Health Insurance Coverage of the Nonelderly and Low Income Population, 2007

**All Nonelderly**
- **261.4 Million**
  - Uninsured: 44 Million (17%)
  - Medicaid/Other Public: 16% (~159 million)
  - Private Non-group: 6% (~24 million)

**Low Income Nonelderly**
- **91.0 Million**
  - Uninsured: 29 Million (32%)
  - Employer-sponsored Insurance: 26% (~24 million)
  - Medicaid/Other Public: 36%
  - Private Non-group: 6%

- Decrease in Employer Sponsored Insurance (million): 4.8
- Medicaid / CHIP Enrollment Increase (million): 4.8
- Uninsured Increase (million): 5.2

National Unemployment Rate Increase since 2007 (from 4.9% in Dec-07 to 9.7% in August-09): 4.8%
Diagnosis of Late-Stage Cancer
Uninsured vs. Privately Insured

Ratio of probability of diagnosis of late vs. early stage cancer, Uninsured/ private insurance

- **Colorectal Cancer**: 2.0
- **Lung Cancer**: 2.2
- **Melanoma**: 2.3
- **Breast Cancer**: 2.9

Equal likelihood between Uninsured and Insured
Brief History of WISEWOMAN

- 1990 - NBCCEDP Established
- 1993 - WISEWOMAN Authorized
- 1995 - WISEWOMAN Funded 3 Projects
- 2004 - WISEWOMAN Funded 15 Projects
- 2005 - 10th Year Anniversary
- 2008 - Release of New Funding Opportunity Announcement
WISEWOMAN Vision

• A world where any woman can access preventive health services and gain the wisdom to improve her health.
Mission

- To provide low-income, under- or uninsured 40-64 year old women with the knowledge, skills, and opportunity to improve diet, physical activity, and other lifestyle behaviors to prevent, delay and control cardiovascular and other chronic diseases.
**Demonstration**
1995-2005

**Transition**
2006-2008

**Dissemination**
2008 and beyond
WISEWOMAN Projects

1995: Massachusetts, North Carolina, Arizona

1999: Alaska (Southcentral Foundation)
      Arizona doesn’t reapply

2000: Iowa, Alaska (SEARHC), Connecticut, Michigan, Nebraska, South Dakota, Vermont

2001: California and Illinois

2003: Missouri and West Virginia

2004: Minnesota

2008: Oregon, Pennsylvania, South Carolina, Utah Wisconsin, Virginia
## Multi-component Intervention

<table>
<thead>
<tr>
<th>Component</th>
<th>Source of Summarized Evidence</th>
</tr>
</thead>
</table>
Seventh report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, 2004 (JNC 7)  
Guide to Clinical Preventive Services, 2005                                                                 |
| Lifestyle Intervention                        | ATP-III, JNC 7, and Guide to Clinical Preventive Services, 2005 for dietary counseling of adults with risk factors  
Guide to Community Preventive Services, 2001 for Tobacco Quit Lines  
Guide to Community Preventive Services, 2001 for physical activity programs adapted for individual needs |
| Treatment and Medication                      | ATP-III, JNC 7                                                                               |
| Re-Screening for Monitoring and Evaluation    | Guide to Clinical Preventive Services, 2005                                                 |
WISEWOMAN Emphasizes Primary Prevention

Recruited from NBCCEDP Program → Cardiovascular risk factor screening → Risk factor counseling → Lifestyle intervention for diet, physical activity and/or tobacco → Risk factors prevented

Abnormal

Medical referral and diagnosis → Medical treatment and follow-up if needed → Lifestyle intervention → Risk factors reduced

SAFER • HEALTHIER • PEOPLE™
WISEWOMAN programs have reached approximately 75,000 low-income women across America.
Newly Identified Cases of Hypertension, High Cholesterol, and Diabetes
January 2000-June 2007

Source: Estimated using WISEWOMAN Minimum Data Elements –October 2007
One-Year Reduction in Smoking Rates Among WISEWOMAN Participants, January 2000 – June 2007

- White: 6.5%
- Black: 10.0%
- Hispanic: 13.8%
- AI/AN*: 6.1%

*American Indian/Alaskan Native
Source: RTI WISEWOMAN Fact Sheet
One-Year Reduction in 10-year risk of CHD Among WISEWOMAN Participants, January 2000 – June 2007

- White: 6.3%
- Black: 5.9%
- Hispanic: 7.3%
- AI/AN*: 2.3%

*American Indian/Alaskan Native

Source: RTI WISEWOMAN Fact Sheet
One-year reductions in Systolic Blood Pressure (SBP) and Total Cholesterol (TC) among participants with abnormal values

From Khavjou, et al, American Journal of Health Promotion (currently under review)
Cost Per Estimated Year of Life Saved

