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To:

Heather Howard

FYI

WISEWOMAN program

From:

Susan

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# The WISEWOMAN Program: Capitalizing on Opportunities to Improve the Health of Women

## Background

Through the National Breast and Cervical Cancer Early Detection Program and with FY 1997 funding of $140 million, CDC assists states in providing potentially life-saving screening to low-income and uninsured women for these two cancers. Recognizing the unique opportunity afforded by this framework, Congress authorized that once appropriations for this program reached $100 million, $3 million would be directed to assess the feasibility and benefits of providing additional preventive services for women.

## CDC Program Activity

CDC's state-based National Breast and Cervical Cancer Early Detection Program offers an established framework that provides the opportunity to target other chronic diseases among women, including heart disease, the leading cause of death among women. Commonly believed to be a disease predominantly of men, more than half of all deaths from heart disease and stroke occur in women. Women are often diagnosed with heart disease in its advanced stages. Addressing risk factors such as elevated cholesterol, high blood pressure, obesity, sedentary lifestyle, and smoking greatly reduces women's risk of illness and death from this disease.

The WISEWOMAN (Well-Integrated Screening and Evaluation for Women in Massachusetts, Arizona, and North Carolina) demonstration program provides additional services to some participants in the National Breast and Cervical Cancer Early Detection program, including the following

- screening for heart disease risk factors
- dietary and physical activity interventions for women with abnormal screening results
- referral and follow-up as appropriate

During its operation, more than 4,000 low-income and uninsured women aged 50 years and older were screened for heart disease risk factors. In one state, 75% were found to have either high blood pressure or borderline high cholesterol and were provided appropriate follow-up services. The benefits of screening and targeted interventions are being assessed by comparing women receiving these additional services with those who do not.

**Opportunity**

If funding permits, the WISEWOMAN program plans to extend heart disease screening and follow-up to the approximately 25,000 women aged 50 years and older expected to participate in the National Breast and Cervical Cancer Early Detection Program in these three states during the next funded year. Other possibilities for expansion include establishing demonstration projects in new states. Expansion would help reduce these women's risk of illness and death from heart disease and provide valuable insights into the feasibility and benefits of making comprehensive, integrated preventive services available to low-income and uninsured women.

Information on the
National Breast and Cervical Cancer Early Detection Program

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This page last updated November 16, 1999

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition and Physical Activity

The Zuni Wellness Center also supports other organizations in the community. Staff members have provided assistance in writing grants, operating health fairs, and conducting intensive fitness training and assessment for local firefighters and police officers. They also give classes to community groups using the *Strong in Body and Spirit* program, a five-part diabetes education and healthy lifestyle curriculum developed by the Native American Diabetes Project at the University of New Mexico. The curriculum uses cultural stories to emphasize strength and courage in combating unhealthy behaviors and to promote hopeful outlooks through healthy lifestyles.

Rounding out the Center's community involvement is the *Zuni DWI Program*, a special collaboration with the tribal courts, police, and local recovery center that began with a "Wellness Beyond Abstinence" grant in 1989. Through this program, people convicted of driving under the influence of alcohol must complete 20 hours of Wellness Center fitness activities, in addition to alcohol education, therapy, and community service, before their driver's license can be reinstated.

"Our greatest strength in developing programs is that we connect to naturally formed groups," said Ms. Lewis, citing the DWI program and fitness training and assessments for firefighters as examples. "The wellness movement is spreading throughout Indian communities everywhere—we try to stay connected."

A big part of staying connected, she says, is providing assistance to, and learning from, other tribal communities. These experiences, she believes, contribute to the Wellness Center's "small successes" in improving the overall health of the community. For the last 2 years she has attended wellness conferences for aboriginal women in Canada. The theme of the 1999 meeting in British Columbia was "The Legacy We Leave Our Children"; the 1998 conference theme was "The Woman's Drum."

"When we hear the drum beat, we think of a heartbeat. In the olden times, the heartbeat of our Zuni people was the rhythm of the village. Somewhere along the line, the heartbeat became irregular. We lost the drumstick," Ms. Lewis said. "Today, we are once again holding the drum and drumstick, connected and beating out our own destinies. When the *Ashiwi* (Zuni people) are healed and are well, the whole community undergoes a healing. This is our aim at the Zuni Wellness Center."

