaviors. Staff also function as a resource by offering information to help address women's barriers to maintaining behavior change, encouraging women who have lost motivation, or providing tips related to maintaining behavior change goals.	
Examples from the Field	The lifestyle intervention in Michigan was structured so that local site staff contacted women three to six times each year, often by telephone. Lifestyle counselors used these contacts as an opportunity to receive updates on women's personal situations that could affect their maintenance of behaviors. Lifestyle counselors listened carefully to women's progress toward goals and offer encouragement, support, and creative approaches to help women sustain healthy behaviors.	
Things to Consider	Staff Level of Effort:	Follow-up contact might take a substantial amount of time, depending on the number of times needed to reach women and the length of telephone calls or e-mail messages.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff members who contact women should have strong interpersonal skills and knowledge of how to encourage women to maintain behaviors related to nutrition, physical activity, and smoking cessation and to address associated barriers.
	Cultural Adaptability:	Staff who contact women should speak the appropriate language.
Contact Information	Michigan WISEWOMAN Project Phone: 517-335-1178	

LONG-TERM BEHAVIOR CHANGE

Practice(s)	<p>14. Identify ways to maintain positive changes and further improve risk factors (Project, Local)</p> <p>14A. Offer positive reinforcements for changes in risk factors (Project, Local)</p> <p>14B. Compare screening results from one year to the next for a longer term perspective (Project, Local)</p>						
Description	<p>Projects and local sites can offer women encouragement and support to maintain positive changes in blood pressure, cholesterol levels, and other risk factors. Specifically, sites can discuss changes in risk factors with women, compare screening results from one year to the next, and provide women with positive reinforcement for changes. A strategy used by high-performing local sites was to have women identify their desired approach to behavior change. Depending on the structure of service delivery, staff have varied opportunities to discuss screening results with women. One frequently available opportunity is at the re-screening appointment.</p> <p>When local staff discuss screening results with women, they can take the opportunity to compare results from previous screenings to assess changes. High-performing local sites used past screening results to guide future intervention discussion and goal-setting activities. If staff identify improvements, they can capitalize on the moment by providing positive reinforcement. Also, staff might praise women for improvements in screening results and help women connect adopted behavior changes to their screening results.</p>						
Examples from the Field	<p>The health educators at the WISEWOMAN program in Ludington, Michigan, focused on positive changes in screening results, which pleased women and encouraged them to complete the lifestyle intervention in the coming year. Women appreciated discussing these changes and enjoyed learning when they had made progress. The health educators noticed that women who did not change their annual re-screening results became discouraged. In these cases, the educators made an effort to focus on positive results and outcomes while attributing the lack of change to behaviors unrelated to women's current goals. Women were then able to identify the behaviors they would need to adopt to experience improved screening results and with this knowledge they were able to choose behavior goals to work on in the future.</p>						
Things to Consider	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Staff Level of Effort:</td> <td style="padding: 5px;">Incorporating extra comments is not expected to take additional time; however, staff should have previous screening results available during their encounters with women.</td> </tr> <tr> <td style="padding: 5px;">Other Considerations:</td> <td style="padding: 5px;">Additional considerations are not anticipated.</td> </tr> <tr> <td style="padding: 5px;">Staff Skill Level and Training:</td> <td style="padding: 5px;">Staff should have a clinical background or training in the interpretation of screening results, and they should possess strong communication skills to help women understand the results and ways to address them on an individual basis. Re-training might be necessary because clinical guidelines change over time.</td> </tr> </table>	Staff Level of Effort:	Incorporating extra comments is not expected to take additional time; however, staff should have previous screening results available during their encounters with women.	Other Considerations:	Additional considerations are not anticipated.	Staff Skill Level and Training:	Staff should have a clinical background or training in the interpretation of screening results, and they should possess strong communication skills to help women understand the results and ways to address them on an individual basis. Re-training might be necessary because clinical guidelines change over time.
Staff Level of Effort:	Incorporating extra comments is not expected to take additional time; however, staff should have previous screening results available during their encounters with women.						
Other Considerations:	Additional considerations are not anticipated.						
Staff Skill Level and Training:	Staff should have a clinical background or training in the interpretation of screening results, and they should possess strong communication skills to help women understand the results and ways to address them on an individual basis. Re-training might be necessary because clinical guidelines change over time.						

Cultural N/A
Adaptability:

Contact Michigan WISEWOMAN Project
Information Phone: 517-335-1178

LONG-TERM BEHAVIOR CHANGE

Practice(s)	15. Identify resources to provide women access to needed medications (Project, Local)	
Description	WISEWOMAN serves women who are uninsured or underinsured, which often means that women face financial challenges, such as not being able to afford needed medications to control chronic diseases. Sites can address this challenge by identifying prescription assistance programs in the community, such as hospitals, clinics, and nonprofit programs that offer free or low-cost medications. High-performing local sites actively sought out multiple resources that provided ongoing assistance because these provided a longer term benefit to women.	
Examples from the Field	In Fayetteville, North Carolina, the WISEWOMAN staff informed women about the Medication Access Program, a source of free medications in the area. To ensure that women accessed the resource, staff proactively assisted women in completing the application and navigating the program's waiting list.	
Things to Consider	Staff Level of Effort:	Staff time will be dedicated to identifying an initial list of resources and maintaining the list over time, as well as cultivating relationships with the programs.
	Other Considerations:	Additional considerations are not anticipated.
	Staff Skill Level and Training:	Staff who identify resources should have strong networking and organizational skills.
	Cultural Adaptability:	N/A
Related Practices	Chapter III, Effectiveness, Practice #20 Chapter VI, Maintenance, Practice #11	
Contact Information	North Carolina WISEWOMAN Project Phone: 919-707-5301	

LONG-TERM PROGRAM SUSTAINABILITY

Practice(s)	<p>16. Increase the long-term sustainability of the WISEWOMAN program (Project, Local)</p> <p>16A. Integrate the WISEWOMAN program into other programs and into clinic or hospital services (Project, Local)</p> <p>16B. Develop partnerships for program sustainability (Project, Local)</p>						
Description	<p>Multiple factors contribute to a program’s sustainability, namely resources, caseload, and capacity. Projects and local sites can also contribute to the program’s sustainability using other means, such as integrating WISEWOMAN into other programs and forming partnerships to solidify the program’s foundation in the community.</p> <p>WISEWOMAN services complement other services provided in hospitals and clinics. When WISEWOMAN is integrated into other programs and services, the program stops being a stand-alone service, which promotes sustainability within the clinic or hospital. In addition, integrating WISEWOMAN into other programs or services benefits women because they might receive a more comprehensive package of medical services.</p> <p>By forming community partnerships, sites can receive assistance in providing services that the program might not be able to offer alone, such as support groups or fitness activities. Developing community partnerships also increases awareness of the program by motivating organizations and providers to actively promote the program to their clients. High-performing local sites developed multiple community partnerships to increase program sustainability.</p>						
Examples from the Field	<p>At the SEARHC clinic in Juneau, Alaska, WISEWOMAN program staff recognized the value of integrating the WISEWOMAN screening into other medical care services provided at the clinic. To promote the integration of WISEWOMAN and other services, staff informed clinic providers about the similarity of their services and developed a streamlined system for completing the WISEWOMAN screening without imposing an extra burden on the clinic providers. Through this integration, women benefited from less frequent visits to the clinic and WISEWOMAN benefited by developing a solid grounding within the clinic.</p> <p>In Sitka, Alaska, the WISEWOMAN program partnered with a variety of community organizations to increase its resources and capitalize on successful community programs. Partnerships with local schools, religious groups, nonprofit organizations, and native tribes have helped the program host events, provide incentives, and sponsor activities.</p>						
Things to Consider	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Staff Level of Effort:</td> <td style="padding: 5px;">It can take time to identify and establish relationships with appropriate and interested programs and partners.</td> </tr> <tr> <td style="padding: 5px;">Other Considerations:</td> <td style="padding: 5px;">As projects and local sites coordinate with other services and develop partnerships, they might engage in telephone communication or travel to other locations.</td> </tr> <tr> <td style="padding: 5px;">Staff Skill Level and Training:</td> <td style="padding: 5px;">Staff who identify and establish partnerships should have strong networking skills and a solid understanding of the WISEWOMAN program.</td> </tr> </table>	Staff Level of Effort:	It can take time to identify and establish relationships with appropriate and interested programs and partners.	Other Considerations:	As projects and local sites coordinate with other services and develop partnerships, they might engage in telephone communication or travel to other locations.	Staff Skill Level and Training:	Staff who identify and establish partnerships should have strong networking skills and a solid understanding of the WISEWOMAN program.
Staff Level of Effort:	It can take time to identify and establish relationships with appropriate and interested programs and partners.						
Other Considerations:	As projects and local sites coordinate with other services and develop partnerships, they might engage in telephone communication or travel to other locations.						
Staff Skill Level and Training:	Staff who identify and establish partnerships should have strong networking skills and a solid understanding of the WISEWOMAN program.						

