



WISEWOMAN

Improving the Health of Low-Income and Uninsured Women

2008

Making a difference in the lives of women

Screened more than 72,000 women.



Identified over 7,300 women with high blood pressure and over 7,500 women with high cholesterol.



Identified over 1,000 new cases of diabetes.



Decreased overall smoking rates by 8%.

Data Source: Research Triangle Institute, Minimum Data Element Database, 2000–2007.

“Uninsured and underinsured women suffer from high rates of cardiovascular and other chronic diseases. WISEWOMAN is helping to reduce heart disease and stroke by identifying and helping those at greatest risk among this especially vulnerable population.”

*Darwin R. Labarthe, MD, MPH, PhD
Director, Division for Heart Disease and Stroke Prevention, CDC*

March 2008

Increased Health Risks for Low-Income and Uninsured Women

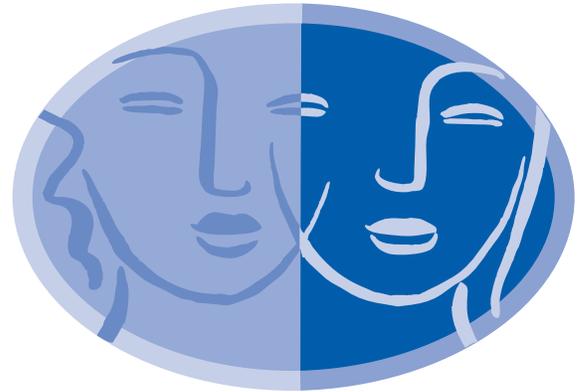
Cardiovascular Disease: The Leading Cause of Death Among Women

Although heart disease and stroke are commonly believed to affect men much more than women, more than half of all people who die of these diseases are women. Heart disease and stroke are the first and third leading causes of death among American women. Beyond deaths, heart disease and stroke pose a tremendous burden to women in terms of disease and disability. Nearly 43 million U.S. women have a history of heart disease and stroke, including 7.3 million women who have coronary heart disease and 3.4 million women who have suffered a stroke.

Low-Income and Uninsured Women

In 2008, the total cost of heart disease and stroke for the United States is projected to be more than \$448 billion. This cost includes health care expenditures and lost work productivity. This economic burden disproportionately affects people with limited resources. Low-income women are more likely to be uninsured or underinsured; to have less access to health care services; and to be unable to pay for needed prevention, screening, and treatment services.

In terms of their health, low-income women are more likely to smoke and be overweight, which increases their risk for developing heart disease and stroke. They also are less likely to be physically active and aware of their blood pressure and cholesterol levels. Addressing these and other risk factors, such



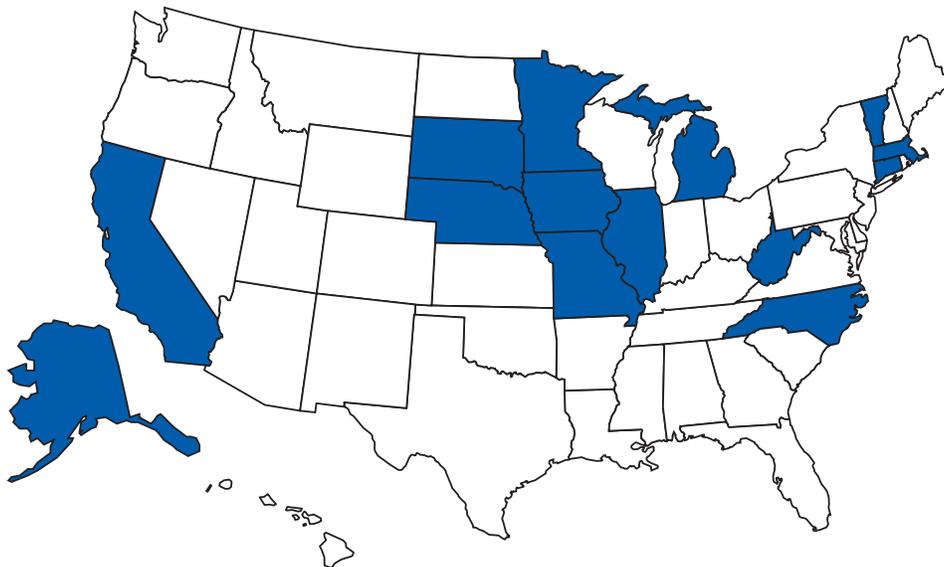
WISEWOMAN™

Well-integrated Screening and Evaluation
for Women Across the Nation

as diabetes, an unhealthy diet, and physical inactivity, greatly reduces women's risk for illness and death from heart disease and stroke.

