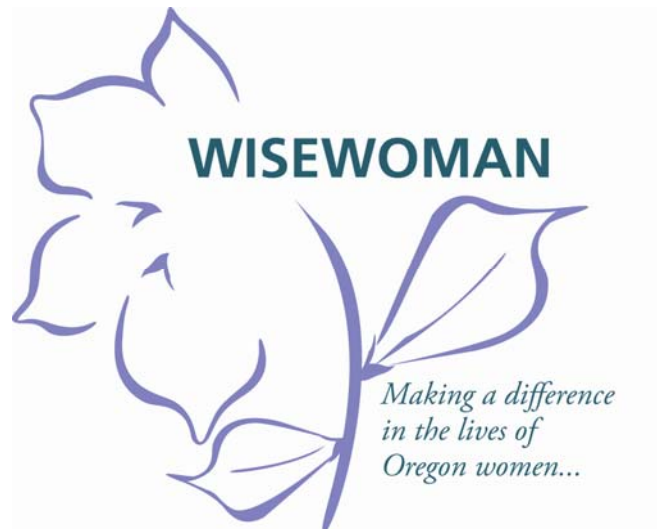


Oregon WISEWOMAN (WW) Program

Clinical Guidelines for

Providers



Oregon Department of Human Services

Office of Family Health

January 2009

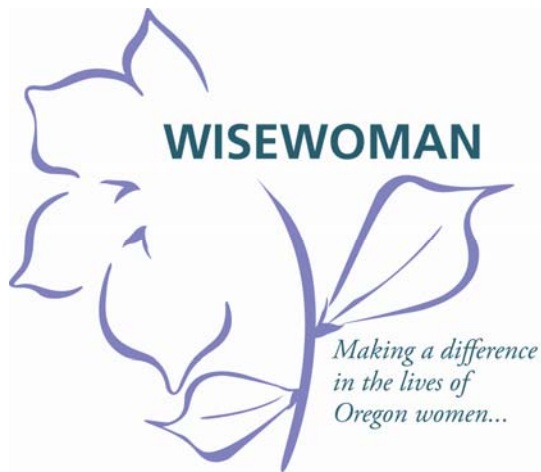
Version 1.0

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Dear WISEWOMAN Provider,

The Oregon WISEWOMAN (WW) Program is happy to welcome you to the WW network.

This guide is a companion to the *Oregon WW Program Manual*, both of which complement the Oregon Administrative Rules 333-010-200 to 333-010-290. The purpose of this guide is to provide program information to the Medical Providers who, in turn, provide health services to the Oregon WW participants. It is written primarily for participating providers (those with a current Medical Services Agreement) in the Oregon WW Program for their use in applying program policies in accordance with federal and other grant requirements.

Since most of the recommendations for screening and referral are based on national guidelines, we urge you to remain consistent with those national guidelines. It should be noted that these guidelines are intended to inform, not replace, the physician's clinical judgment, which must ultimately determine the appropriate treatment for each individual.

Information on how to enroll clients into the WW Program, provide the program with data needed to comply with grant requirements, and submit claims for reimbursement can be found in the *Oregon WW Program Manual*.

We look forward to collaborating with you in administering this important program that serves Oregonians by providing medically underserved women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular disease and other chronic diseases.

Sincerely,

The Oregon WISEWOMAN Program

Introduction and Background

The Oregon WISEWOMAN (WW) Program is:

- A program that supports and promotes chronic disease risk factor screening for medically underserved women in Oregon who participate in the Oregon Breast and Cervical Cancer Screening Program
- A fee-for-service reimbursement program that contracts with providers
- Funded by the Centers for Disease Control and Prevention (CDC) and supported by the National WISEWOMAN Program within the Division for Heart Disease and Stroke Prevention
- Administered by the Oregon DHS Public Health Division, through its Office of Family Health.

Background

In 1993, Congress authorized the Centers for Disease Control and Prevention (CDC) to establish and fund the **W**ell **I**ntegrated **S**creening and **E**valuation for **W**omen **A**cross the **N**ation (WISEWOMAN) Program to expand the services that are provided to women as part of the National Breast and Cervical Cancer Early Detection Program (NCCEDP). The current CDC five-year funding cycle (2008 to 2013) has expanded funding to twenty-one WISEWOMAN programs, including Oregon.

The WISEWOMAN program provides low-income, uninsured and underinsured women aged 40-64 with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular disease and other chronic diseases.