	Cultural Adaptability:	Partnerships can be formed with community organizations that target women of cultural groups that are also served by WISEWOMAN.
Related Practices		Chapter II, Reach, Practice #7 Chapter II, Reach, Practice #8 Chapter II, Reach, Practice #9 Chapter V, Implementation, Practice #7 Chapter VI, Implementation, Practice #8
Contact Information		SEARHC WISEWOMAN Project Phone: 907-966-8710 (ask for WISEWOMAN Project Director)

**ACTION CHECKLIST:
MAINTENANCE—Sustaining WISEWOMAN**



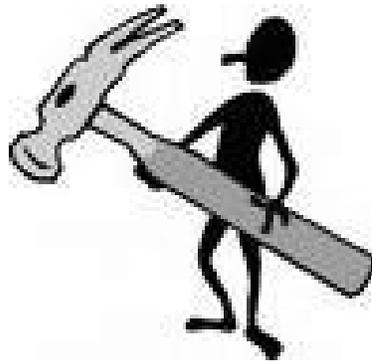
	Is the Project or Site Interested in Adopting this Strategy?
LONG-TERM PROGRAM PARTICIPATION	
1. Develop strategies to increase re-screening rates in local sites	
1A. Send multiple reminders to women about re-screening appointments	
1B. Use multiple modes of contact to reach women for re-screening	
2. Use incentives to encourage women to return for screening and intervention activities	
3. Develop practices that facilitate long-term participation in WISEWOMAN for interested women	
4. Update contact information for women during each visit or contact	
5. Institute a sense of belonging to the program through the use of membership cards that expire after 12 months	
6. Provide opportunities for WISEWOMAN involvement on an ongoing basis	
7. Distribute newsletters to all enrolled women	
8. Expand program services to meet additional needs of women	
LONG-TERM BEHAVIOR CHANGE	
9. Create strategies that focus on maintaining behavior change in women	
10. Use incentives to promote maintenance of behavior changes	
11. Link women to free or low-cost resources that support behavior change	
12. Offer women opportunities for support from themselves and others	
13. Conduct follow-up through telephone contact or e-mail	
14. Identify ways to maintain positive changes and further improve risk factors	
14A. Offer positive reinforcements for changes in risk factors	

	Is the Project or Site Interested in Adopting this Strategy?
14B. Compare screening results from one year to the next for a longer term perspective	
15. Identify resources to provide women access to needed medications	
LONG-TERM PROGRAM SUSTAINABILITY	
16. Increase the long-term sustainability of the WISEWOMAN program	
16A. Integrate the WISEWOMAN program into other programs and into clinic or hospital services	
16B. Develop partnerships for program sustainability	

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APPENDIX A:

SAMPLE TOOLS FROM SELECTED PROJECTS



	Name of Tool	Chapter and Practice in which Tool is Described	Page on which Tool Use is Illustrated
1	Recruitment brochures from Nebraska	Reach, Practice #1	12
2	WISEWOMAN brief negotiation tool	Effectiveness, Practice #5	37
3	Lifestyle intervention log and master key from Nebraska	Effectiveness, Practice #6	39
4	WISEWOMAN goal progress chart from Michigan	Effectiveness, Practice #7	40
5	Goal-setting form from SEARHC	Effectiveness, Practice #16, 17, 17A, 17B	47
6	Goal-tracking forms from Plymouth, Massachusetts	Effectiveness, Practice #16, 17, 17A, 17B	47
7	<i>Monthly Matters</i> newsletter from North Carolina	Adoption, Practice #10	75
8	Healthy lifestyle assessment from Michigan	Implementation, Practice #3	85

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What is Every Woman Matters?

Every Woman Matters is a program that can help you get your annual health check up. The program is for women 40 through 64 years of age, who have limited or no health insurance, and have a low or medium income.

Every Woman Matters pays for the following check ups:

- Pelvic exam with a Pap test
- Clinical breast exam
- Teaching of breast self exam
- Blood pressure check
- Cholesterol check
- Blood sugar (glucose) check
- Mammogram

Every Woman Matters also pays for other follow up tests including cervical and breast biopsies and other tests to diagnose breast and cervical cancer.

How do you qualify?

- Women 40 through 64 years of age
- Do not belong to an HMO (Health Maintenance Organization)
- Do not belong to Medicaid
- Do not belong to Medicare
- Have a low to medium income

Number of people in household	FREE	Suggested \$5 Donation
1.....	\$0 - \$ 9,570	\$ 9,571 - \$21,533
2.....	\$0 - \$12,830	\$12,831 - \$28,868
3.....	\$0 - \$16,090	\$16,091 - \$36,203
4.....	\$0 - \$19,350	\$19,351 - \$43,538
5.....	\$0 - \$22,610	\$22,611 - \$50,873
6 or more.....	call 1-800-532-2227	

*Effective July 1, 2005-June 30, 2006

How do you enroll?

You can enroll in Every Woman Matters by contacting the places listed below to receive an enrollment form:

- Calling Every Woman Matters at 1-800-532-2227.
- Contacting your local Outreach Worker if listed on the back of this brochure.
- Contacting a doctor's office or clinic. Many doctors and clinics are a part of Every Woman Matters. Ask your doctor or clinic to be sure.
- Calling the National Cancer Institute at 1-800-4-CANCER.

After you fill out the enrollment form, what should you do?

- Send it to Every Woman Matters at the address on the back of this brochure or give it to your local Outreach Worker. If you enroll at a doctor's office or clinic, they will take care of the paperwork.
- In a week to ten (10) days you will receive a Screening Card and a list of doctors and clinics and/or a letter welcoming you to the program.
- Choose a doctor or clinic off the list and make an appointment. When you make the appointment, tell the doctor or clinic that you are part of Every Woman Matters.
- Take your Screening Card with you to your exam.
- Every Woman Matters will notify you when it is time for your next annual check up.

**GET YOUR
CHECK-UP
TODAY!**

**Do it for
your
family...
do it for
yourself!**



You're Worth It!

A2

Myths & Facts

Myth: “I feel fine; I don’t need a check up.”

Fact: During your check up if you have high blood pressure or high cholesterol, it can be treated and/or you can change your lifestyle before it leads to heart disease. Also, by having tests that check for breast or cervical cancer regularly, cancer can be found early and treated.

Myth: “If I get my test once, I don’t need to go again next year.”

Fact: If you’ve already had one check up, that’s a terrific start. But once is not enough. Every woman age 40 and older should include annual check ups as part of her regular healthcare routine.

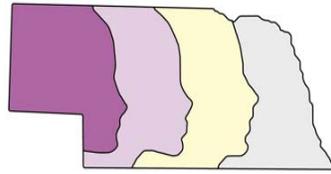
Myth: “There’s no history of breast cancer in my family, so I don’t need to worry about it.”

Fact: While a family history of the disease is a risk factor, 80% of people who develop breast cancer have no history or other known risk factors of the disease in their families. Regular mammograms and breast exams are the only way to find cancer early when it can be treated best.

Myth: “If I’m diagnosed with breast or cervical cancer, I can’t afford to pay for treatment.”

Fact: Every Woman Matters does not directly pay for treatment but if you are diagnosed with breast or cervical cancer through the program, you may be eligible for other programs to help pay for treatment services. Call Every Woman Matters to find out more.

Every Woman Matters



NEBRASKA OFFICE OF WOMEN’S HEALTH

NHHS-Office of Women’s Health
Every Woman Matters
301 Centennial Mall South
P.O. Box 94817
Lincoln, NE 68509-4817

Toll-Free: 800-532-2227
In Lincoln: 402-471-0929
Fax: 402-471-0913 or 402-742-2379

TDD: 1-800-833-7352

E-Mail: every.woman.matters@hhss.ne.gov

Website: www.hhss.ne.gov/womenshealth

Your local Outreach Worker is:

Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program Cooperative Agreement and the Well Integrated Screening and Evaluation for Women Across the Nation Cooperative Agreement with the Nebraska Department of Health and Human Services. #U57/CCU706734-06 and #U57/CCU7191-66

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



6-2005

Helping Women Live Healthier Lives



¿Qué es Cada Mujer Importa?

Cada Mujer Importa es un programa que la puede ayudar a hacerse sus chequeos de salud anuales. El programa es para mujeres entre 40 y 64 años de edad, que no tienen o que tienen seguro médico limitado, y que tienen ingreso medio a bajo.

Cada Mujer Importa paga por las siguientes pruebas de seguimiento:

- Examen Pélvico con prueba del Pap
- Examen clínico de los senos
- Clase de autoexaminación de los senos
- Chequeo de la presión de la sangre
- Chequeo del Colesterol
- Chequeo del azúcar en la sangre (glucosa)
- Mamograma

Cada Mujer Importa también paga por otras pruebas de seguimiento, incluyendo biopsias cervicales y de los senos y otras pruebas para diagnosticar cáncer cervical y de los senos.

¿Quién califica?

- Mujeres entre 40 y 64 años de edad
- Mujeres que no pertenecen a una HMO (Organización del Mantenimiento de la Salud)
- Mujeres que no tienen Medicaid
- Mujeres que no tienen Medicare
- Mujeres con salario medio a bajo

Número de personas en la vivienda	GRATIS	Se sugiere una Donación de \$5
1.....	\$0 - \$ 9,570	\$ 9,571 - \$21,533
2.....	\$0 - \$12,830	\$12,831 - \$28,868
3.....	\$0 - \$16,090	\$16,091 - \$36,203
4.....	\$0 - \$19,350	\$19,351 - \$43,538
5.....	\$0 - \$22,610	\$22,611 - \$50,873
6 o más.....	llame al 1-800-532-2227	

*Efectivo Julio 1, 2005-Junio 30, 2006

¿Cómo me enlisto?

Usted se puede enlistar en Cada Mujer Importa al contactar uno de los lugares enlistados a continuación para recibir una forma de enlistamiento:

- Llamando a Cada Mujer Importa al 1-800-532-2227.
- Contactando a la trabajadora social local si está enlistada al reverso de este boletín.
- Contactando a la oficina del doctor o clínica. Muchos doctores y clínicas son parte del programa Cada Mujer Importa. Asegúrese de preguntarle a su doctor o clínica.
- Llamando al Intituto Nacional del Cáncer al 1-800-4-CANCER.

Después de llenar la forma de enlistamiento, ¿Qué debe de hacer?

- Mándela a Cada Mujer Importa a la dirección al reverso de este boletín o entréguela a la trabajadora social local. Si usted se enlista en la oficina del doctor o clínica, ellos se encargarán de los trámites.
- Usted recibirá una Tarjeta de Exploraciones entre una semana y 10 días, una lista de doctores y clínicas y/o una carta de bienvenida al programa.
- Escoja un doctor o clínica de la lista y haga una cita. Cuando haga la cita, asegúrese de decirle al doctor que usted es parte del programa Cada Mujer Importa.
- Cuando se haga las pruebas, asegúrese de llevar su Tarjeta de Exploraciones con usted.
- Cada Mujer Importa le notificará cuando sea tiempo de su proximo chequeo anual.

**¡HÁGASE SU
CHEQUEO
HOY!**

**¡Hágalo por
su familia...
hágalo por
usted!**



¡Usted lo merece!

Mitos y Hechos

Mito: “Me siento bien; no necesito un chequeo.”

Hecho: Si durante su chequeo tiene la presión alta o alto colesterol, estos pueden ser tratados y/o usted puede cambiar su estilo de vida antes de que tenga enfermedades del corazón. También, al hacerse chequeos regulares contra cáncer cervical y de los senos, éste puede ser detectado y tratado a tiempo.