Unfortunately, prevention, screening, and treatment are often beyond the reach of uninsured and underinsured women. Low-income adults in the United States are less likely to be screened for high blood pressure and high cholesterol, and they are less likely to be advised by a health care professional to lose weight and quit smoking.

CDC's WISEWOMAN Programs, Through June 29, 2008*



* States with funded programs include Alaska (2 programs), California, Connecticut, Illinois, Iowa, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, North Carolina, South Dakota, Vermont, and West Virginia.

CDC's Leadership in Promoting Healthy Lifestyles for Woman

WISEWOMAN: Well-Integrated Screening and Evaluation for Women Across the Nation

Initially funded in 1995, the WISEWOMAN program helps low-income women reduce their risk for heart disease, stroke, and other chronic diseases. WISEWOMAN services are offered in local communities, usually through clinics and public health departments. Through its programs, WISEWOMAN provides uninsured or underinsured women aged 40–64 years with the knowledge, skills, and interventions they need to live healthier lifestyles and reduce their risk for cardiovascular disease. Through fiscal year 2007, CDC funded 13 state health departments and two tribal organizations to offer WISEWOMAN programs.

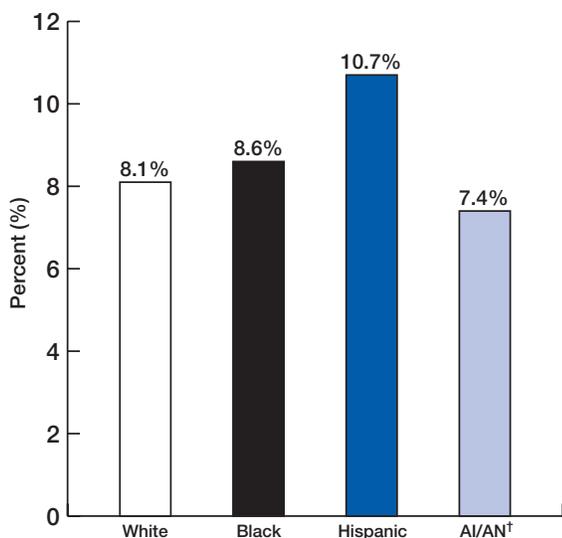
Across the country, the number of women participating in WISEWOMAN programs has grown steadily, with more than 10,000 new women entering the program each year. Eligible participants are enrolled through the National Breast and Cervical Cancer Early Detection Program. Many of these women are also members of racial and ethnic minority populations.

Health care providers who work with the WISEWOMAN program screen their patients to identify their level of risk for

developing heart disease and stroke. These screenings include assessments for high blood pressure, high cholesterol, tobacco use, and diabetes. Women who receive WISEWOMAN screenings often are found to have risk factors for heart disease and stroke. For example, a study of this population found that 74% of WISEWOMAN participants were overweight or obese, 29% smoked, 30% had high blood pressure, 24% had diabetes, and 41% had high cholesterol. Participants with these and other risk factors receive medical referrals when needed.

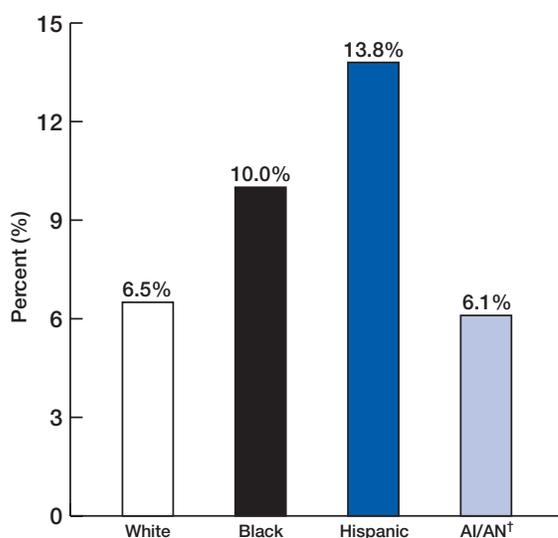
Beyond screenings, WISEWOMAN offers a wide range of lifestyle interventions that are tailored to specific population groups and cultures. These interventions help women address risk factors for heart disease and stroke, including high blood pressure, high cholesterol, high blood glucose (sugar), and smoking. Health care providers offer counseling on specific behavioral changes that can improve their patients' diet and physical activity levels, support them to quit smoking, and help them improve their overall health. Participants also engage in activities such as goal-setting, developing social support systems, and applying new knowledge to everyday situations.