The Need in Oregon

As in many other states, the leading causes of death for women in Oregon are: cancer, heart disease, and stroke. Data from 2005, shows that diabetes falls 6th on the list of causes of death for Oregonians. Many of the illnesses can be attributed to specific, correctible health behaviors as well as to a lack of early screening and care.

According to the Oregon Resident Death Certificates data for 2005, heart disease in women caused a total of 3,153 years of potential life lost based on 65 years of life expectancy (YPLL-65) in Oregon, yielding a rate of 201.29 years potential life lost per 100,000 women. This burden is even heavier in certain communities. 2004-2005 BRFSS data show that African-American women have greater prevalence of heart disease and have higher heart disease rates than any other racial or ethnic group in Oregon. The National Report Card on Women's Health shows that Oregon has one of the worst female stroke death rates in the nation. Compared with other states, Oregon ranks 46th of 51 states and the District of Columbia in female stroke deaths.

The percentage of adult Oregonians diagnosed with diabetes, an estimated 186,000, is on the rise. Another way to look at this is one in 15 adult Oregonians has been diagnosed with diabetes, a rate higher than the national average. In addition, another 64,800 are likely to have the disease, but do not know it. This is a concern because diabetes is a chronic disease that can result in serious complications, such as heart disease, kidney disease, blindness, stroke, amputations and death.

Contact Information

WW Website: www.healthoregon.org/wh/wisewoman/

WW General Email: WISEWOMAN.info@state.or.us

WW State Office: 971-673-0355

The state office line is primarily for provider assistance. Please use this number for questions related to:

- Contracts/Medical Service Agreements
- Billing and claims processing
- Covered services
- Data collection guidelines and requirements
- Outreach and enrollment materials
- General program information
- Patient eligibility screening and referral
- Information about providers in the WW network

The WISEWOMAN Program (WW) is administered by the Oregon Department of Human Services (DHS) Public Health Division in Portland. WW staff work with other DHS staff and with local health departments, community health centers and providers in implementing community education, providing cardiovascular and other chronic disease screening for attaining the goals and objectives of the National WISEWOMAN Program. The Oregon WW program achieves their program goals and objectives through supporting implementation of the following program components:

- Screening
- Follow-up to ensure timeliness of services
- Referral to self-management education (*Living Well with Chronic Conditions/Tomando Control de su Salud*) and tobacco cessation resources
- Professional education

Medical Services Agreement

Medical Services Agreement

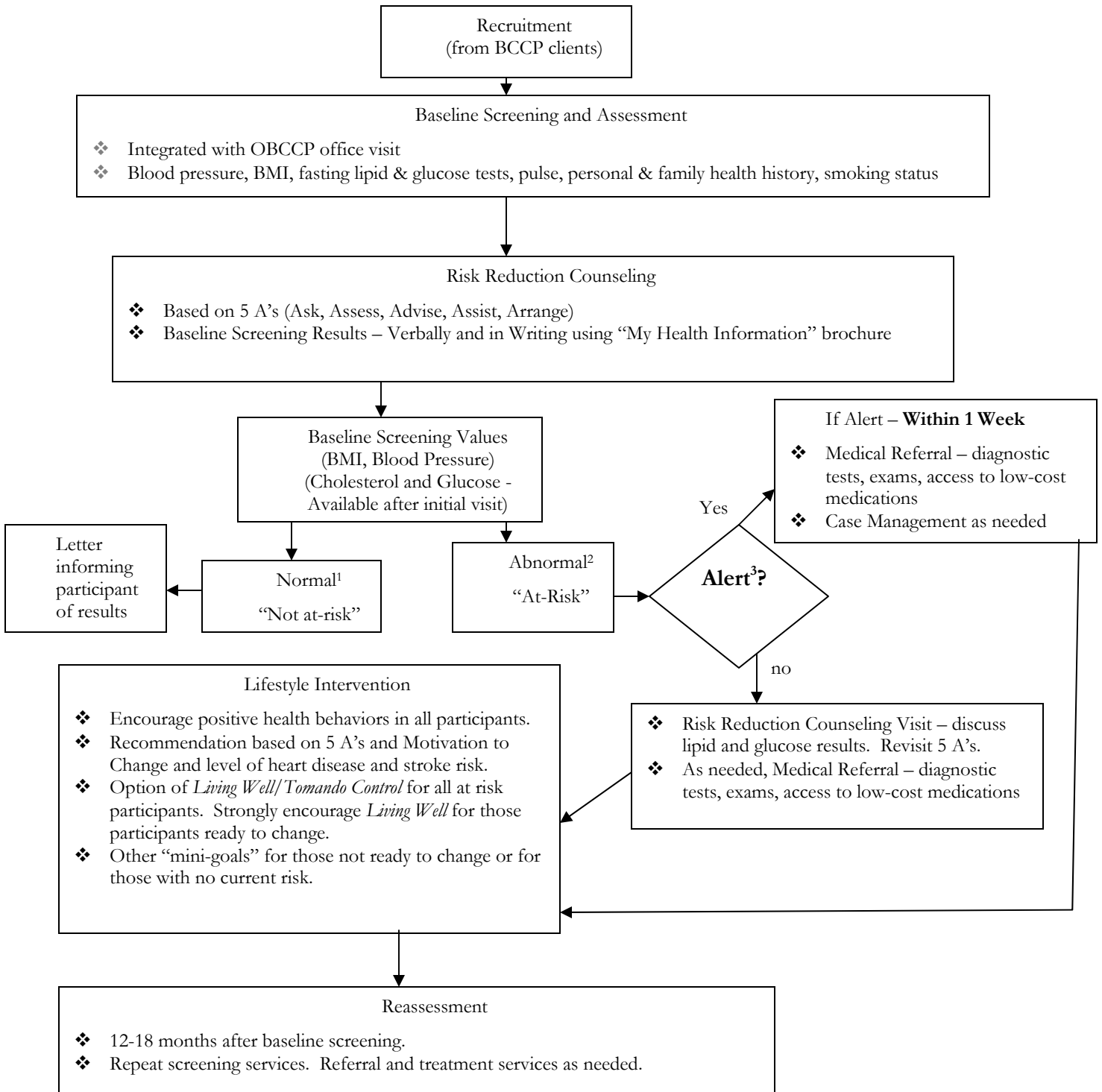
Providers must sign a medical services agreement that outlines the policies and procedures they must follow to participate in the Oregon WW Program. Providers can be either an enrolling or an ancillary provider.