Mito: “Si me hago una prueba, no tengo que hacerla otra vez el año siguiente.”

Hecho: Si ya se ha realizado un chequeo, eso es una buena forma de comenzar. Pero no es suficiente. Todas las mujeres de 40 años y mayores deben de hacerse un chequeo anual como parte de su rutina de cuidado de la salud.

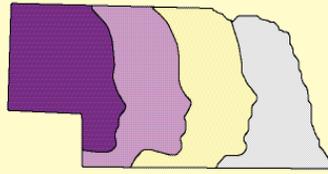
Mito: “No hay historial de cáncer en mi familia, así que no necesito preocuparme.”

Hecho: Mientras que el historial familiar de esta enfermedad es un factor de riesgo, 80% de las personas que tienen cáncer de los senos, no tienen historial o factores de riesgo conocidos de la enfermedad en su familia. Mamogramas regulares y exámenes de los senos es la única manera de encontrar el cáncer a tiempo, cuando puede ser tratado efectivamente.

Mito: “Si me diagnostican con cáncer cervical o de los senos, no puedo pagar el tratamiento.”

Hecho: Cada Mujer Importa no paga directamente por el tratamiento, pero si usted es diagnosticada a través del programa con cáncer cervical o de los senos, usted puede ser elegible para otros programas que pagarán por el tratamiento. Llame a Cada Mujer Importa para recibir mas información.

Every Woman Matters



NEBRASKA OFFICE OF WOMEN'S HEALTH

NHHS-Oficina de la Salud de la Mujer
Cada Mujer Importa
301 Centennial Mall South
P.O. Box 94817
Lincoln, NE 68509-4817

Línea Gratuita: 800-532-2227
En Lincoln: 402-471-0929
Fax: 402-471-0913 or 402-742-2379

TDD: 1-800-833-7352

E-Mail: every.woman.matters@hhss.ne.gov

Website: www.hhss.ne.gov/womenshealth

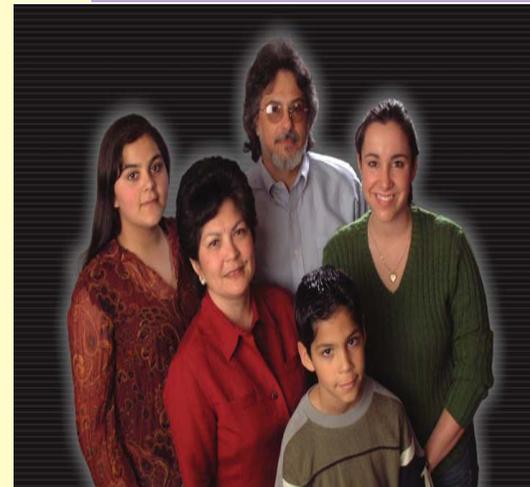
Su trabajadora social local es:

Los fondos para este proyecto fueron provistos a través del Centro de Control y Prevención de Enfermedades y el Programa de Detección Temprana de Cáncer Cervical y de los Senos junto con los Acuerdos de la Cooperativa y la Exploración bien Integrada y Evaluación de Mujeres a lo largo de la Nación junto con los Acuerdos de la Cooperativa con el Departamento de Salud y Servicios Humanos de Nebraska. #U57/CCU706734-06 and #U57/CCU7191-66
NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

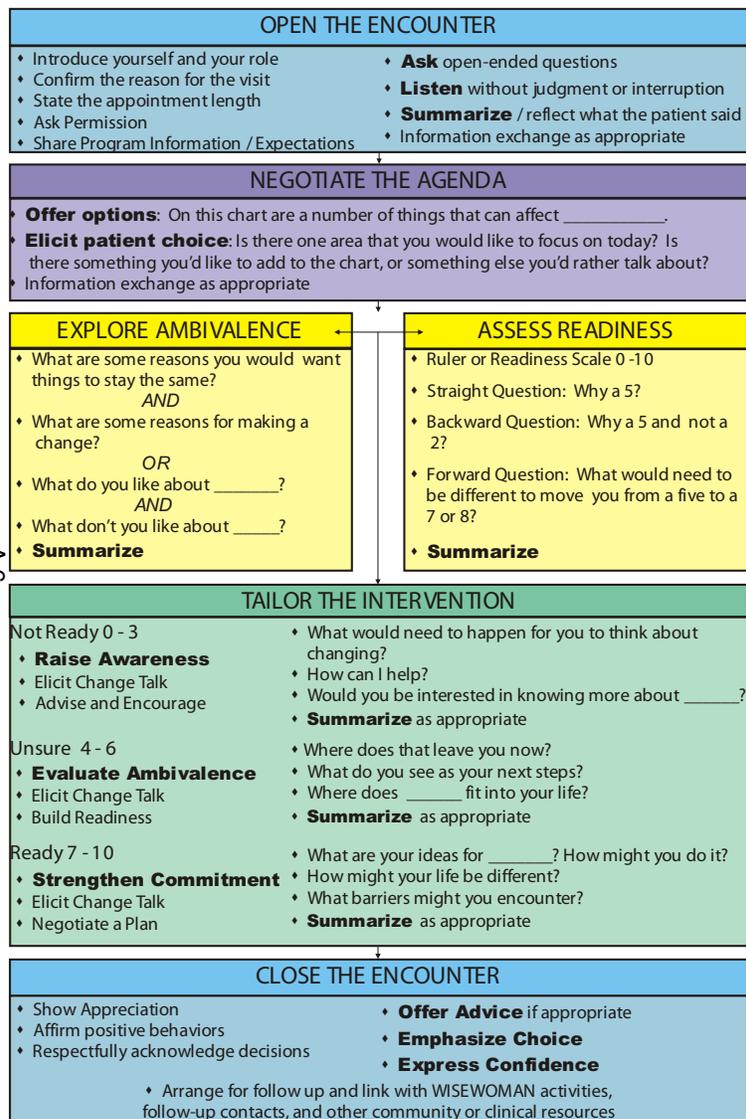


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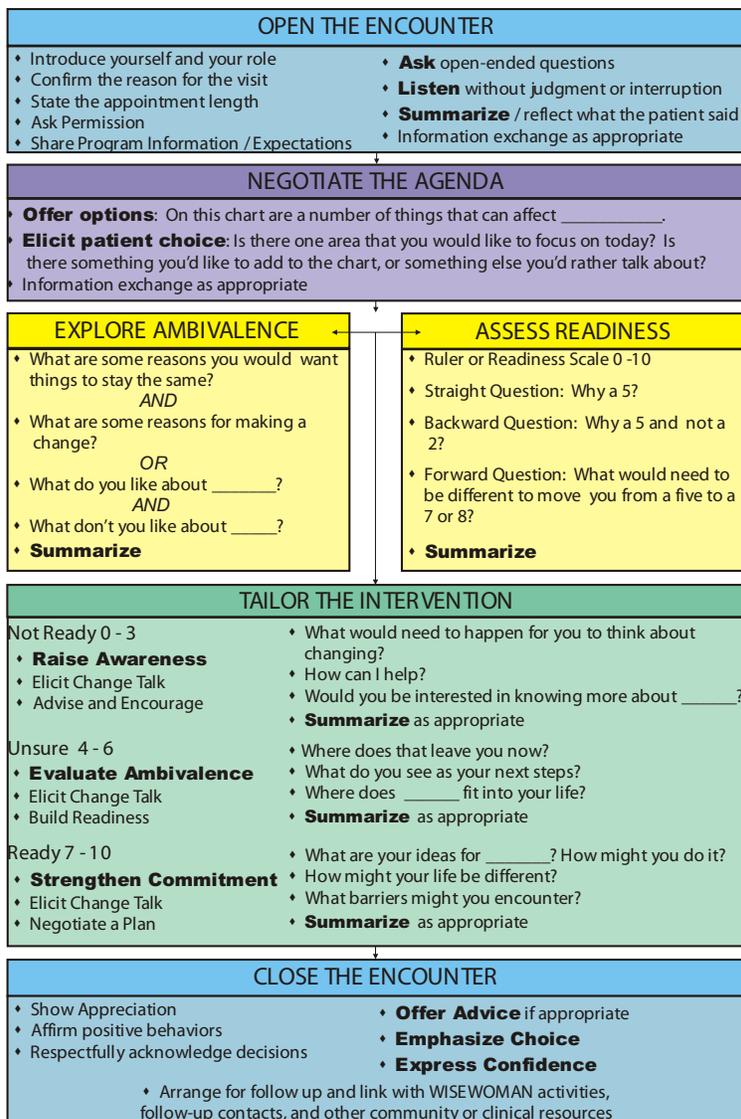
*Ayudando
Mujeres a
Vivir
Vidas
Saludables*



WISEWOMAN Brief Negotiation Roadmap



WISEWOMAN Brief Negotiation Roadmap



A6

INFORMATION EXCHANGE

Empathic • Supportive of Self-Efficacy • Non-Judgmental • Collaborative • Clear and Succinct

Providing Education

- Ask permission
- Assess current knowledge
- Avoid overwhelming patient with too much information
- Check in frequently for understanding
- Ask for return demonstration

Sharing Clinical Results

- Ask permission
- Check patient's understanding of the test
- Compare results to norms
- Check in frequently for understanding
- Ask for patient's interpretation

Sample: "Your test results are _____."
 "The standard for this test is _____."
 "What do you make of this information?"

Offering Advice

- Give advice only if:
- Patient asks
 - You ask permission
 - You are professionally bound

Sample Advice Statement

As a health care provider, I strongly encourage you to quit smoking. From my perspective this is the single most important thing you can do for your health. Of course, deciding to quit is your choice. I am confident that should you decide to quit, you will find the method that works best for you.

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CONFIDENCE STATEMENT

Genuine • Succinct • Realistic • Supportive of Self-Efficacy

Confidence statements are based on knowledge that: 1) All people have the capacity to make health behavior change and 2) When they are truly ready to change, they will find a way.

Caution! Avoid the following:

- Promoting the unachievable or unrealistic expectations.
- Embedding a judgment, such as confidence that a client will make the 'right' choice.
- Promoting the clinician's agenda without regard for the client's expressed goals.
- Offering an expression that is not genuine.