Reduction in 5-Year Cardiovascular Disease Risk* Among WISEWOMAN Participants After 1 Year, January 2000–June 2007



* Defined as the probability of a cardiovascular event in the next 5 years; calculated using the following factors: sex, age, blood pressure, cholesterol levels, smoking status, and diabetes status.
† American Indian/Alaska Native.

Reduction in Smoking Rates* Among WISEWOMAN Participants After 1 Year, January 2000–June 2007



* Smoking status is self-reported. Women were asked, "Do you now smoke cigarettes?"
† American Indian/Alaska Native.

WISEWOMAN Works

Because the WISEWOMAN program works within the health care system, CDC can explore new ways to promote cardiovascular health. CDC continuously shares successful strategies with other members of the public health community because many WISEWOMAN strategies are applicable to other chronic disease prevention programs.

Working to Prevent Heart Disease and Stroke

The WISEWOMAN program is unique in that it addresses multiple health needs of women by partnering with other CDC programs. As a program in the Division for Heart Disease and Stroke Prevention, WISEWOMAN works with CDC's Office on Smoking and Health, Division of Diabetes Translation, Division of Cancer Prevention and Control, and Division of Adult and Community Health to help women stop smoking; reduce their risk for heart disease, stroke, and diabetes; increase their physical activity levels; and improve their diet.

Since 2000, WISEWOMAN has screened more than 72,000 women, identifying over 7,300 cases of previously undiagnosed high blood pressure, over 7,500 cases of undiagnosed high cholesterol, and more than 1,000 cases of undiagnosed diabetes. The program also has provided more than 170,000 lifestyle intervention sessions since 2000. Tobacco quitline referrals and smoking cessation intervention sessions offered through WISEWOMAN have contributed to an average quit rate of 8% among smokers after 1 year.

In addition, a recent study found the WISEWOMAN program to be very cost-effective because of its success in reducing risk for chronic diseases. In this study, the program extended women's lives at a cost of \$4,400 per estimated year of life saved, as opposed to a much higher cost of \$26,000 per estimated year of life saved by heart bypass surgery.

Future Directions

For fiscal year 2008, the WISEWOMAN program received \$18.6 million from Congress. This year, WISEWOMAN will seek new programs to fund for its next 5-year funding cycle. All states, territories, and tribal organizations that have a CDC-funded National Breast and Cervical Cancer Early Detection Program, are eligible to apply. Program priorities will include the following:

- Maximizing the reach of the program.
- Working to eliminate health disparities.

WISEWOMAN in Action

In **North Carolina**, WISEWOMAN sites are located in 40 counties throughout the state. In just 1 year, program participants decreased their systolic blood pressure about 3% and their diastolic blood pressure about 4%. Their total cholesterol level decreased more than 3%. As a result, women participating in this program have sharply reduced their risk for developing heart disease or stroke.

WISEWOMAN funds the **Southeast Alaska Regional Health Consortium** to serve a population that primarily includes Alaska Natives living in rural areas. One-third of the women participating in this program smoked, and 50% were obese. Patient educators use culturally appropriate interventions to promote healthier lifestyles. Each year, an average of 9% of participants who smoked have quit. In addition, the 5-year risk of developing a cardiovascular disease has decreased 6.7% among all participants.

In **Michigan**, the WISEWOMAN program has conducted more than 15,000 screenings since the program's inception in October 2001. More than 25% of the cases of high blood pressure diagnosed during this time had not been detected previously. More than 39% of the cases of high cholesterol diagnosed also were new cases. Of the women screened since 2006, 94% have received an intervention session. Since the program began, smoking rates, cholesterol levels, and 5-year cardiovascular disease risk have all declined significantly among women participating in this program.

- Decreasing heart disease and stroke risk factors for the WISEWOMAN population.
- Maximizing the number and variety of settings that deliver WISEWOMAN services.
- Ensuring that the WISEWOMAN program is delivered as intended.
- Sustaining the benefits of WISEWOMAN over time at the individual level.

For more information, please contact the Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop K-47, Atlanta, GA 30341-8151
Telephone: 770-488-2424 • Fax: 770-488-6000
E-mail: ccdinfo@cdc.gov • Web: <http://www.cdc.gov/wisewoman>