- *Enrolling provider* duties include:
 - Enrolling a client into the WW Program
 - Screening, referring and counseling of a WW client
 - Providing care coordination for the WW client
 - Submitting data on a timely basis to the WW Program
- *Ancillary providers* are providers that perform services beyond the scope of an enrolling provider, for example, laboratories.

Provider certification and licenses required by the program are contained in the Oregon Administrative Rules.

Contact the WW Program for information. The WW Program has limited funding and may not be accepting new providers.

Oregon WISEWOMAN Flow Diagram



1Normal Screening Values: <120 mmHg Systolic Blood Pressure (BP) and <80 mmHg Diastolic BP; <200 mg/dL Total Cholesterol; >40 mg/dL HDL Cholesterol; <100 mg/dL LDL Cholesterol; <150 mg/dL Triglycerides; <200 mg/dl Non-fasting Blood Glucose (BG) with no symptoms; <100 mg/dl Fasting BG; <140 mg/dl Oral Glucose Tolerance Test (OGTT)

2Abnormal Screening Values: >120 mmHg Systolic BP or >80 mmHg Diastolic BP; >200 mg/dL Total Cholesterol; <40 mg/dL HDL Cholesterol; >100 mg/dL LDL Cholesterol; >150 mg/dL Triglycerides; >200 mg/dl Non-fasting BG plus symptoms; >100 mg/dl Fasting BG; >140 mg/dl OGTT

3Alert Screening Values: >180 mmHg Systolic BP or >110 mmHg Diastolic BP; >400 mg/dL Total Cholesterol; >375 mg/dl Non-fasting BG; >375 mg/dl Fasting BG

Key Provider Responsibilities at a Glance

Key Provider Responsibilities

Data requirements and other key provider responsibilities not directly related to direct client services are detailed in the *Oregon WW Program Manual*. Those seeking additional information can contact the Oregon WW Client Services Coordinator or other WW program staff.

Client enrollment

Clients wishing to enroll in WW must be co-enrolled in the Oregon Breast and Cervical Cancer Program (BCCP). WW services must be integrated with BCCP services during the same office visit. The WW provider is responsible for determining eligibility and enrolling women in the Oregon WW Program, following procedures, policies and requirements discussed in the Oregon Administrative Rules and in this guide. Providers must maintain documentation in the client's records of insurance status and WW eligibility. Providers must also maintain documentation of HIPAA notification and have a current, signed enrollment form in each client's file.