Sample Confidence Statements

- I am confident that should you decide to begin _____ on a regular basis, you will develop a plan that works for you.
- I feel certain that if you choose to _____, you will find a way to make it happen.
- From our conversation today, it is clear that if you decide to _____, you will be able to create an approach that is effective for you.
- I am confident that your _____ (enthusiasm, determination, success with other lifestyle changes...) will be of great value as you begin to work on this plan.
- I feel very positive that if you choose to _____, you will formulate a strategy that is practical for you.

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Every Woman Matters

Lifestyle Intervention Log

Master Key

Interventions:

Combination of materials, activities, and support to make positive behavior changes.

- **ABC’s For Good Health Community Class-** Four-week series class offered by Cooperative Extension arranged in partnership with community based outreach. Class integrates educational materials, interactive activities, and goal setting primarily in the areas of nutrition and physical activity, but can incorporate other special health messages as deemed by Office of Women’s Health and Cooperative Extension.
- **ABC’s Individual Self-Study-** Series of five booklets developed by the Every Woman Matters Program, incorporating nutrition, physical activity and other appropriate health messages. Goal setting, walking logs, and pedometers are also a part of these booklets. Booklets are mailed on a monthly basis for six months to clients in conjunction with follow-up calls from community based outreach.

Client Contact Overview:

Tracking tool utilized to assess overall client integration of lifestyle interventions, taking note of individual, environmental, and societal challenges.

- **Barrier-** Anything identified as an obstacle for the client that would prevent or make it difficult for the client to participate in a lifestyle intervention, or continue to make progress toward goals set forth accordingly.
- **Plan-** Activities performed or plans developed on behalf of or in conjunction with the client to assist in referring, supporting, and encouraging lifestyle interventions.
- **Outcome-** End result of the plan or activity performed to refer, support, encourage, or motivate client to make and continue progress toward lifestyle change.

Overview Options: *Corresponding number should be placed accordingly on Intervention Log.*

<u>Barriers</u>	<u>Plans/Activities</u>	<u>Outcomes</u>
<ol style="list-style-type: none"> 1. Accident 2. Anger 3. Childcare 4. Co-morbidities (Several Illnesses) 5. Contemplation Stage 6. Cost 7. Cultural Issues 8. Domestic Abuse 9. Embarrassment 10. Family care adults 14. Lack of Understanding 15. Lack of Family Support 16. Language 17. No Barriers Assessed 18. Precontemplation Stage 22. Time 23. Transportation 24. Unknown 	<ol style="list-style-type: none"> 1. Arrange for care of dependents 2. Arrange for translation 3. Arrange for transportation 4. Assess stage of change 5. Deliver education via phone 6. Deliver encouragement and support 7. Intervention and goal setting 8. Mail educational information 9. Review/discuss options for lifestyle intervention 	<ol style="list-style-type: none"> 1. Childcare/Family care arranged 2. Health Risk Appraisal mailed to client 3. Health Risk Appraisal completed 4. Intervention and goal setting completed 5. Lesson 1 and pedometer mailed to client 6. Lesson 2 mailed to client 7. Lesson 3 mailed to client 8. Lesson 4 mailed to client 9. Lesson 5 mailed to client 10. Non-receptive to intervention manager calls 11. Not participating due to client scheduling 12. Not participating due to intervention schedule 13. Not participating due to lack of interest 14. Participating in Self-Study 15. Participating in Community Based ABC Class 16. Participating in other exercise intervention 17. Participating in other nutrition intervention 18. Receptive to intervention manager calls 19. Refusal to participate in any intervention

Every Woman Matters

Lifestyle Intervention Log

Master Key

Stages of Change: *Theoretical and systematic approach that shows for most persons, a change in behavior occurs gradually, with the client moving from uninterested in making a change through making a change.*

- **Precontemplation Stage-** Clients do not even consider changing. Clients will feel “immune” to health problems that strike others, be “in denial” or clients who have tried to make a behavior change in the past may have simply given up.
- **Contemplation Stage-** Clients are ambivalent about changing. Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain. Clients often assess the barriers (time, fear, expense) and the benefits of change.
- **Preparation Stage-** Clients prepare to make a specific change. May experiment with small changes and their determination to change increases. Ex: Sampling of low-fat foods may be experimentation with a move toward greater modification.
- **Action Stage-** Taking a definitive action to change. Any action taken should be praised because it demonstrates the desire for lifestyle change.
- **Maintenance-** Maintaining a new behavior over time. Discouragement over occasional “slips” may halt the change process, and result in the client giving up.
- **Relapse-** Experiencing normal part of process of change. Usually feels demoralized. Clients will find themselves “recycling” through the stages of change several times until the change becomes truly established.

Outreach Strategies & Talking Points:

- **Precontemplation Stage-** Goal: Client will begin thinking about change.
 - Use relationship building skills
 - Personalize risk factors
 - Rather than using scare tactics, express your care/concern.
 - Use teachable moments (the symptoms as message)
 - Educate in small bits, repeatedly, over time.
 - “What would have to happen for you to know that this is a challenge?”
 - What warning signs would let you know that this is a problem?”
 - “Have you tried to make positive progress in the past?”
- **Contemplation Stage-** Goal: Client will examine benefits and barriers to change.
 - Elicit from the client reasons to change and the consequences of not changing.
 - Explore ambivalence, praise client for considering the difficulties of change.
 - Question possible solutions for one challenge at a time.
 - Pose advice as gently as “a solution that has been effective for some clients and might be adaptable for you” to avoid natural resistance.
 - “Why do you want to change at this time?”
 - “What would keep you from changing at this time?”
 - “What are the barriers today that keep you from change?”
 - “What might help you with that aspect?”
 - “What things have helped in the past?”
 - “What would help you at this time?”
- **Preparation Stage-** Goal: Client will discover elements necessary for decisive action.
 - Encourage clients efforts
 - Ask which strategies the patient has decided on for challenges/barriers.
 - Help client to set SMART goals- Specific, Measurable, Achievable, Relevant, and Time-Focused. “I will establish a pattern of regular exercise by walking one mile, four times each week, for the next month”.
- **Action Stage-** Goal: Client will take decisive action
 - Reinforce decision
 - Delight in even small successes
 - View problems as helpful information
 - Ask what else is needed for success.
- **Maintenance Stage-** Goal: Client will incorporate change into daily lifestyle
 - Continue reinforcement
 - Ask what strategies have been helpful and what situations problematic
- **Relapse Stage-** Goal: Learn from temporary success and re-engage client in the change process
 - Reframe “failure” to “successful for awhile plus new lessons” for continued success.
 - Remind client that change is a process, and that most people “recycle”.

Every Woman Matters
Intervention Management Log

Client Information:

Name: _____ Date of Birth: _____ Cycle Number: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Alt. Phone Number: _____

Initial Contact: _____ Interventionist/Region : _____

Date: _____ Phone, Response to Mailing,
One-to-One Visit

Client Contact Overview:
Barrier: _____
Plan: _____
Outcome: _____

Intervention:

- ABC's Community Class
Confirmed Class Dates/Location: _____
Reminder Call/Card Sent: _____
- ABC's Individual Self-Study
Date Lesson # 1 Notice to Office: _____
- Intervention Management Calls Only
Reason: _____

Is It A Client Contact?

- Has an intervention choice been made?
- Are Community Class dates noted?
- Has the Stage of Change Questionnaire been completed or returned? **MUST BE COMPLETED BEFORE MOVING TO MONTH 2.**

Stages of Change: Date Received: _____

Nutrition: _____ Physical Activity: _____

Smoking: Question #1: _____ Follow-Up #1: _____ #2: _____

Cessation Information Mailed: Y or N

Arthritis: Yes ___ No ___ Circle Type: Arthritis, Rheumatoid Arthritis, Fibromyalgia

Follow-Up #1: _____ #2: _____ #3: _____ #4: _____

Refused. Reason Given: _____

No Response to Attempts Moved Lost Contact

Date/Time of Phone Attempts: 1. _____ 2. _____ 3. _____

Date of Mailed Attempts: 1. _____ 2. _____

Next Contact : _____

Month 2:

Date: _____ Phone, Response to Mailing,
One-to-One Visit

Client Contact Overview:
Barrier: _____
Plan: _____
Outcome: _____

Intervention:

- ABC's Community Class
Classes Completed: Y or N Dates: _____
Attendance Confirmed With Extension: Y or N
Upcoming Class Date Reminder Card Sent/Call Made: _____
- ABC's Individual Self-Study
Confirmation of Lesson # 1 Received: Y
Date Lesson # 2 Notice to Office: _____
- Intervention Management Calls Only
Goals Set: _____

Is It A Client Contact?

- Did they attend class? When is the next date they will attend if they did not attend.
- Did they receive the self-study materials? Have you sent Lesson # 2 request to EWM?

Next Contact: _____

Client Name: _____ Phone Number: _____ Date of Birth: _____

Month 3:

Date: _____ Phone, Response to Mailing,
One-to-One Visit

Client Contact Overview:

Barrier: _____

Plan: _____

Outcome: _____

Intervention:

___ ABC's Community Class

Classes Completed: Y or N Dates: _____

Attendance Confirmed With Extension: Y or N

Upcoming Class Date Reminder Card Sent/Call Made: _____

___ ABC's Individual Self-Study

Confirmation of Lesson # 2 Received: Y

Date Lesson # 3 Notice to Office: _____

___ Intervention Management Calls Only

Goals Set: _____

Next Contact: _____

Is It A Client Contact?

- Did they attend class? When is the next date they will attend if they did not attend.
- Did they receive the self-study materials? Have you sent Lesson # 3 request to EWM?

Month 4:

Date: _____ Phone, Response to Mailing,
One-to-One Visit

Client Contact Overview:

Barrier: _____

Plan: _____

Outcome: _____

Intervention:

___ ABC's Community Class

Classes Completed: Y or N Dates: _____

Goals Discussed and Set: Y or N

___ ABC's Individual Self-Study

Confirmation of Lesson # 3 Received: Y

Date Lesson # 4 Notice to Office: _____

___ Intervention Management Calls Only

Goals Set: _____

Next Contact: _____

Is It A Client Contact?

- Did they attend class? Have they set goals?
- Are they using the pedometer?
- Did they receive the self-study materials? Have you sent Lesson # 4 request to EWM?

