Statement of

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Hello, my name is Dr. Alice Ammerman. I am an Associate Professor in the Department of Nutrition, Schools of Public Health and Medicine, at the University of North Carolina at Chapel Hill. My research focuses on developing and evaluating innovative approaches to nutrition and physical activity interventions for minority and disadvantaged populations. Over the last 20 years, I have developed, tested, and refined the program: New Leaf, Choices for Healthy Living, which is designed to be culturally sensitive and clinically feasible for application by front line public health workers who face multiple demands with limited resources. In this work, I have collaborated with my husband who is a general internist and has practiced in community health centers in rural North Carolina. I became involved with WISEWOMAN in 1995 soon after the program began. In addition to serving as the lead nutrition and physical activity interventionist and evaluator for North Carolina, my staff and I have assisted many other WISEWOMAN states with adapting the New Leaf intervention for their regions and have consulted with the CDC regarding future directions of the WISEWOMAN program.

I am very pleased to speak with you today about the WISEWOMAN program, because I believe it has great potential to benefit disadvantaged women who are at high risk for chronic disease, but poorly served by our health care system. I will address the following 3 questions:

1) What is the WISEWOMAN Program?
2) What have been the challenges and successes of the North Carolina WISEWOMAN program?
3) How can our experience benefit other WW states and disadvantaged women across the nation?

1) What is the WISEWOMAN Program?
Briefly, WISEWOMAN is designed to improve the health of financially vulnerable women. Heart disease is the leading cause of death among women, and we are experiencing epidemic rises in obesity and diabetes particularly among disadvantaged women. Because most of the original research on CVD was done on men, heart disease is often not viewed as a "women's problem." However, heart disease kills more than 370,000 women each year and affects 1 in 4 women over the age of 65. Women are more likely to: delay seeking care after the onset of heart attach symptoms, suffer a severely damaging heart attack, and suffer a second heart attack within six years of the first one. They are less likely to: receive preventive counseling from their physicians on their CVD risk factors, have their heart attack symptoms recognized by a health care provider, or be enrolled in rehabilitation programs after a heart attack.

Women in North Carolina are particularly vulnerable. North Carolina sits firmly in the "stroke belt," where deaths from heart disease and stroke exceed the national average. Among North Carolina women, the heart disease death rate for all women is 400/100,000. However, disparities exist, with rates of 513/100,000 for African American women, 485 for Native Americans and 375 for Caucasion women.

The most cost effective approach is to prevent or delay the onset of these diseases through lifestyle modification -- improved diet and increased physical activity. WISEWOMAN does this by building on an existing program -- the National Breast and Cervical Cancer Early Detection Program. The beauty of WISEWOMAN is that these women who may hold multiple jobs or

face transportation problems, can make just one stop and receive both services. In North Carolina, WISEWOMAN is a partnership between our state and local health departments and the UNC Center for Health Promotion and Disease Prevention, which is one of 26 prevention research centers at universities across the nation funded through legislation initiated by this Committee.

2) What have been the challenges and successes of the North Carolina WISEWOMAN program?

North Carolina received funding from CDC for a WISEWOMAN grant in 1995 when the program first began. We have built our intervention around an assessment and counseling program, called Food for Heart, that we had developed and tested over the past 15 years in community health centers and local health departments. The design of Food for Heart was based on sound behavior change theory as well as personal experience "in the trenches" of public health care delivery. Our studies had demonstrated the effectiveness of this program in improving diet, curbing weight gain, and reducing serum cholesterol. In our WISEWOMAN proposal, we expanded Food for Heart to include physical activity, smoking cessation, osteoporosis prevention and a diabetes module, and renamed it "New Leaf, Choices for Healthy Living." This truly allows "one stop shopping" for women's health needs.(ref. New Leaf Notebook)

In the first phases of NC WISEWOMAN, we have tested the New Leaf intervention in 42 counties, reaching over 4000 women. We learned much about the challenges of implementing and evaluating such a program in resource-strapped health departments. For example, public health staff lacked culturally appropriate intervention materials, lacked confidence in their ability to help patients make lifestyle changes, and have very limited time to counsel. The New Leaf addresses these problems by providing easy to read, culturally relevant materials designed to guide counseling by practitioners who have little background in nutrition. We have further streamlined the intervention and built in more flexibility, such as a telephone counseling options for those with transportation problems.

The response from participants and front line staff has been very positive. The staff feel that they finally have the tools they need, and participants are pleased that the approach is relevant to their lives. For them, walking with friends, as promoted by our intervention, is much more realistic than aerobics classes and jogging. Similarly, lower fat recipes for southern favorites are better received than exhortations to eat tofu and beansprouts! Describing her experince in delivering the program, Betty Person, a nurse in Person County North Carolina said "These ladies have not had anyone sit down with them and take the time to discuss healthy eating habits and the importance of exercise… I can see the light bulbs go on. The patients appreciate the interest shown in them by the phone calls to check on their progress, mailings, and handouts; especially the New Leaf notebook and cookbook. We have a few patients that are now being treated for diabetes because of the blood work done through the WISEWOMAN Program. Some wanted their choleserol checked but did not have the money to have the blood test. The WISEWOMAN Project has enabled them to do this."

