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2009

## **Success Stories**

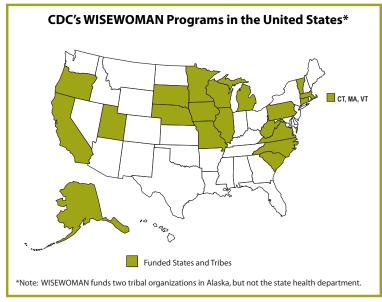
#### Nebraska

In Nebraska, heart disease and stroke are the number one and number three causes of death among women, who account for 50.5% of the state's total population. Since the Nebraska WISEWOMAN program began in 2000, more than 19,000 women with low incomes have been screened for major risk factors of heart disease and stroke, including obesity, high blood pressure, high blood cholesterol, and diabetes. When risk factors are found, participants are offered medical referrals as needed and ongoing healthy lifestyle counseling and intervention support.

#### Reaching Urban and Rural Communities

One half of Nebraska's 1.7 million residents live in three urban counties. The other half live in rural areas of the state. Compared with the U.S. population of 79.6 persons per square mile, Nebraska has only 22.3 persons per square mile. This poses a challenge for the Nebraska WISEWOMAN program in reaching women with cardiovascular disease screening and lifestyle intervention services. To meet these challenges, the program has set up a network of regional lifestyle interventionists, who contact participants by phone for 4 consecutive months.

These lifestyle interventionists provide tailored counseling and tools to clients, based on their identified health risks, and support women as they increase their physical activity, improve their diets, and quit using tobacco products. In addition to the contacts, clients receive a set of self-directed materials and related incentives. Nebraska has successfully screened more than 19,000 underserved women despite a vast geographic span. With regional systems in place, risk reduction screening and education is available to those in need and ultimately reduces the number of deaths from heart disease, stroke, and associated chronic diseases.



### Minnesota

CDC funded the Minnesota Department of Health in 2004 to include WISEWOMAN programs in local Breast and Cervical Cancer Early Detection Program provider sites. Since that time, the WISEWOMAN program—known in Minnesota as SagePlus—has grown from 3 to 10 provider sites. Additional state funding sources have enhanced the services offered to eligible women in need.

It is projected that by the year 2015, Minnesota's Hispanic/Latino population will increase by 98%. In 2004, over one-third (34.2%) of this population was uninsured, compared to 7.4% of the state's total population. To reach this growing segment of the population, the Minnesota Department of Health launched a WISEWOMAN (SagePlus) program in the heart of St. Paul's Hispanic/Latino community, providing screenings and prevention services in an area where 96% of the clients do not have health insurance.





















The WISEWOMAN program is identifying risk factors early, before disease appears, and is providing women with the tools they need to improve their health in the future. Since opening in 2007, this WISEWOMAN (SagePlus) location has screened nearly 300 women—80% of whom identified themselves as being of Hispanic/Latino descent. Forty percent of the women participated in the lifestyle education or interventions, and 30% receiving screening services have joined a physical activity program.

#### **WISEWOMAN Achievements**

Since the program began in 1995, WISEWOMAN has achieved the following:

- Worked with over 84,000 women to reduce their risk for heart disease, stroke, and other chronic diseases.
- Demonstrated a reduction in participants' overall risk for cardiovascular disease, including
  - 5.4% reduction in 10-year estimated chronic heart disease risk.
  - $\circ$  7.6% reduction in 5-year estimated cardiovascular disease risk.

- Identified women at risk for heart disease and stroke. From January 2000 through June 2008, the program found new cases of previously undiagnosed risk factors:
  - o High blood pressure in 7,674 women.
  - o High cholesterol in 7,928 women.
  - o Diabetes in 1,140 women.
- Addressed barriers to health screening services for women.
  Of the participants served:
  - 35% were from racial and ethnic minority populations.
  - All were in families with incomes below 250% of the federal poverty level.
  - o All were either uninsured or underinsured.
- Translated the science of prevention into culturally appropriate, multilanguage educational tools to meet the needs of its diverse participants.