Month 5:

Date: _____ Phone, Response to Mailing,
One-to-One Visit

Client Contact Overview:

Barrier: _____

Plan: _____

Outcome: _____

Intervention:

___ ABC's Community Class

Goals Discussed and Set: Y or N

___ ABC's Individual Self-Study

Confirmation of Lesson # 4 Received: Y

Final Lesson, # 5 Notice to Office: _____

___ Intervention Management Calls Only

Goals Set: _____

Next Contact: _____

Is It A Client Contact?

- Are they setting and discussing goals?
- Did they receive the self-study materials? Have you sent Lesson # 5 request to EWM?

Every Woman Matters
Intervention Management Log

Client Information:

Name: _____ Date of Birth: _____ Cycle Number: _____

Address: _____ City: _____ Zip: _____ Phone Number: _____

Final Formal Intervention Management Contact:

Date: _____ Phone, Response to Mailing,
One-to-One Visit

Client Contact Overview:

Barrier: _____

Plan: _____

Outcome: _____

Intervention:

____ ABC's Community Class

Class Completed Y or N

Would Attend Again? Y or N

Location and Instructor: _____

____ ABC's Individual Self-Study

Received All 5 Self-Study Booklets Y or N

Has Sent Back Survey Postcards From Each Booklet Y or N

Would Like To Receive More Health Related Information In Mail Y or N

Intervention Management Calls Only

Goals Set: _____

Were Goals Attained Most Months? Y or N

Future Health Related Goals Set By Client: _____

Client has participated in additional activities related to improving their health during this time. Y or N

Circle all that apply: Walking Group Cooking Classes/Club Tobacco Cessation

Other: _____

Stages of Change:

Nutrition: _____ Physical Activity: _____

Smoking: Question #1: _____ Follow-Up #1: _____ #2: _____

Cessation Information Mailed: Y or N

Arthritis: Yes ___ No ___ Circle Type: Arthritis, Rheumatoid Arthritis, Fibromyalgia

Follow-Up #1: _____ #2: _____ #3: _____ #4: _____

Is Your Final Contact Complete?

- *Is the Stages of Change Questionnaire Complete? MUST BE COMPLETED.*
- *Have you confirmed all mailing and contact information with the Client so they can receive their re-screening packet and card?*
- *Has the Client been offered information on community resources related to good nutrition and increasing physical activity? (ie: upcoming cooking classes, walking group info., resource guide, etc.)*



WISEWOMAN Goal Progress Chart

Use this Goal Progress Chart to track your progress toward meeting your healthy lifestyle goals.

- ♥ Write the nutrition, physical activity and/or smoking cessation goals you have chosen in the **Personal Goals Section** below.
- ♥ Post this **Goal Progress Chart** on your refrigerator or somewhere you will see it daily.
- ♥ On the weekly calendar below, check the box for each day you meet your goals.
- ♥ At the end of the week, celebrate the progress you've made toward reaching your goals!
- ♥ Strive to have more check marks each week.
- ♥ Lifestyle changes take time. Be patient with yourself.
- ♥ Reward yourself for progress made!
- ♥ **The most important reason to have a healthy lifestyle is YOU!**

Personal Goals

Goal 1 _____

Goal 2 _____

Week 1	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 5	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 2	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 6	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 3	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 7	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 4	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

Week 8	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Goal 1							
Goal 2							

What is One Serving?

Fruits or Vegetables

- ♥ ½ cup fresh, canned or frozen fruits or vegetables
- ♥ 1 cup raw leafy green vegetables
- ♥ 1 medium piece of fruit or vegetable
- ♥ ¾ cup 100% fruit or vegetable juice
- ♥ ¼ cup dried fruit

Dairy Products

- ♥ 1 cup milk, low-fat or nonfat suggested
- ♥ 1 cup yogurt, low-fat or nonfat suggested
- ♥ 1½ ounces cheese, reduced fat or non-fat suggested

Grains & Grain Products

- ♥ ½ cup cooked cereal, rice or pasta
- ♥ About 1 cup ready-to-eat cereal
- ♥ 1 slice bread, whole wheat suggested
- ♥ ½ bagel, ½ English muffin or ½ hamburger bun
- ♥ 6 saltine-size crackers
- ♥ 3 large crackers
- ♥ 2 cups air-popped popcorn



WISEWOMAN
Yaa Kudzigéiyi Shaawát
Part of the SEARHC Family

My Goals as a WISEWOMAN

Name _____ Date _____

Keys to goal success:

****Be positive**Take responsibility for your health**Find creative ways to stay motivated**

Two goals from what I learned today are:

Simple steps to achieve my goals are:

My supportive partner will be: _____

Barriers to my goals are: _____

Ways to overcome my barriers are: _____

My reward will be: _____

Yes! Please have WISEWOMAN staff follow up with me at this time _____ to see how I am doing with my goals:

phone number _____ or email _____



WOMEN'S HEALTH NETWORK

5-A-Day Fruits and Vegetables Diary

Last Name:	First Name:
------------	-------------

Using the PACE Guideline “Focus on Fiber, Fruits & Vegetables,” record your daily intake of fruits and vegetables for one month, on the back of this form. The goal is at least 5 servings a day. Below is an enlarged sample of the check off sheet.

Take the 5 A Day Challenge!

It's easy to eat 5 or more servings of fruits and vegetables a day.
Just enter a check mark each time you eat one serving. Find out if you eat 5 A Day every day!

What is a Serving?

1 Serving=

- 1 medium-size fruit
- 3/4 cup (6 oz.) of 100 percent fruit or vegetable juice
- 1/2 cup fresh, frozen, or canned fruit (in 100 percent juice) or vegetables
- 1 cup raw leafy vegetables
- 1/2 cup cooked dry peas or beans
- 1/4 cup dried fruit



EAT 5 A DAY
for better health

		D A Y S						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SERVINGS	1							
	2							
	3							
	4							
	5							

Count up your servings every day and you'll be on your way to 5 A Day!

© Produce for Better Health Foundation, <http://www.5aday.com>, 302-235-ADAY (2329)

****** You must return this diary in the envelope provided as soon as it is completed. Once it has been received, we will send you a lunch bag so that you can continue your lifestyle changes.**

WEEK ONE

Take the 5 A Day Challenge!

It's easy to eat 5 or more servings of fruits and vegetables a day.

Just enter a check mark each time you eat one serving. Find out if you eat 5 A Day every day!

		D A Y S						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SERVINGS	1							
	2							
	3							
	4							
	5							

What is a Serving?

1 Serving=

- 1 medium-size fruit
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- 1/4 cup dried fruit



Count up your servings every day and you'll be on your way to 5 A Day!

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WEEK THREE

Take the 5 A Day Challenge!

It's easy to eat 5 or more servings of fruits and vegetables a day.

Just enter a check mark each time you eat one serving. Find out if you eat 5 A Day every day!

		D A Y S						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SERVINGS	1							
	2							
	3							
	4							
	5							

What is a Serving?

1 Serving=

- 1 medium-size fruit
- 3/4 cup (6 oz.) of 100 percent fruit or vegetable juice
- 1/2 cup fresh, frozen, or canned fruit (in 100 percent juice) or vegetables
- 1 cup raw leafy vegetables
- 1/2 cup cooked dry peas or beans
- 1/4 cup dried fruit



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WEEK TWO

Take the 5 A Day Challenge!

It's easy to eat 5 or more servings of fruits and vegetables a day.

Just enter a check mark each time you eat one serving. Find out if you eat 5 A Day every day!

		D A Y S						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SERVINGS	1							
	2							
	3							
	4							
	5							

What is a Serving?

1 Serving=

- 1 medium-size fruit
- 3/4 cup (6 oz.) of 100 percent fruit or vegetable juice
- 1/2 cup fresh, frozen, or canned fruit (in 100 percent juice) or vegetables
- 1 cup raw leafy vegetables
- 1/2 cup cooked dry peas or beans
- 1/4 cup dried fruit



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WEEK FOUR

Take the 5 A Day Challenge!

It's easy to eat 5 or more servings of fruits and vegetables a day.

Just enter a check mark each time you eat one serving. Find out if you eat 5 A Day every day!

		D A Y S						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SERVINGS	1							
	2							
	3							
	4							
	5							

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		D A Y S						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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WOMEN'S HEALTH NETWORK

Low-Fat Food Diary

Last Name:	First Name:
------------	-------------

Using the PACE Guideline “Trimming the Fat,” record one good choice you’ve made per day on the chart below. Try to make at least one good choice every 3 days.

Date	Type of Choice	Comments
7/1/04 <i>example</i>	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input checked="" type="checkbox"/> Ate lean	Chose skim milk in my coffee
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	
	<input type="checkbox"/> Shopped lean <input type="checkbox"/> Cooked lean <input type="checkbox"/> Ate lean	

****** You must return this diary in the envelope provided as soon as it is completed. Once it has been received, we will send you a Women’s Health Network lunch bag. Buy using this bag, we hope you will continue to make healthy lifestyle choices.**

Monthly Matters

June 2005

Cancer Branch Cruises toward Success at Annual Update

The Annual Update Conference, held at the Sundance Plaza Hotel and Suites in Winston-Salem April 27-29, was one to remember. The theme of the conference this year, *Cruising Toward Success*, was well received. Conference presentations received high ratings and provided information on a wide variety of topics to inspire interest for all disciplines. Because of your good work, and with grateful thanks to all of you, Cancer Prevention and Control Branch services have been successful in offering thousands of N.C. women screening and treatment services for breast and cervical cancer, high blood pressure, diabetes, and elevated cholesterol. The Cancer Prevention and Control Branch continues to grow and looks forward to expanding education and screening for other types of cancer.

The first destination of our cruise was the *Welcome Aboard!* reception on April 27. Many enjoyed the food and games but all enjoyed the opportunity to network with others, meet new people and relax from their long drives. Cruise photos were offered during the reception and throughout the conference to share with those families and co-workers at home. Even those who elected not to have a photo taken received a photo frame engraved with "You have made a difference in many lives" as a special thank-you from the Cancer Branch. We can never thank you enough for the work you do for others. As we tell you every year, "North Carolina women have better lives because of the work you do!"