## Higher Re-screening Rates in the Combined Program

<table>
<thead>
<tr>
<th>Type of Participant</th>
<th>N</th>
<th>Percent Receiving Follow-up Mammogram</th>
<th>Adjusted Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBCCEDP Only</td>
<td>54,780</td>
<td>34%</td>
<td>1.00 (Ref)</td>
</tr>
<tr>
<td>NBCCEDP + WISEWOMAN</td>
<td>13,742</td>
<td>58%</td>
<td>2.71 (2.60-2.82)</td>
</tr>
</tbody>
</table>
WISEWOMAN programs have provided more than 175,000 lifestyle intervention sessions
Attendance and Completion of Lifestyle Intervention Sessions

- Overall, 57% of program participants attended at least one intervention session and 25% completed the required number of sessions.
  - By project percentages are presented below:
Factors Associated with Intervention Attendance

Odds Ratios (and 95% CIs) for Attending at least 1 Lifestyle Intervention

Results are adjusted for age, smoking, obesity, high cholesterol, and diabetes status and project location.
Factors Associated with Intervention Attendance

Odds Ratios (and 95% CIs) for Completing the Lifestyle Intervention

Results are adjusted for age, smoking, obesity, high cholesterol, and diabetes status and project location.
Potential Solutions

• New Guidance for Our Programs

• Best Practices Studies

• Translating Research into Practice
Organizing Framework for WISEWOMAN

Who

Multiple Levels of Influence

Socio-ecologic Model

What

Evidence-Based Programs

Guides detailing effective programs

How

Change Strategies

Diffusion of Innovations Theory, 5As, Organization change theories, PATCH, MATCH

Why

Public Health Impact & Value

R*E, RE-AIM, & Economic Theory
New Guidance
2008 Funding Opportunity Announcement

• A Tailored Approach

• Multiple Modes of Delivery
Tailored Approach

Who

Individual recruited from NBCCEDP program

What

Program aimed at behavior change

How

Assess Contributing factors

Advise Brief risk factor counseling

Low Risk

Agree Set goals to maintain low risk

Assist Link to community resources

Arrange Survey follow-up

High Risk

Agree Set goals to lower risk

Assist Provide clinical and lifestyle services

Arrange Clinical follow-up

Why

Maximize public health impact

Program aimed at behavior change

Agree

Set goals to maintain low risk

Link to community resources

Survey follow-up

Agree

Set goals to lower risk

Provide clinical and lifestyle services

Clinical follow-up

Maximize public health impact

Low Risk

Assess Contributing factors

Advise Brief risk factor counseling

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Set goals to maintain low risk

Link to community resources

Survey follow-up

Agree

Set goals to lower risk

Provide clinical and lifestyle services

Clinical follow-up

Maximize public health impact
Lifestyle Intervention Delivery Mode: Face-to-Face vs. Phone Sessions

Percent of Interventions Delivered over the Phone vs. Face-to-Face (Intervention data from Massachusetts, 2000-2007)
Potential Solutions

• New Guidance for Our Programs

• Best Practices Studies

• Translating Research into Practice
Best Practices Study-
Lifestyle Intervention

• Comparing High-Performing Sites with Low-Performing Sites
• Identifying Best Practices
• Developing Tool-Kit
Algorithm for Determining Best Practices in Selected WISEWOMAN Programs

Practice 1

Number of times practice was used across all sites

Ranking of sites who used practice

High- & low-performing sites = May Be Best Practice

Was there a difference in how sites implemented the practice that explains why the practice worked in high- but not low-performing sites?

Yes = Best Practice

No = May Be Best Practice

All high-performing sites = Best Practice

Are more than two thirds of sites that use practice high-performing?

Yes = Best Practice

No = Not Best Practice

All low-performing sites = Not Best Practice
### Illustrating the Algorithm

<table>
<thead>
<tr>
<th>Practice of Interest</th>
<th># High using Practice</th>
<th># Low using Practice</th>
<th>Difference Between High and Low Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local site offers incentives that encourage women to self-monitor their behavior changes</td>
<td>10</td>
<td>3</td>
<td>High-performing sites teach women how to use tools and give 1-on-1 attention</td>
</tr>
<tr>
<td>Difference identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local site helps women to build new skills by teaching about goal-setting process</td>
<td>7</td>
<td>1</td>
<td>High-performing sites emphasized small changes and setting realistic goals</td>
</tr>
<tr>
<td>Exceeded ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WISEWOMAN Intervention Best Practice: Using Incentives

- Include incentives in the lifestyle intervention

- Incentives serve multiple purposes
  - Individual Goal Setting
    - Example: A water bottle or walking reflector is given to support physical activity-related goals.
  - Address women’s barriers to behavior change
    - Example: Provide women with a discounted or free membership to a local gym or community center
  - Encourage women to self-monitor their behavior changes
    - Example: Distribute pedometers to women in support of their walking initiative.
WISEWOMAN Intervention Best Practice:
Using Incentives

- Encourage participation in program activities
  - Example: Distribute a pin or other piece of jewelry to women during each screening visit.