Quotes from women in the South Central Foundation WISEWOMAN program in Anchorage Alaska include the following:

"Some things I already knew but didn't practice. Some things I didn't know and appreciate the enlightenment on some topics. I enjoyed all the classes and am eager to practice what I have learned. There was something about the setting that was making me willing to change for the better."

" It was very organized and planned. The leaders were very thoughtful to what the group wanted and sensitive to the Native way. Everyone was made to feel welcome and it was easy to talk."

"I think it is wonderful that this program is helping to maintain, protect and practice preventive maintenance for Native Women. It would be great to expand for all people Native and Non-Natives and educate people about good health practices. It is also a great way to curb and cut down on rising health care costs. Thank you very much!"

Given the unique role of women as gatekeepers and nurturers in their families and communities, WISEWOMAN has the potential to positively effect a much broader population as the participants share and apply what they learn. Many health department staff in North Carolina have commented on their own successful lifestyle changes inspired by the program and talk about "taking it home" to the family. One public health nurse in North Carolina said "Several patients have told me their husbands are supposed to be on low fat, low sodium, low sugar diets due to heart disease, diabetes, or hypertension. The wives are delighted to have this information to better help their husbands eat healthier. Sot it is benefiting the whole family" In the Anchorage-based WISEWOMAN program, one Native Alaskan woman said "This has been a fabulous class for me and my husband! I shared all the information with him. I am motivated to exercise and eat right. This is the best I have felt in years. I have lost nine pounds!"

Perhaps the biggest challenge of the NC WISEWOMAN program has been collecting data of adequate quality to allow us to determine the health benefits of participation. County health department staff are not trained in research methods and have little time or inclination for extra paperwork. To send research assistants to each county would be enormously expensive. We have some reliable evidence of positive dietary change based on WISEWOMAN, but are continuing to work on the best approach to collect good health outcome data.

3) How can our experience benefit other WISEWOMAN states and disadvantaged women across the nation?

CDC has now expanded WISEWOMAN to a total of 12 programs in 11 states. The North Carolina team has shared our experiences with these new sites, and produced a practical manual to help others integrate WISEWOMAN into existing health services (ref. monograph). Some WW programs are developing their own approach to interventions, while a number have chosen to adapt our New Leaf intervention. Two groups in Alaska have adapted the New Leaf for a Native Alaskan population (ref Traditional of the Heart). Other states making more modest changes in New Leaf include Vermont, Connecticut, South Dakota, and California. We are also testing a recently completed Spanish translation of the New Leaf Materials (ref. Vida Saludable, Corazon Contento). These collaborations have highlighted the importance of culturally tailoring

lifestyle interventions. In North Carolina we eat pork chops and worry about heat and humidity while exercising in the summer. In Alaska, they eat moose meat and worry about avalanches and bears while being active in the winter. Even the name of the program needed to change. The idea of "turning over a new leaf" does not exist in either Native Alaskan or Hispanic Cultures, thus the program was renamed "Traditions of the Heart" in Alaska, and "Vida Saludable, Corazon Contento" (Healthy Living, Happy Heart) in the Hispanic version.

To further assist other states with intervention development and implementation, we are developing a week-long national training course for WISEWOMAN project staff, safety net providers, and others implementing programs to improve the diet of financially disadvantaged populations. This course will be offered for the first time in October, 2002.

We also continue to develop and refine our approach WISEWOMAN screening and intervention in hopes that it will ultimately be useful to other states. We have recently been funded by CDC to test new strategies aimed at improving the efficiency of the program by using lay health advisors to link participants with existing community resources, identifying neighborhood influences on diet and physical activity through geocoding, and using group education opportunities. Fortunately, this funding will also allow us to evaluate the health outcomes of the program more rigorously by focusing data collection efforts on a smaller number of representative sites. This evaluation will include a cost-effectivness analysis.

As the rates of chronic disease soar and health care resources remain limited, the WISEWOMAN funding has helped our North Carolina team develop and refine the New Leaf counseling tool and in turn help others adapt it for their use. The funding has allowed us to build capacity in local heath departments to provide substantially improved health promotion interventions and to link with existing complementary public health resources in the community. We'd like to thank the Congress and CDC for having had the foresight in 1995 to recognize that financially disadvantaged women and their providers need substantial help if they are to fight off heart disease, diabetes, and obesity. In my estimation, the WISEWOMAN projects are providing this much needed help to women and their families. I think it is critical that all states have the opportunity to provide the benefits of WISEWOMAN to their disadvantaged women. At the same time, I believe that expansion of the program should be done thoughtfully and with adequate resources devoted to evaluation so that we can determine the most cost-effective approaches to reach these women and improve their health.

LIST OF RELEVANT WEBSITES FOR WISEWOMAN

WISEWOMAN Web site
http://www.cdc.gov/wisewoman

University of North Carolina at Chapel Hill (New Leaf and WISEWOMAN Manual)
http://www.hpdp.unc.edu/WISEWOMAN

South East Alaska Regional Health Consortium (SEARHC) WISEWOMAN
http://www.searhc.org

South Dakota WISEWOMAN

http://www.state.sd.us/doh/Disease2/cancer.htm

American Heart Association
http://www.americanheart.org

National Heart, Lung, and Blood Institute (NHLBI)
http://www.nhlbi.nih.gov/