Baseline screening

The WW program reimburses WW providers for an initial office visit (combined with BCCP services) including personal health history, family history, blood pressure, BMI, pulse, smoking status, and fasting lipoprotein panel and glucose screening.

Follow-up of alert level test results

WW participants with alert level test results must receive documented follow-up in no more than one week.

Risk reduction counseling

Based on the 5A's (see pages 11 and 12 for more information), risk reduction counseling takes into account the WW participants risk factors and willingness to change. WW providers should provide written and verbal information to WW participants specific to their risk factor assessment.

Referral to lifestyle interventions for abnormal and alert level test results

WW participants with abnormal screening results must be referred to *Living Well* or *Tomando Control*. If WW participants decline the referral to *Living Well* or *Tomando Control*, WW will reimburse for one counseling visit to address lifestyle behavior change.

Re-screening

The WW program reimburses for one annual screening exam. It is required for this annual exam to be combined with BCCP annual exam services. Women can be re-screened in 12 or more months following their initial screening.

WW Screening and Referral Recommendations

Baseline screening and re-screening

The table below represents the minimum measurements to be done on all WW participants at the baseline screening and re-screening appointments. WW client appointments should be done in conjunction with BCCP services. NHANES and NHLBI recommendations were used to identify alert values for the WW program. **Women with alert values for blood pressure or blood glucose should be evaluated and treated immediately or within one week.** The WW program does not provide payment or reimbursement for treatment services.

Client is FASTING at first visit					
Measurement	Normal	Abnormal			
Fasting LDL Cholesterol (mg/dL)	Optimal <100	Near Optimal/ Above Optimal	Borderline High 130-159	High 160-189	Very High ≥190
Fasting HDL Cholesterol (mg/dL)	40-59 >60 (High)	Low <40			
Fasting Triglycerides (mg/dL)	<150	Borderline-high 150-199	High 200-499	Very High ≥500	
Fasting Blood Glucose (mg/dl)	FPG <100 OGTT <140	Prediabetes FPG 100-125 OGTT 140-199	Diabetes FPG ≥126 OGTT ≥200		Alert >375
Blood Pressure (mmHg)	<120 Systolic <i>and</i> <80 Diastolic	Prehypertension 120-139 Systolic or 80-89 Diastolic	Stage 1 Hypertension 140-159 Systolic Or 90-99 Diastolic	Stage 2 Hypertension ≥160 Systolic Or ≥100 Diastolic	Alert >180 Systolic or >110 Diastolic
Height and Weight – Body Mass Index (BMI kg/m²)	18.5 – 24.9	Overweight 25 – 29.9	Obesity (Class 1) 30 – 34.9	Obesity (Class 2) 35 – 39.9	Extreme obesity (Class 3) ≥40

Taking advantage of opportunities to screen eligible women can conflict with the WW goal of using screening tests that require women to be in a fasting state. Recognizing the convenience to the client and the necessity of combining WW and BCCP visits, WW permits non-fasting screening when fasting screening is not possible. However, if non-fasting screening reveals results in the abnormal or alert levels, clients should be advised to be re-tested with a fasting test for more accurate results. WW funds pay for these fasting re-tests under these circumstances.

Lab work if client is NON-FASTING at first visit					
Measurement	Normal	Abnormal			Alert
Total Cholesterol (mg/dL)	<200	Borderline-high 200-239	High ≥240		Alert >400
Blood Glucose (Casual) (mg/dl)	<200 with no symptoms	Diabetes ≥200 plus symptoms			Alert >375

Lifestyle Counseling Protocols

Risk Reduction Counseling

Each participant, regardless of her risk factors will receive risk reduction counseling at the time of screening. She will also receive the *My Health Information* brochure, geared to low or marginal literacy readers. The brochure is set up to document each individual's information (BMI, blood pressure, total cholesterol, HDL cholesterol, glucose and pulse), so that they can walk away with this information and have it to share with others, or digest at a later date. Since the *My Health Information* brochure can only be completely filled in after the WW clients have received the results of their screening tests, they should be encouraged to add that information when it becomes available.