As the cruise ship got under way on Thursday morning Dianah Bradshaw opened the conference with a brief introduction to the Chronic Disease Collaborative, urging participants to stay tuned for more information as the Collaborative expands. Janet Reaves, Chronic Disease

Prevention and Control Manager, was unable to join us for the conference due to a recent car accident. (Janet and her daughter are slowly recovering from the accident. Janet sends a special "Thank You" to the conference attendees for the cards, kind words and prayers.)

Dr. Merle Mishel shared information about situations of patient uncertainty created by breast and prostate cancer tests, diagnoses and treatments. She shared strategies for patients to use to reduce uncertainty and fuel positive outcomes from the cancer experience. She shared the results of her research on uncertainty management intervention and offered information to support and manage patients with cancer and chronic illness. Dr. Mishel's research will soon be published in many scientific journals.

Partners from the Chronic Disease and Injury Section and the American Cancer Society came aboard to share information about their agency's programs and services to stimulate interest in partnerships and collaboration. Dr. Elizabeth Randall-David provided additional insight into working effectively with partners and joined the regional breakout sessions in the afternoon. In the breakout sessions, many state programs and local resource agency representatives shared creative and innovative resources for recruitment, education and outreach.

As cruise members enjoyed their lunch, Caroline Guthrie, breast cancer survivor, delightfully shared her experience in dealing with breast cancer treatment and recovery with a presentation she called *A Funny Thing Happened On the Way to Recovery*. Caroline's humorous insight into a serious subject received excellent evaluation scores, and a standing ovation. Our good thoughts for her continued remission go with her.

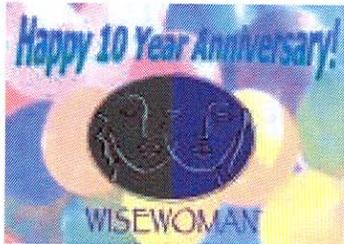
Crew members ended their first day aboard with presentations from Dr. Sandra Schultz and Dr. Deborah Porterfield. Dr. Schultz, a surgeon from Gastonia, shared

Continued on next page...



breast cancer treatment goals and treatment regimens with tremendous and thoughtful compassion. During conversations later, participants and program staff agreed that Dr. Schultz portrayed the true healing and caring characteristics that all seek in a healthcare provider and surgeon. The Cancer Branch's own Dr. Deborah Porterfield, though experiencing labor contractions earlier in the day, drove to Winston-Salem to share her interesting research data on cervical cancer in North Carolina. Dr. Porterfield's data shows that declines in cervical cancer incidence and mortality in North Carolina parallel national trends. African American women continue to be diagnosed at a later stage and older women continue to have the lowest screening rates. Efforts to target these women remain a priority for the BCCCP. At the end of the day, crew members disembarked to take advantage of the free tour of Wake Forest University Baptist Medical Center's state of the art mammography center or enjoy the sites of Winston-Salem.

On Friday, the cruise set sail with program updates from BCCM, BCCCP, WISEWOMAN and Comprehensive Cancer followed by a preview of the 2006-2011 Comprehensive Cancer Plan and the future distribution process of the plan. Mary Rachui, Women's Health Educator from Presbyterian Hospital, shared a cardiovascular update that included risk factors for women and ideas to promote heart health in women. Promoting heart health means raising awareness about basic health with every contact, developing and promoting community programs, publishing newsletters, and partnering with local businesses to include *Go Red for Women* promotions. At the close of the presentation, the WISEWOMAN Project celebrated its 10th Anniversary with a special ceremony and photo with local project coordinators.



Crew members had an opportunity to attend three out of five breakout sessions while aboard on Friday. Local coordinators provided information on *Successful Pink Ribbon Campaign Ideas* and *Recruitment on a Shoestring Budget*. Thanks to staff from Mitchell, Wayne, and Wake County for presenting. Other presentations included information on *The Sister Study* and *Starting the Conversation Tools*, which included education on physical activity, nutrition and smoking. One session targeted information for

WISEWOMAN coordinators, *New WISEWOMAN Resources and Information*. Through a partnership with the American Heart Association (AHA), WISEWOMAN was able to provide each coordinator with the AHA Physicians Toolkit to help promote updated prevention and treatment guidelines. Updated data forms and a new Case Management form to be implemented in July were also previewed. WISEWOMAN Coordinators who were unable to attend should contact their regional consultant for details about the session.

The conference closed with an interesting skit, *Hats Off to Breast Cancer Myths*, performed by staff from the Cancer Prevention and Control Branch staff. This skit was developed by Ann Giddens and shared at the 2004 Avon Breast Cancer Foundation conference in Washington, DC. Patricia Peele, M.A.Ed, from the Rural Health Center in Halifax County revised the information to share at the Update. The last hat, Prayerful Patty, was not in the original script but added by the request from one of the African American Task Force volunteers in Halifax County who is a breast cancer survivor and minister's wife. The purpose of the skit is to dispel myths associated with mammograms and breast cancer. This educational tool can be entertaining and educational and could be revised to meet a variety of needs. The information package was shared at the close of the Update. If you would like a copy, please contact Betty Cox at (919) 715-3102 or ask your regional nurse consultant.

Overall, the 2005 Update was a great success. The presenters, food, hotel staff, and service were rated high by participants. The reception, cruise theme, and photos were highlights from the conference. The Cancer Prevention and Control Branch staff apologizes for any inconvenience related to hotel renovations. As most of you are aware, conference planning begins a year prior to the event. Circumstances beyond our control caused the hotel renovations to be incomplete, which lead to an inconvenience for some rather than the newly renovated environment that was originally planned. Please accept our apologies if you were inconvenienced in any way. The Cancer Prevention and Control Branch strives to make every Update better than the last. The Update Planning Committee makes every effort to review your annual evaluations to make your annual educational experience comfortable, affordable, and fun. If you have not turned in your Recruitment / Intervention Outreach Survey, please fax it to (919) 715-3153.



New Public Education Materials on the Way

Mailings

- You will likely receive more than one shipment of education materials. The packing slip shows all of the materials you should receive. Keep the packing slip to verify that you have received all of your materials.

Quantity

- The quantity (QTY.) listed on this packing slip is the number of packages of each item you will receive. To calculate the number of items, multiply the QTY times the number of items per package listed in the description.
- Quantities were calculated based on the number of materials your agency was sent last fiscal year and the number of women contracted to screen this fiscal year.

2005-2006 Materials for BCCCP Patients

- ***Women Staying Healthy, Active, and Well*** booklet in English and Spanish. Reprinted from 2004. A patient education booklet that contains information on breast, cervical and other cancers; instruction on breast self-exam technique; and heart health information. Contains general BCCCP and WiseWoman eligibility information and has a place in the back to record appointment dates.
- ***Make Early Detection a Habit for Life!*** Bookmark. English on one side, Spanish on the other. These bookmarks replace the handbills and “share the good news” cards from last year, and contain the current 2005 income guidelines. Please discontinue using handbills that have old income guidelines on them.
- ***Appointment Card***. Reprint from 2004. English on one side, Spanish on the other. Send to clients to remind them of their need for regular screenings.
- ***Survey Phone Cards***. Reprint from 2004. Please give these to every client that is enrolled in BCCCP. If we see adequate use of these in local BCCCP agencies, the survey on these cards could replace the Marketing Campaign Report (MCR) and allow us to eliminate that form. Give the card to the woman at her screening appointment and encourage her to answer the anonymous, quick survey to be able to use her 15 minutes of free long-distance call time.
- ***ID Wallets***. Reprint from 2004. Give these to your BCCCP clients with the phone card as an incentive for having regular cancer screenings.
- ***Pink Ribbon Magnets***. Promotional items to use throughout the year or for Pink Ribbon Campaign.
- ***Pink Ribbon Pins***. Promotional items to use throughout the year or for Pink Ribbon Campaign.

Welcoming New Employees

Please join us in welcoming two new employees to the Cancer Prevention and Control Branch. Brent Chattin, B.A., will be filling the Director of Services and Contracts position, which coordinates all contracts with the Cancer Prevention and Control Branch. He develops budgets in conjunction with Program Management, maintains financial records for the branch, coordinates grant proposals to the CDC, maintains communication with human resources and the budget office, and expedites purchasing requests. Brent's office number is (919) 715-0119 if you have questions about contracts or financial matters.

Janet Dail is filling the position that manages the Cancer Assistance Program and assists the Director of Services and Contracts. Her office number is (919) 715-3369. There is also a toll free number, 1-800-715-3370, for patients and providers needing information on the Cancer Assistance Program.

*We're
Moving*

The Cancer Prevention and Control Branch will be moving to a new location with the Division of Public Health this summer. Our new office will be located at 5505 Six Forks Road, Raleigh, NC 27609. We will also have a new courier address, phone numbers, and fax numbers as a result of this move. Please look for important information about these changes in the near future. We are already working diligently to make sure there is a smooth transition to our new location that will cause as little disruption to services as possible.



WISEWOMAN Healthy Lifestyle Assessment

Date _____

Agency Name		MBCIS ID	
Last Name	First Name	Middle Initial	Birth Date

Please check **ONE** answer for each question.