- Increase program name recognition in the community
  - Example: Distribute tote bags, towels, jackets, and water bottles with the program name
### WISEWOMAN Program Incentives and Completion Rates

<table>
<thead>
<tr>
<th>WISEWOMAN Program</th>
<th>Intervention Completion Rate</th>
<th>Program Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast Alaska Regional Health Consortium</td>
<td>73%</td>
<td>Jewelry with traditional Alaska Native artwork. Discounts on athletic shoes, swim towels, and rain shells. Free swimming sessions. Free pedometers, cutting boards, etc.</td>
</tr>
<tr>
<td>North Carolina</td>
<td>39%</td>
<td>Graduated measuring spoon and potholder with WISEWOMAN logo and pedometers</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>31%</td>
<td>Grocery Store vouchers, pedometers, diaries, measuring utensils, and personal care items.</td>
</tr>
</tbody>
</table>
Potential Solutions

• New Guidance for Our Programs

• Best Practices Studies

• Translating Research into Practice
Menu of Interventions Available by Web

Center of Excellence

Increasing the public health impact of programs to prevent obesity, heart disease, stroke and other chronic diseases.

Evidence to Practice

Translation Framework

- Phase 1: Evidence Identification and Review
- Phase 2: Intervention Adaptation
- Phase 3: Intervention Dissemination
- Phase 4: Research-Practice Integration

click here for new additions

Helping practitioners identify WHAT to do and HOW to do it

- Interventions
- Best Processes
- Tools
From Concept to Reality

• Helping identify **WHAT** to do:
  – Identifying evidence-based strategies and interventions
  – Providing access to evidence-based interventions (research-tested and practice-based) that are ready for dissemination

• Helping users understand **HOW** to do it:
  – Providing access to tools (materials, guidance, toolkits, etc.) and best practices/processes for program implementation
  – Providing training to further develop skills in adapting evidence-based interventions and best practices
The Approach

- **Phase 1: Evidence Review**
  - Evaluate using criteria for Research Tested and Practice Based Evidence

- **Phase 2: Intervention Abstraction**
  - Intervention Templates

- **Phase 3: Dissemination**
  - Passive: www.wiseinterventions.org
  - Active: Workshops, training, presentations, etc.
Overview

WELCOME

This Web site is designed to provide WISEWOMAN Program practitioners with effective interventions and best practices that help women prevent, delay and control cardiovascular and other chronic diseases by eating healthy, increasing physical activity, and ceasing tobacco use.

The wiseinterventions.org website disseminates:

- **Interventions** that are multi-component, have core elements that define them, and provide ways of intervening that are likely to have a public health impact. WISE Interventions are reviewed and recommended for dissemination.

- **Emerging tools** from lifestyle interventions used in WISEWOMAN Programs across the country, but those interventions are not yet fully evaluated.

- **Best Practices Toolkit** that provides guidance, resources, and technical tools to help recruit, engage and retain program participants; to deliver lifestyle interventions; and to facilitate and maintain behavior change. The Best Practices Toolkit was developed by Mathematica Policy Research, Inc.

- **Contributing factors** to the development of heart disease and stroke, providing information on the causative and protective factors that can potentially be targeted by interventions.

If you are interested in how the Center of Excellence for Training and Research Translation (Center TRT) developed its systematic process to identify, review, translate and disseminate interventions, click on **Methods**.
A New Leaf... Choices for Healthy Living (2007)

Overview

A New Leaf... Choices for Healthy Living is a structured nutrition and physical activity assessment and intervention program for cardiovascular disease risk reduction. It is designed to:

- Identify positive as well as atherogenic (e.g., diets high in saturated or trans fats, low-intake of fruits and vegetables) dietary behaviors
- Assess types and levels of physical activity
- Guide counseling by non-specialist health care and lay providers
- Serve as a self-help guide or tool for group discussions
- Facilitate goal-setting and self-monitoring

Intended Population

New Leaf was designed for use with low-income adults with limited literacy residing in the southeastern United States. It is written at about a sixth-grade reading level, in a user-friendly format that includes numerous graphics and visuals.

Setting

The program is designed for use in community-based organizations, such as community health care facilities, public health departments or churches.