During the risk reduction counseling, the WW provider will use the following 5As as a guideline for WW clients:

- ***Ask*** (Assessment of health history, family history, medication status, smoking status and lifestyle)
- ***Assess*** (Screening for heart disease, stroke and diabetes. Readiness to change.)
- ***Advise*** (Risk reduction counseling (verbal and written using “My Health Information”) on screening results and healthy lifestyle behaviors)
- ***Assist*** (Review options such as Quit Line, *Living Well/Tomando Control*, and Counseling. Provide information about community resources to support behavior change for example, cooking classes, community gardens, gardening classes, and walking clubs)
- ***Arrange*** (Refer to counseling or *Living Well/Tomando Control*. Schedule annual screening. If necessary (for alerts), refer for treatment and/or therapeutic lifestyle change.)

Readiness to Change

The WW provider will determine the participant's readiness to make lifestyle changes based on the WW provider's application of Stages of Change theory (see appendix for more information about Stages of Change theory) and the following question and responses:

How do you feel about making changes in your life to be healthier?

- | | |
|------------------------|--------------------|
| ▪ Not ready to change | • Making a change |
| ▪ Thinking of changing | • Staying on track |
| ▪ Ready to change | • Don't know |

This assessment will determine the level of intervention for the participant.

For participants who are ready to make changes:

- The WW provider will help the participant develop goals using the WW intake form. This can be used to determine in which areas (diet, smoking, physical activity, etc) and which increments goals can be determined with the most opportunity for success.
- The WW provider will refer participants with any abnormal or alert level test results to the Lifestyle intervention (*Living Well/Tomando Control*). The purpose of these referrals is to provide support and assistance related to lifestyle behavior change goals.

For participants who are ready to make changes but decline referral to CDC approved lifestyle interventions (*Living Well or Tomando Control*):

- The WW provider will help the participant develop goals using the WW intake form. This can be used to determine in which areas (diet, smoking, physical activity, etc) and which increments goals can be determined with the most opportunity for success.
- The WW provider can conduct one counseling visit (only reimbursed by WW for participants who decline the lifestyle intervention). The purpose of this counseling visit is to provide support and assistance related to lifestyle behavior change goals for those women who identify barriers (for example, childcare, cost, time commitment) to attending the lifestyle intervention that cannot be overcome.

For participants who are NOT ready to make changes but have at least two risk factors:

- The participant will NOT develop goals.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready.

Rescreening

Upon completion of the participant's 12-18 month re-screening, the WW provider will:

- Evaluate and document the participant's progress over the year.
- Offer further risk reduction counseling and community referrals that will help sustain the benefits the participant has received from the WISEWOMAN program.
- Praise the participant for the reduction of modifiable risk factors.
- Provide encouragement to continue working to reduce any remaining modifiable risk factors.

Cardiovascular Screening

The WW program provides resources for screening and referral of women with cardiovascular disease. The WW program will reimburse for women to be screened annually, at their WW/BCCP visit. The WW program does not reimburse for treatment or management of women with cardiovascular disease. With that in mind, these clinical guidelines do not include treatment or disease management information. However, it is essential that any woman screened through the WW program receive appropriate follow-up and care. **Women with alert levels must receive follow-up in one week or less.** Women with abnormal levels should be referred to either *Living Well* or *Tomando Control* (statewide Living Well referral number, 1-888-576-7414).

National Guidelines

Cholesterol

National Cholesterol Education Program, Adult Treatment Panel III Report (ATP III) <http://www.nhlbi.nih.gov/guidelines/cholesterol/>

Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines

<http://rover2.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm>

Blood Pressure

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)

<http://www.nhlbi.nih.gov/guidelines/hypertension/>

WW Program Guidelines for Blood pressure screening referral

Measurement	Normal	Abnormal			Alert
Blood Pressure (mmHg)	<120 Systolic <i>and</i> <80 Diastolic	Prehypertension 120-139 Systolic or 80-89 Diastolic	Stage 1 Hypertension 140-159 Systolic Or 90-99 Diastolic	Stage 2 Hypertension ≥160 Systolic Or ≥100 Diastolic	Alert >180 Systolic or >110 Diastolic

Guidance for accurate blood pressure measurement

Accurate blood pressure measurement is critical for detecting and managing high blood pressure. The BP reading should be done by appropriately trained, licensed clinic staff. The equipment used must be regularly inspected and validated. The WW Program recommends following guidelines from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) report for accurately measuring blood pressure; The CDC has added specific guidance to these recommendations.