- In a regular day, how often do you eat **fruits and vegetables**? (Includes fresh, canned or frozen.
Examples: carrots, potatoes, broccoli, squash, apples, oranges, bananas, peaches)
 None 1-2 times 3-4 times 5-6 times 7-8 times More than 8
- In a regular day, how often do you eat **dairy products**? (Examples: milk, yogurt, cheese, cottage cheese)
 None 1 time 2 times 3 times More than 3
 - When you eat dairy products, what type of dairy products do you most often use?
 N/A Unsure Whole or 2% Low-fat (1% or ½%) Non-fat or Fat-free
- In a regular day, how often do you eat **grains and grain products**? (Examples: bread, cereal, rice, noodles/pasta, bagels, crackers, muffins)
 None 1-2 times 3-4 times 5-6 times 7-8 times More than 8
 - When you eat grains and grain products, how many are **whole grains**? (Examples: brown rice, whole wheat bread, oatmeal, all bran cereal)
 N/A Unsure None 1 2 3 More than 3
- In a regular week, how many days do you take part in **planned physical activity**? (Examples: walking, gardening, dancing, jogging, bike riding or anything that makes your heart beat faster)
 None 1-2 days 3-4 days 5-7 days
 - On days when you take part in planned physical activity, how much **total** time do you spend in this activity?
 N/A None Less than 10 min. 10-20 min. 20-30 min. More than 30 min.
- Do you now smoke cigarettes?
 Every day (#/day_____) Some days (#/day_____) Not at all Quit Date_____

Read each statement on the left, then check the **ONE** box that best describes how you feel today:

	I am not interested	I am a little interested in finding out more	I am very interested in doing this	I have been trying to do this recently	I already do this all the time
I am interested in:	1	2	3	4	5
Eating one to two fruits and vegetables each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating one to two low-fat or fat free dairy products each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating one to two whole grain products each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing ten minutes of physical activity, five to seven days per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking. (If you do not smoke, check here <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B:

DESCRIPTIONS OF PROJECTS INCLUDED IN DATA-COLLECTION PROJECT

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Massachusetts WISEWOMAN Project and Lifestyle Intervention

Project Description

The Massachusetts project is operated by the state department of public health. The Massachusetts project was one of the initial WISEWOMAN projects and first received funding in 1995. In 1998, the Massachusetts project formed the Women's Health Network to offer comprehensive services to women participating in BCCEDP and WISEWOMAN by connecting them to primary care facilities. At the time of data collection (FY 2005), the Massachusetts project had contracted with 26 providers to deliver BCCEDP services; 7 of the 26 also provided WISEWOMAN screening and lifestyle intervention services. The contracted agencies included hospitals, visiting nurses' associations, and community health centers. Some of the seven local WISEWOMAN sites also contracted with community providers to offer the screening services.

Lifestyle Intervention

At the time of data collection, the primary lifestyle intervention used in Massachusetts was the Patient-Centered Assessment and Counseling for Exercise and Nutrition (PACE) combined with risk reduction education (RRE). PACE is based on the Stages of Change model and includes (1) assessments of nutrition and physical activity behavior and (2) goal setting based on the results of the assessments. The physical activity assessment identifies the woman's current level of activity as well as her ability to engage in physical activity. The nutrition assessment identifies the woman's current nutrition habits in the areas of fruit and vegetable intake, dietary fat intake, and weight gain control. For each assessment, the woman receives a PACE score that identifies areas for improvement and her readiness to change in each area. The lifestyle intervention provides separate physical activity and nutrition counseling tools that correspond to each level of readiness: (1) not ready to change, (2) ready to change, and (3) actively changing. RRE used by the program focuses on educating women about the meaning of their screening results.

At the time of data collection, the Massachusetts project was in the process of developing the Healthy Heart Program, which adapted the original PACE materials to have a lower literacy level and to be culturally appropriate for the women served. The Healthy Heart Program is available in Spanish, Portuguese, and Chinese; a low-literacy English version is also available. The Massachusetts project trained all of its educators in the Healthy Heart Program in November 2005 and began delivering the new intervention in January 2006.

Supplemental Lifestyle Interventions. At press time, the local sites also offer women supplemental lifestyle interventions in the form of additional educational and experiential opportunities to support the adoption of heart-healthy behavior changes. The project must approve all supplemental interventions that local sites offer. Examples include (1) free sessions at a local gym with a personal trainer who develops a home exercise program for the woman, (2) free multi-session nutrition classes sponsored by a hospital, (3) free multi-session diabetes education, and (4) referrals to either a smoking quitline or a certified tobacco treatment specialist and nicotine replacement therapy. To offer these supplemental interventions, local sites must partner with local hospitals and community organizations.

Staff Delivering Interventions at Local Sites

The Massachusetts project specifies the type of staff required to fulfill each role in the lifestyle intervention. The roles of staff, with their qualifications, are as follows:

- *Clinician.* A nurse practitioner or physician who completes the screening exam with the women.
- *Risk reduction educator.* A nurse practitioner, registered nurse, or registered dietitian who discusses screening results with the women and provides the PACE lifestyle intervention, which includes education on risk factors, strategies for adopting lifestyle changes, and individual goal setting.

Lifestyle Intervention Delivery

Program participants are screened in a clinical setting for cardiovascular disease risk factors and then given RRE. The initial meeting with the risk reduction educator typically occurs after the clinical risk factor screening exam. This can be done immediately following the exam (if the clinician and educator are in the same location) or at a later date (when screening is done through a subcontractor or the woman does not have time after the exam). RRE is completed in person or by telephone.

Assessments of physical activity, nutrition, and smoking are either completed during the RRE visit or mailed to the women in advance and reviewed during the visit. Scores on assessments are used to identify areas for improvement, and staff work with the women to identify lifestyle change goals based on the results of the assessments.

Michigan WISEWOMAN Project and Lifestyle Intervention

Project Description

The Michigan Department of Community Health received funding for its WISEWOMAN project in 2000, and the project began delivering services in 2001. At the time of data collection (FY 2005), the Michigan project contracted with 21 local coordinating agencies (LCAs) to offer BCCEDP in 82 of 83 counties in the state. All but one LCA was a health department. Several of the LCAs managed sites in multiple counties, depending on the region's arrangement. Nine of the 21 LCAs also offered WISEWOMAN services. To provide WISEWOMAN services, the LCA must be able to deliver screening and lifestyle intervention services as well as ensure that women receive follow-up medical care either at the health department or in the community.

Lifestyle Intervention

The intervention consists of individual lifestyle counseling contacts for all WISEWOMAN program participants. The Michigan project's philosophy in delivering the lifestyle intervention is that ongoing support provided by a lifestyle counselor, rather than extensive educational information, encourages women to adopt heart-healthy lifestyle changes. Lifestyle counselors assist women in understanding the connection between their behaviors and cardiovascular risk factors and target their delivery of educational information to the interests of the women. The women are the decision makers and select their personal behavior changes. The state encourages all lifestyle counselors to use an "ask, don't tell" approach and to provide positive reinforcement that facilitates the achievement of lifestyle goals.

At the first lifestyle counseling meeting, a lifestyle counselor reviews the screening results with each woman, explains the meaning of the results, and describes lifestyle behaviors that can affect these results. The woman is encouraged to develop a lifestyle contract that includes goal setting related to nutrition, physical activity, or tobacco cessation. Nutrition goals reflect the dietary guidelines for Americans and U.S. Department of Agriculture food guide pyramid. Many forms of physical activity are encouraged (walking, exercise videos, etc.), and counseling on tobacco cessation includes a referral to a quit hotline. During lifestyle counseling follow-up contacts, the woman discusses her progress toward the goals, and the counselor documents her progress, offers encouragement, and makes referrals to community resources. The project recently revised the name of the lifestyle contract form to "Healthy Lifestyle Goals" because local sites reported that women reacted adversely to the word "contract."

Staff Delivering Interventions at Local Sites

Lifestyle counselors have at least a bachelor's degree and represent a variety of disciplines, including nursing, dietetics, and health education. All staff members possess an understanding of cardiovascular disease risk factors and knowledge of how to counsel women on behavior change.

Lifestyle Intervention Delivery

At the time of data collection, women were eligible to receive a varied number of contacts with the lifestyle counselor, depending on their screening results. In most cases, if a woman's results were normal, she received only one lifestyle counseling contact, a face-to-face meeting that lasted up to 60 minutes. However, women with normal results who used tobacco and expressed an interest in quitting could receive two additional 15-minute follow-up lifestyle contacts by telephone to support their tobacco

cessation efforts. If a woman's screening results were abnormal, the lifestyle counselor encouraged her to participate in five telephone or face-to-face counseling sessions, each lasting between 15 and 60 minutes.

In July 2005, the project implemented a revised lifestyle intervention protocol that provided all women, regardless of screening results, with three to six lifestyle counseling contacts. The aim of the revised protocol was to simplify the program flow and to allow women with few or no risk factors to benefit from the lifestyle intervention.

Nebraska WISEWOMAN Project and Lifestyle Intervention

Project Description

The Nebraska project is operated by the state department of health and human services. Nebraska first received funding in 2000 to provide WISEWOMAN services. To promote comprehensive care for women, the state unified WISEWOMAN and the BCCEDP into the Every Woman Matters program. At the time of data collection (FY 2005), services were available statewide through contracts with more than 600 providers who conducted BCCEDP and WISEWOMAN screening. Women are recruited to the program by outreach workers at eight contracted agencies throughout the state. These workers also connect with previously enrolled women to encourage re-enrollment and make informational and supportive telephone calls to deliver the WISEWOMAN lifestyle intervention, which is administered by trained educators at the University of Nebraska's cooperative extension services.

Lifestyle Intervention

The Nebraska project uses two versions of its lifestyle intervention; one is taught in a classroom setting, and the other is a self-study course.

ABC Class Lifestyle Intervention. The University of Nebraska's cooperative extension services developed the ABCs for Good Health class curriculum, which emphasizes **A**im for Fitness, **B**uild a Healthy Base, and **C**hoose Sensibly. This curriculum was developed by a health and wellness team for the University of Nebraska's cooperative extension services in 1999 for use with clients taking part in cooperative extension services activities.

The curriculum consists of four sessions that integrate educational materials, interactive lessons, and goal setting related to increasing physical activity, making positive nutrition changes, and improving overall health behaviors. Participants receive a notebook with relevant educational information and a pedometer. The classes provide an opportunity for women to prepare and sample heart-healthy foods, as well as an opportunity for weekly goal setting. At the beginning of each class, the educator reviews each woman's progress toward her goal from the previous week. At the end of class, each woman sets a new goal for the coming week. The class series begins with physical activity lessons so that the women can monitor their walking throughout the four sessions and, ideally, continue to walk for exercise after the class has ended.

To support consistent class attendance, outreach workers make a reminder telephone call to the women before each class. To promote the women's healthy lifestyle changes and offer encouragement, an outreach worker attempts to contact the women for 6 months while they are still enrolled in WISEWOMAN but after they have completed the ABC class.

Self-Study Lifestyle Intervention. The self-study materials (Be a WISEWOMAN – Get Heart Smart!) are offered as an option to participants who do not want to attend the ABC class. The project's previous lifestyle intervention coordinator developed the five informational booklets that comprise the self-study materials based on the ABCs for Good Health class curriculum.