Length of time in the field

The nutrition component of New Leaf, originally named Food for Heart, has been in the field since 1991. The physical activity and smoking sections, tailored to mid-life women, were developed for the WISEWOMAN program and have been in use since 1996.
**A New Leaf...Choices for Healthy Living (2007)**

**Core Elements**

The core elements are the components of the intervention that are likely responsible for the intervention outcomes demonstrated in the research, and should be kept intact when implemented or adapted.

1. Use risk assessments (diet, physical activity, and smoking) to identify participant problem areas, barriers to change, and areas where they are doing well. The risk assessments identify participants' current practices and attitudes, helping the health counselor focus on the areas where participants are most ready and willing to make changes.

2. Set goals to work on problem areas (as identified by risk assessments). New Leaf encourages collaborative goal-setting between health counselors and participants.

3. Increase participants' confidence (self-efficacy) in making lifestyle changes by using positive reinforcement and small achievable steps.

4. Use the risk assessments to document participants' goals, monitor progress, and reward successes

5. Teach guidelines and strategies ("Tip sheets") for overcoming barriers to healthy eating, increasing physical activity, and smoking cessation

6. Teach participants why, where, and how to generate and sustain a successful social support network

7. Achieving effectiveness in outcome results is related to the dose and intensity of the intervention. Depending on program objectives
A New Leaf...Choices for Healthy Living (2007)

Resources Required

Staff

A health counselor is needed to guide counseling and deliver the intervention. A wide variety of health care providers who may have limited training/experience in nutrition and exercise physiology counseling can be trained to deliver the New Leaf intervention. In the past, the intervention has been delivered by physicians, nurses, health educators, nutritionists, and lay health advisors.

Training

Health counselors need to be trained to deliver the New Leaf intervention.

Materials

Participants should receive:

- a looseleaf notebook (include # of pages)
- a recipe book (include # of pages)
- a stretch band
- pedometer (optional)

New Leaf educational materials can be downloaded free of charge. The cost of reproducing the notebooks and cookbooks are the responsibility of the program provider. Please request a CD-ROM for professional printing.

New Leaf binders can be ordered from Advanced Looseleaf Technologies for approximately $2.00 a piece (price dependent on size of order). Stretch
A New Leaf...Choices for Healthy Living (2007)

Evidence Summary

Underlying Theories
A New Leaf draws on numerous theoretical models and theories.

- **Stages of change** – Addresses participants’ readiness to attempt change toward healthy behaviors.
- **Health Belief Model** – Key concepts derived are self-efficacy and perceived barriers to action
- **Social cognitive theory** – focuses on the reciprocal causation between individuals and their environment
- **Social ecological theory** – establishing linkages and partnerships to influence the multi-level social and environmental factors that impact women’s health

Research Findings
A New Leaf...Choices for Healthy Living and its nutrition only precursor, Food for Heart, have been tested in numerous randomized control trials. Food for Heart has been in the published literature since 1992 and New Leaf since 1999. For the purpose of preparing this template, two studies were reviewed.

Keyserling TC, Samuel-Hodge CD, Jilcott SB, Johnston LF, Garcia BA, Gizlice Z, Gross MD, Savinon CE, Bangdiwala SI, Will JC, Ammerman AS. Randomized Trial of a Clinic-based, Community-supported Intervention to Improve Physical Activity and Diet Among North Carolina WISEWOMAN Participants (submitted to Preventive Medicine, 2007)
A New Leaf...Choices for Healthy Living (2007)

Training and Technical Assistance

- A guide to implementing the intervention can be downloaded from this site.
- The Center TRT offers telephone consultation to states interested in implementing A New Leaf intervention.
- Anyone who will be involved either directly or indirectly with A New Leaf intervention should be trained; this includes health counselors, educators, nutritionists, and others providing clinical services.
- Online instruction is available at (or will be available soon)
Summary

• Provides One Model for Comprehensive Women’s Health
• Intervention Completion Remains A Challenge
• Learning Lessons from Best Practices Studies
• Developing New Tools and Resources to Help Practitioners Deliver the Intervention
• Evaluations Should be Ongoing
For more information:
Julie C. Will, PhD
(770) 488-6024
jwill@cdc.gov

http://www.wiseinterventions.org
http://www.cdc.gov/wisewoman
http://www.cdc.gov/dhdsp
“Through WISEWOMAN support, our whole community is relearning traditional Alaska Native knowledge.

We know that subsistence foods are much healthier for us than the junk food in the stores.”
“I learned about the importance of strength training through WISEWOMAN. Now my family joins me at home and we all stay active together.”
“WISEWOMAN sponsored activities gave me the opportunity and support I needed to make the choice to be active!”
“The WISEWOMAN staff treated me with such respect. I was grateful that someone took the time to really talk with me.”
“I walked in a marathon with my friends from WISEWOMAN. I never thought I could do anything like that.”