1. Clients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
2. Clients should be seated quietly for at least 5 minutes in a chair (rather than on an exam table), with feet on the floor, legs uncrossed, and arms supported at heart level. The client's arm should be bared without constrictive clothing if the setting allows.
3. To ensure accuracy, use an appropriately sized cuff (cuff bladder encircling at least 80% of the arm). Many adults will require a large adult cuff. The client should be coached to relax as much as possible. Neither the client nor the observer should talk during the measurement.
4. Use a mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device to measure blood pressure.
5. Systolic blood pressure (SBP) is the point at which the first of two or more sounds is heard (phase 1) and diastolic blood pressure (DBP) is the point before the disappearance of sounds (phase 5).
6. Measure and record at least two measurements, separated by a minimum of 2 minutes. If the first two readings differ by more than 5 mm Hg, obtain additional readings. The CDC requires that two measurements be reported.
7. Clinicians should give each client specific blood pressure numbers and goals, both verbally and in writing (using the *My Health Information* brochure).

WW Program Guidelines for Cholesterol testing

Consistent with national guidelines, the WW program recommends a complete lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides) as the preferred initial test rather than screening for total cholesterol and HDL along.

If the testing opportunity is non-fasting, only the values for total cholesterol and HDL cholesterol will be useable. In such a case, if total cholesterol is > 200mg/dL or HDL is <40 mg/dL a follow-up fasting lipoprotein profile is needed.

The tables below represent guidelines for follow-up. All WW participants should be encouraged to record their test results in the *My Health Information* brochure so they have a personal record in an easy to understand format.

WW Program Guidelines for Cholesterol screening referral

Fasting Blood Cholesterol				
Measurement	Normal	Abnormal		Alert
LDL Cholesterol (mg/dL)	Optimal <100	Near Optimal/ Above Optimal	Borderline High 130-159	High 160-189
Triglycerides (mg/dL)	<150	Borderline-high 150-199	High 200-499	Very High ≥500
HDL Cholesterol (mg/dL)	40-59 >60 (High)	Low <40		

Non-fasting Blood Cholesterol				
Measurement	Normal	Abnormal		Alert
Total Cholesterol (mg/dL)	<200	Borderline-high 200-239	High ≥240	Alert >400

Diabetes Screening

National Guidelines

Diabetes

American Diabetes Association Clinical Practice Recommendations 2007

<http://www.diabetes.org/for-health-professionals-and-scientists/cpr.jsp>

WW Program Guidelines

The WW program provides resources for screening and referral of women with diabetes. The WW program does not reimburse for treatment or management of women with diabetes. With that in mind, these clinical guidelines do not include treatment or disease management information. However, it is essential that any woman screened through the WW program receive appropriate follow-up and care. **Women with alert levels must receive follow-up in one week or less.** Women with abnormal levels should be referred to either *Living Well* or *Tomando Control* (statewide Living Well referral number, 1-888-576-7414).

Fasting Blood Glucose testing is the preferred standard for WW program participants, whenever possible. For WW participants with pre-existing diabetes, the A1c test should be performed. The tables below represent guidelines for follow-up. All WW participants should be encouraged to record their test results in the *My Health Information* brochure so they have a personal record in an easy to understand format.

Fasting Blood Glucose				
	Normal	Abnormal		Alert
Blood Glucose (mg/dl)	FPG <100 OGTT <140	Prediabetes FPG 100-125 OGTT 140-199	Diabetes FPG ≥126 OGTT ≥200	Alert >375

Non-fasting Blood Glucose			
	Normal	Abnormal	Alert
Blood Glucose (Casual) (mg/dl)	<200 with no symptoms	Diabetes ≥200 plus symptoms	Alert >375

The WW program will reimburse for women to be screened annually, at their WW/BCCP visit. National guidelines indicate that screening should be considered by health care providers at 3-year intervals beginning at age 45, particularly in those with BMI ≥25 kg/m². Testing should be considered at a younger age or be carried out more frequently in individuals who are overweight and have one or more of the other risk factors for type 2 diabetes.

Referral to Lifestyle Intervention

Many studies have shown that individuals at high risk for developing diabetes can be given a wide variety of interventions that significantly delay, and sometimes prevent, the onset of diabetes. In particular, individuals at high risk for developing diabetes need to become aware of the many benefits of modest weight loss and participating in regular physical activity. Referral to *Living Well/Tomando Control* (statewide Living Well referral number, 1-888-576-7414) can be especially useful for those women whose screening results indicate pre-diabetes or abnormal levels of blood glucose, in addition to having other risk factors.