The following informational booklets are sent to women on a monthly basis:

- *ABCs of Good Health* (emphasizes physical activity)
- *Fruits & Vegetables*

- *Whole Grains*
- *Straight Facts About Fat*
- *Maintenance*

Along with the first informational booklet, the outreach workers send the women a notebook, pen, pedometer, and walking log to track their steps. The self-study information is presented clearly and concisely so that participants can easily understand each pamphlet. Mailings of materials are followed up with telephone calls, as described below.

Staff Delivering Interventions at Local Sites

At the time of data collection, a combination of outreach workers and educators from the University of Nebraska's cooperative extension services delivered the lifestyle intervention. The outreach workers made telephone calls to the women to ensure receipt of self-study materials, discuss goal setting, and provide support in making behavior changes. These workers did not require a specific background and they ranged from lay health workers to nurses. Educators with master's degrees in education, home economics, or related disciplines delivered the ABCs for Good Health classes.

Following data collection in 2005, the Nebraska project transitioned responsibility for intervention management from the outreach workers to a network of regional lifestyle interventionists and staff from federally qualified health centers. These people ensure that women complete the 6-month intervention process. A background in health education is required for regional lifestyle interventionists, and they range from registered dietitians to community health education specialists.

Lifestyle Intervention Delivery

At the time of data collection, after a woman had been screened for cardiovascular disease risk factors and agreed to participate in the lifestyle intervention, an outreach worker was responsible for calling the woman to offer her the ABC class and self-study options. Each woman selected an intervention based on her level of interest and availability, but outreach workers strongly encouraged women to participate in the ABC class.

The ABC class has an in-person didactic format, typically offered in four weekly sessions. Extension educators from the Nebraska cooperative extension services deliver the ABC class sessions. These educators, who are based in county offices throughout the state, are well versed in nutrition and physical activity, and they provide examples and tools that help the women assess their ability to make personal changes. Each educator aims to offer the ABC course series at least twice a year.

The self-study intervention is delivered by mail and telephone. The women receive five mailings and follow-up telephone calls from outreach workers. During the calls, the outreach workers ensure that the materials were received, answer questions, discuss goal setting to achieve a healthy lifestyle, and support and encourage lifestyle changes as they are made.

North Carolina WISEWOMAN Project and Lifestyle Intervention

Project Description

The North Carolina project is operated by the state department of health and human services. North Carolina had one of the original WISEWOMAN projects and first received funding in 1995. At the time of data collection (FY 2004), WISEWOMAN services were available in 40 of the 100 counties in the state. The project contracts primarily with county-level health departments to provide both screening and lifestyle intervention services. The health departments have the capacity to deliver services either by embedding WISEWOMAN into a pre-existing general clinic or by developing a WISEWOMAN-specific clinic at the site.

Lifestyle Intervention

The North Carolina WISEWOMAN project uses A New Leaf: Choices for Healthy Living (New Leaf), a lifestyle intervention developed by researchers at the University of North Carolina–Chapel Hill (UNC) specifically to target the WISEWOMAN population in North Carolina. It emphasizes foods common in the southeastern United States. New Leaf was adapted from the Food for Heart nutrition intervention developed by Dr. Alice Ammerman at UNC. Food for Heart includes nutrition assessments and lifestyle counseling tools for use by a variety of health care providers. These assessments and counseling tools are expanded in New Leaf to include physical activity, smoking cessation, and osteoporosis education.

New Leaf emphasizes individual tailoring, goal setting, and identification of barriers and perceived benefits of lifestyle changes. A component of the intervention is a behavior risk assessment with four sections that gauge (1) diet and barriers to dietary change; (2) physical activity, barriers to physical activity, and physical limitations; (3) smoking cessation; and (4) lifestyle risk factors for osteoporosis. Each risk assessment form uses a structured scoring template that quickly identifies areas of risk.

The primary educational tools used in New Leaf are a manual or notebook and a cookbook with regionally appropriate heart-healthy recipes. The manual is organized by risk factor and includes tips for addressing risk factors identified in the assessment forms. It also has a section that provides tips on nutrition and physical activity to prevent and control diabetes. Other New Leaf materials include a practitioner's training guide and Thera-Bands[®] (latex stretch bands) to facilitate physical activity. As the need arises, researchers at UNC develop new modules for inclusion in New Leaf. In 2005, for example, a weight-loss module was pilot tested with a cohort of women. Future plans include development of a leader's guide to support implementation with a broader population of WISEWOMAN participants.

Staff Delivering Interventions at Local Sites

Nurses employed by the health department are the primary providers of screening and lifestyle intervention services to WISEWOMAN participants. Some sites also involve other staff at the health department, such as health educators and nutritionists, in delivering the lifestyle intervention.

Lifestyle Intervention Delivery

The project provides New Leaf intervention materials to all contractors without charge. Project contractors are encouraged, but not required, to use New Leaf materials. Counseling sessions can occur individually or in a group setting, and some sites provide a combination. Contractors deliver interventions

in person as well by telephone and mail. Counseling usually occurs during one or two sessions with a nurse at the health department. Although how the local sites deliver the lifestyle intervention varies, most, including all the sites involved in this study, use New Leaf.

SEARHC WISEWOMAN Project and Lifestyle Intervention

Project Description

The WISEWOMAN project in Southeast Alaska is managed by the South East Alaska Regional Health Consortium (SEARHC). SEARHC receives funding from the Indian Health Service to provide medical services to Alaska Natives in the region and from the Health Resources and Services Administration (HRSA) to operate nine sliding-fee-scale community health centers. SEARHC first received funding for WISEWOMAN in 2000. Local sites operate with grant-funded staff based in two regional clinics, two sub-regional HRSA-funded clinics, and several smaller HRSA-funded clinics where staff provide program services through itinerant visits.

Lifestyle Intervention

Standard Lifestyle Intervention. SEARHC offers what is called a “standard lifestyle intervention,” as well as a variety of educational and experiential activities to all participating women. Previously, the standard lifestyle intervention was individual counseling guided by the Traditions of the Heart (TOH) tool, but this intervention was recently redefined to provide staff more flexibility in what constitutes a standard intervention contact. Now staff can complete TOH with the woman or perform another type of intervention that meets CDC’s definition of a minimum intervention.⁹

TOH expands on and adapts the counseling tool A New Leaf: Choices for Healthy Living developed by Dr. Alice Ammerman and colleagues at UNC. TOH uses language that is culturally sensitive to Alaska Native women, includes nutrition and activity tips that have regional and cultural significance, and addresses all forms of tobacco use, among other adaptations. Included with TOH is a series of nutritional and physical activity assessments that women complete annually, a workbook that provides nutrition and physical activity tips and education, and a cookbook with a variety of heart-healthy recipes. In total, the nutrition assessment uses eight forms:

- Fish, birds, and meat.
- Dairy, eggs, cereal, and salt.
- Fruits, vegetables, side dishes, desserts, and snacks.
- Spreads, dressings, and oils.
- How active are you?
- Beverages.
- What makes it hard to eat right?
- What makes it hard to keep active?

Each form is designed so that the most heart-healthy choice is in the far-left column and the least heart-healthy choice is on the far right. This design allows quick scoring and identification of areas for improvement.

Staff apply motivational interviewing techniques when counseling women. This encourages the women to identify goals for lifestyle change instead of having the educator provide goals. Although the woman does much of the talking during the encounter, the educator asks for the woman’s permission to provide

⁹ CDC requires that all projects develop and submit a lifestyle intervention protocol for approval by the CDC project officer. (See WISEWOMAN guidance document, Chapter 5.)

education and advice on cardiovascular disease risk factors, including nutrition, physical activity, tobacco, and stress. If the woman is ready, the educator and the woman jointly set at least one behavior modification goal at the end of the intervention session. Women who are not ready to set a goal during this contact but are interested in making changes in the future are called within 1 month to assess their readiness to set a goal. Delivery of the standard lifestyle intervention takes between 40 and 90 minutes, depending on the woman's situation.

Educational and Experiential Activities. These are a major component of the lifestyle intervention. They offer women opportunities to participate in physical activity and to increase their knowledge of heart-healthy nutrition. In many instances, the opportunities for physical activity are experiential and occur on a regular basis, such as weekly swimming at the community pool or ongoing weight-lifting sessions. The educational activities typically focus on nutrition and are given either as a short series of classes on one topic or as a one-time event. The sites use existing curricula and develop original educational classes, often selecting topics based on participants' expressed interests. Most sites schedule a variety of monthly gatherings that target physical activity and nutrition. Each site's health educator is responsible for organizing and conducting these supplemental activities.

When organizing gatherings and experiential activities, the project director affords significant flexibility to the health educators on the topics they may address. The primary requirement is that the activities support one or more of the four targeted cardiovascular disease risk factors—nutrition, physical activity, tobacco, and stress.

To support the delivery of the lifestyle intervention, local staff build partnerships in the community with interested organizations. These partnerships vary across sites and include community pools, other physical fitness venues (gyms, yoga studios), and community buildings to host gatherings. Partnerships are viewed as mutually beneficial to the program and the partnering organization. Some sites also partner with participants to host gatherings in their homes. SEARHC emphasizes applying the socio-ecological model in its WISEWOMAN program, and partnerships with community organizations support the use of this model.

Staff Delivering Interventions at Local Sites

SEARHC's service delivery model is based on a two-person staff team (one person with a clinical background and one with a health education or community health background) at each local site. The staff member with the clinical background serves in the role of patient educator and has primary responsibility for enrolling and screening women and delivering the lifestyle intervention. The staff member with the community health background serves in the role of health educator or community wellness advocate, depending on his or her educational training, and has primary responsibility for coordinating experiential and educational opportunities.

Lifestyle Intervention Delivery

A patient educator completes the standard lifestyle intervention with the women, typically during the enrollment or annual re-enrollment visit. The intervention can be completed after enrollment if the woman receives the WISEWOMAN screening during a visit to the clinic for another purpose. The standard intervention is provided either in person or by telephone. The assessments take about 15 minutes to fill out and are typically completed during the intervention session. However, the assessments can be mailed to the women in advance, and the women complete them and bring them to the visit.

A health educator or community wellness advocate organizes the educational and experiential opportunities that complement the standard lifestyle intervention. Many of the education opportunities are in a class format with multiple participants. The experiential opportunities usually involve multiple participants and entail physical activity. The educational and experiential activities are typically offered in community sites (versus the clinic). All educational and experiential opportunities are optional for the women.