For additional information, contact the organization by mail at Pueblo of Zuni Wellness Center, P.O. Box 308, Zuni, NM 87327-0308, or telephone 505/782-2665.

## Improving the Health of Uninsured Women Through WISEWOMAN

In 1996, one of every eight U.S. women aged 20–64 years was uninsured. Uninsured women are more likely to be of races other than white, to have less education, and to be poorer than insured women. Their ability to pay for health care is limited. Uninsured women may be especially vulnerable to cardiovascular disease and other chronic diseases because they are more likely to smoke cigarettes, be overweight, be sedentary, and be less aware of their high cholesterol than women who are insured.

In 1995, to improve access to chronic disease prevention programs for uninsured and financially disadvantaged women, the Centers for Disease Control and Prevention (CDC) developed and funded WISEWOMAN (Well-Integrated Screening and Evaluation for Women

Across the Nation). WISEWOMAN projects are built on the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), an already existing program that recruits uninsured and financially disadvantaged women for breast and cervical cancer screenings. At funded sites, women who receive services in the NBCCEDP are also offered WISEWOMAN screenings for obesity, sedentary behavior, poor dietary habits, high blood pressure, high cholesterol, and other conditions that affect women. A primary goal of all WISEWOMAN projects is to test the effectiveness of various lifestyle interventions aimed at these especially vulnerable women.

The projects were initially located in three states: Massachusetts, North Carolina, and Arizona. Almost 10,000 women aged 50 years and older have been screened thus far through WISEWOMAN. From 50% to 75% of all participants had either high blood pressure or high cholesterol and were provided appropriate follow-up services. Assessment and intervention are directed at behavioral risk factors that can affect both cardiovascular disease and breast cancer: physical inactivity, overweight, and dietary factors that contribute to overweight. Each of the three states tested somewhat different interventions to discover the most effective interventions for their unique populations. Specific interventions have included the following:

- A structured counseling tool called New Leaf . . . Choices for Healthy Living.
- Physical activity classes.
- Nutrition classes.
- Walking groups.

In its first year, WISEWOMAN demonstrated that offering screening tests for chronic disease risk factors to women in the NBCCEDP was feasible and very well-accepted by providers and participants. Interventions directed at these risk factors were helpful. Because many other women in the NBCCEDP are likely to have undetected hypertension and hypercholesterolemia, WISEWOMAN is needed at other sites. In fiscal year 2000, WISEWOMAN will be expanded to serve up to 10 NBCCEDP-funded states, territories, and tribes.

## The Obesity Epidemic

▸ *CONTINUED FROM PAGE 6*

- Evaluate to improve school policies and programs.

For more information, contact the Resource Room, Division of Adolescent and School Health, NCCDPHP, Centers for Disease Control and Prevention, Mail Stop K-32, 4770 Buford Highway, NE, Atlanta, GA 30341-3717; 770/488-3168 or visit the DASH Web site at http://www.cdc.gov/nccdphp/dash.

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**WISEWOMAN Expansion Act of 2000 (Introduced in the Senate)**

S 2635 IS

106th CONGRESS

2d Session

**S. 2635**

To reduce health care costs and promote improved health by providing supplemental grants for additional preventive health services for women.

**IN THE SENATE OF THE UNITED STATES**

**May 25, 2000**

Mr. FRIST (for himself, Mr. HARKIN, Mr. JEFFORDS, Mrs. MURRAY, Mr. BINGAMAN, Ms. MIKULSKI, and Mr. REED) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

**A BILL**

To reduce health care costs and promote improved health by providing supplemental grants for additional preventive health services for women.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the 'WISEWOMAN Expansion Act of 2000'.

## SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Heart disease, stroke, and other cardiovascular diseases remain the leading cause of death among females in the United States, killing more than 500,000 women each year.

(2) About 1 in 5 females have some form of cardiovascular disease, killing more American women than the next 14 causes of death combined.

(3) In women, cardiovascular disease is frequently undetected and untreated until the disease has become severe, causing 38 percent of women who have heart attacks to die within 1 year.