Obesity Screening

National Guidelines

Overweight and Obesity

Obesity Education Initiative's Guidelines for Weight Management

<http://www.nhlbi.nih.gov/about/oei/>

The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

WW Program Baseline Screening for Overweight and Obesity Using Body Mass Index (BMI)

Obesity is a risk factor for coronary artery disease, type 2 diabetes, hypertension, as well as many other serious and life threatening diseases. In combination with the metabolic syndrome, it further increases the risk of cardiovascular disease.

Use Weight and Height Measurements to Determine BMI

Accurate measurement of the client's weight and height are necessary to determine accurately their BMI. Scales and stadiometers used should be calibrated on a regular basis. The BP weight and height measurements and BMI calculations should be done by appropriately trained, licensed clinic staff. It is important that weight and height measurements be done in a way that respects client privacy and dignity. Clients should remove shoes, heavy clothing, cell phones, etc, prior to measuring height and weight.

BMI is calculated as weight in kilograms (kg) divided by the square of height in meters (m²) or using pounds (lb) and inches (in), divide weight in pounds by the square of height in inches. Then multiply the resulting number by 703. Use the formulas below or a BMI chart, such as the one found at http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{height squared (m}^2\text{)}}$$

$$\text{BMI} = \frac{\text{weight (lbs) x 703}}{\text{height squared (in}^2\text{)}}$$

The WW client should have her BMI reported to her verbally and in writing, using the *My Health Information* brochure.

WW BMI Categories

Measurement	Normal	Abnormal			
Height and Weight – Body Mass Index (BMI kg/m²)	18.5 – 24.9	Overweight 25 – 29.9	Obesity (Class 1) 30 – 34.9	Obesity (Class 2) 35 – 39.9	Extreme obesity (class 3) ≥40

Reduction of obesity and overweight

Reduction of obesity and overweight is primarily targeted with changing two weight-linked behaviors: physical inactivity and unhealthy eating. To provide guidance in these areas, the WW program recommends the following resources:

Diet & Lifestyle

Dietary Guidelines for Americans

<http://www.healthierus.gov/dietaryguidelines/>

Therapeutic Lifestyle Changes (TLC) diet principles (ATP III)

<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm>

DASH eating plan (JNC 7)

<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>

Physical Activity

CDC/American College of Sports Medicine (ACSM) recommendations

http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

Surgeon General's recommendations for physical activity

<http://www.cdc.gov/nccdphp/sgr/contents.htm>

The Task Force on Community Preventive Services systematic reviews of community interventions to increase physical activity

<http://www.thecommunityguide.org/pa/default.htm>

Stroke Screening

Background Information: Stroke and Atrial Fibrillation

A diagnosis of atrial fibrillation can increase an individual's risk of stroke 5 to 6 times. This is why it is important for pulse regularity to be evaluated. Some patients may experience symptoms with an irregular pulse such as fluttering in the chest, shortness of breath, dizziness or a racing feeling in the chest, but many patients have no symptoms. Atrial fibrillation is only one cause of an irregular pulse, so it is important that clients identified as having an irregular pulse be referred for further evaluation, as outlined below.

Procedures for Assessment of Pulse Regularity

Find the pulse by putting your second and third fingers over the radial artery along the thumb side of the wrist. Feel the pulse rhythm for a minimum of 30 seconds.

Record if the pulse is regular or irregular on the Screening Form and *My Health Information Brochure*. You do not have to record the rate or beats/minute.

If the pulse is irregular, ask the participant if she has ever been told that it is irregular.

Irregular pulse with a prior history of irregularity

If her health care provider has informed the participant that she has an irregular pulse, suggest she continue to have it monitored by him/her.

Irregular pulse without prior knowledge or evaluation of it

If the pulse is irregular, and there is no previous history or knowledge of it being irregular, refer the participant to her health care provider. Providing there are no other symptoms or significant history, recommend that the participant be seen within the next 2 months. If other symptoms exist or if significant history, the participant should be referred according to WISEWOMAN Program protocols. Keep in mind that this is a screening activity that is identifying an irregular rhythm and need for further evaluation. **Reminder: the referral to the health care provider will NOT be reimbursed with WISEWOMAN Program funds.**

Tobacco Use

National Guidelines

Tobacco Use

U.S. Department of Health and Human Services Clinical Practice

Guideline: Treating Tobacco Use and Dependence

<http://www.surgeongeneral.gov/tobacco/default.htm>

WW Program Guidelines

Follow-up for all women currently using tobacco products by referral to tobacco quit resources, such as the Oregon Tobacco Quit Line,

1-800-QUIT NOW (1-800-784-8669) or

1-877-2NO-FUME (1-877-266-3863) for Espanol

1-877-777-6534 (TTY)

Using the 5A's for Tobacco Cessation

Ask

Ask about tobacco use at every visit.

Implement a system in your clinic that ensures that tobacco-use status is obtained and recorded at every patient visit. For example, include the following in patient charts:

Tobacco Use: **Current** **Former** **Never** *(circle one)*

Advise

Advise all tobacco users to quit.

Use clear, strong, and personalized language. For example:

"Quitting tobacco is the most important thing you can do to protect your health."

Assess

Assess readiness to quit.

Ask every tobacco user if she is willing to quit at this time.

- If willing to quit, provide resources and assistance (1-800-QUIT NOW (784-8669)).
- If unwilling to quit at this time, help motivate the patient:
 - Identify reasons to quit in a supportive manner.
 - Build patient's confidence about quitting.

Assist

Assist tobacco users with a quit plan.

Assist the smoker to:

- Set a quit date, ideally within 2 weeks.
- Remove tobacco products from their environment.
- Get support from family, friends, and coworkers.
- Review past quit attempts—what helped, what led to relapse.
- Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- Identify reasons for quitting and benefits of quitting.

Give advice on successful quitting:

- Total abstinence is essential—not even a single puff.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

Encourage use of medication:

- Recommend use of over-the-counter nicotine patch, gum, or lozenge; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated.

Provide resources:

- Recommend toll free 1-800-QUIT NOW (784-8669)

Refer to Web sites for free materials:

- Agency for Healthcare Research and Quality:
www.ahrq.gov/path/tobacco.htm
- U.S. Department of Health and Human Services:
www.smokefree.gov

Arrange

Arrange follow-up visits, telephone calls or e-mail.

Schedule follow-up communication to review progress toward quitting. Note: The WW program will only reimburse for one counseling visit, and only for women who decline referral to *Living Well/Tomando Control*.

If a relapse occurs, encourage repeat quit attempt.

- Review circumstances that caused relapse. Use relapse as a learning experience.
- Review medication use and problems.
- Refer to 1-800-QUIT NOW (784-8669).

Appendix – Stages of Change (Transtheoretical) Model

More information can be found at:

www.cancer.gov “Theory at a Glance”

http://en.wikipedia.org/wiki/Transtheoretical_Model

Summary of the Stages of Change Model developed by Prochaska and DiClemente

Stage	Definition	Barriers/Change Strategies
Pre-contemplation	Is not thinking of making any change - A person in this stage has no intention to take immediate (within the next 6 months) action	Goal setting at this stage is not advised, increasing awareness of need for change (based on test results, family history, risk factors) might move some individuals on to different stages
Contemplation	Is thinking about making some change – A person in this stage intends to take action in the next six months	Motivate, support, encourage making specific plans, also provide information (see above) to support need for change
Preparation	Is starting to make some changes -- A person in this stage intends to take action within the next 30 days or has taken some “baby steps”	Assist with developing and implementing concrete action plans; help set gradual or mini goals
Action	Has made and maintained some changes for a short period - A person in this stage has changed behavior for less than 6 months	Recognize and applaud positive changes, show impact if applicable (lower BP, lower weight, lower cholesterol, etc.), try to help them make the behaviors “stick”, social support is important for many individuals who have lost social contacts maintained with previous behavior (people they drank, smoke, ate or participated in sedentary activities with, etc), motivate and/or prepare those who might have met an initial goal but are now at a plateau
Maintenance	A person who has changed behavior for more than 6 months	Good habits have been established, but patient should be aware of triggers for relapse such as holidays, life changes (move, new job, etc),

The model's basic premise is that behavior change is a process, not an event. It is important to realize that clients may not follow a simple linear progression through the phases in the Stages of Change. A person who intends to make a change in the next 30 days can get side tracked by a different health, family or career issue and remain in the preparation stage longer, or slip back to the contemplation stage "till things settle down". Also, relapse, particularly of behaviors considered addictive, is a commonplace and should be expected.

Achieving sustained health behavior change is the goal. However, anticipating that most individuals will likely stall or fall back a number of times before achieving lasting change can help in assisting them to readjust goals and expectations as needed. The spiral model of the stages of change suggests that when an individual regresses to previous stages, she does not typically completely fall back to where she started. The individual moves through the stages, sometimes making progress and sometimes losing ground. However, she learns from mistakes made over time, and uses that knowledge to continue to progress forward.