(4) Obesity increases women's risk for some of the leading causes of death: heart disease, stroke, diabetes, and certain cancers.

(5) Better nutrition and lifestyle changes can effectively prevent and treat obesity.

(6) Osteoporosis afflicts more than 20,000,000 American women.

(7) More than 1/2 of all women over 65 have osteoporosis.

(8) One out of every 2 women over 50 will have an osteoporosis-related fracture during her lifetime.

(9) The national annual costs associated with osteoporosis are estimated at $14,000,000,000.

(10) Physical activity is necessary for bone acquisition and maintenance throughout adulthood.

(11) Muscular strengthen and balance may be very significant in future risk reduction for osteoporosis.

(12) There is consensus that adequate vitamin D and calcium intakes are required for bone health.

(13) Research has demonstrated that--

(A) the uninsured often have significantly poorer health than the insured; and

(B) being uninsured is an obstacle to receiving preventive health care services.

(14) The WISEWOMAN program has--

(A) provided one-stop shopping for preventive health services such as cholesterol and blood pressure screening for close to 8000 women and identified risk factors for heart disease such as obesity, high cholesterol, high blood pressure, sedentary behavior and poor diet; and

(B) found that many of the women screened have returned for additional interventions and follow-up, resulting in improved weight management, lower blood pressure and lower cholesterol.

(15) Expansion of the WISEWOMAN model program to additional States would help reduce women's risk of illness and death from heart disease and other preventable diseases and provide further insights into the feasibility and effectiveness of making comprehensive, integrated preventive services available to low-income and uninsured women.

## SEC. 3. SUPPLEMENTAL GRANTS FOR ADDITIONAL PREVENTIVE HEALTH SERVICES FOR WOMEN.

Section 1509 of the Public Health Service Act (42 U.S.C. 300n-4a) is amended to read as follows:

## 'SEC. 1509. ESTABLISHMENT OF PROGRAM FOR ADDITIONAL PREVENTIVE HEALTH SERVICES.

'(a) IN GENERAL- The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may, through a competitive review process, award grants to States that have received grants under section 1501 for a fiscal year, to enable such State to carry out programs--

'(1) to provide preventive health services, in addition to the services authorized in such section 1501, for diseases such as cardiovascular diseases, osteoporosis, and obesity;

'(2) to provide screenings, such as screening for blood pressure, cholesterol, and osteoporosis, and other services that the Secretary, acting through the Director of the Centers for Disease Control and Prevention, determines to be appropriate and feasible;

'(3) for health education, counseling, and interventions for behavioral risk factors, such as physical inactivity and poor nutrition, and diseases referred to in paragraph (1);

'(4) to provide appropriate referrals for medical treatment of women receiving services pursuant to paragraph (1) through (3), and ensuring, to the extent practicable, the provision of appropriate follow-up services; and

'(5) to evaluate the activities conducted under paragraphs (1) through (4) through appropriate surveillance, research, or program monitoring activities.

'(b) STATUS AS PARTICIPANT IN PROGRAM REGARDING BREAST AND CERVICAL CANCER- The Secretary may not make a grant to a State under subsection (a) unless the State involved agrees that services under the grant will be provided in conjunction with entities that are screening women for breast or cervical cancer pursuant to a grant under section 1501.

'(c) APPLICABILITY OF PROVISIONS- The provisions of this title shall apply to a grant under subsection (a) to the same extent and in the same manner as such provisions apply to a grant under section 1501.

'(d) FUNDING-

'(1) IN GENERAL- There is authorized to be appropriate to carry out this section--

'(A) $15,000,000 for fiscal year 2001;

'(B) $20,000,000 for fiscal year 2002;

'(C) $25,000,000 for fiscal year 2003; and

'(D) such sums as may be necessary for each subsequent fiscal year.

'(2) LIMITATION REGARDING FUNDING WITH RESPECT TO BREAST AND CERVICAL CANCER- No additional resources shall be appropriated for a fiscal year under paragraph (1) unless the amount appropriated under section 1510(a) for such fiscal year is at least $158,000,000.'.

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