

# CDC-funded program improved cardiovascular health of Nebraska women

June 15 2024

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When implemented in Nebraska, the WISEWOMAN program supported by the Centers for Disease Control and Prevention (CDC), which offers services for women ages 40–64 who are low-income and uninsured/underinsured, improved hypertension, blood pressure self-management, diet, physical activity, and body weight. Jianping Daniels, Ph.D. and colleagues, of the Nebraska Department of Health and Human Services, detail these findings in a supplement to the *Journal of Public*

## *Health Management and Practice.*

In an introduction to the supplement, Miriam Patanian, MPH, a senior public health consultant to the National Association of Chronic Disease Directors in Decatur, Georgia, explains that from 2018–2023 the CDC's Division for Heart Disease and Stroke Prevention (DHDSP) funded state and local health departments and tribal organizations through 3 large public health programs, including WISEWOMAN, to implement strategies for improving hypertension control and cholesterol management. The two-volume supplement reports on work carried out through these programs, which all focused on populations with a higher burden of cardiovascular risk and disease related to social determinants of health and pervasive systemic racism.

### **Participants in the Nebraska WISEWOMAN program demonstrated health inequities**

2,649 women were included in the evaluation of the Nebraska WISEWOMAN [program](#), all of them uninsured. Thanks to aggressive community outreach, Black and Hispanic women were overrepresented compared with the general Nebraska population. 82% of participants were overweight, 50% had hypertension, 53% had high cholesterol, 21% had diabetes, 23% were current smokers, and 56% had more than one risk factor. These figures were much worse than their Nebraska counterparts in the same age group.

The statewide program involved 434 primary care providers, who conducted screening for [cardiovascular disease](#) and risk reduction counseling, and 14 health departments, who employed community health workers and nurses to offer [lifestyle interventions](#) by phone, online, or in person. These lifestyle interventions (one per referral) were CDC-approved and included health coaching; the American Heart

Association's Check.Change.Control program about hypertension management; the CDC's National Diabetes Prevention Program; Live Well, which focuses on chronic disease management and smoking cessation; and Physical Activity Walk and Talk.

## **WISEWOMAN interventions motivated positive behavioral changes**

1,312 women (57%) participated in at least one lifestyle intervention, and 66% of that group completed at least three sessions. Overall weight loss was statistically significant, with 19% of all participants losing two–five pounds, 12% losing 5.1–10 pounds, and 12% losing more than 10 pounds. Fruit and vegetable consumption increased from an average of 3.4 to 4.1 servings per day, also a significant improvement. In addition, Dr. Daniels and colleagues noted significant improvements in the percentage of participants who:

- Had abnormal blood pressure (26% pre-intervention vs. 19% afterward)
- Were limiting their salt intake (53% vs. 66%)
- Were limiting their intake of sugary drinks (63% vs. 73%)
- Ate fish at least twice a week (21% vs. 26%)
- Ate grains daily (14% vs. 21%)
- Exercised at least 30 minutes/day (66% vs. 78%)
- Measured their blood pressure at home (50% vs. 60%)

"Overall, the program outcomes are positive and desirable," the researchers conclude. "Reducing disease burden and inequities is a priority for Nebraska and the WISEWOMAN program will continue to offer proven intervention."

Ms. Patanian says of the supplement, "We can learn a lot through the efforts described in these articles and apply their [best practices](#) into our own public health programming. Importantly, the newest round of cooperative agreements offered by DHDSP use the same three program focus areas that were first described in 2018. This allows for state and local health departments and tribal organizations to continue to build on successes from before, and to incorporate these best and promising practices into their own work."

**More information:** Jianping Daniels et al, Outcome Evaluation of a Public Health Intervention on Cardiovascular Disease (CVD) Prevention Among Women Aged 40-64 with Low Incomes in Nebraska, *Journal of Public Health Management & Practice* (2024). [DOI: 10.1097/PHH.0000000000001925](#)

Provided by Wolters Kluwer Health

Citation: CDC-funded program improved cardiovascular health of Nebraska women (2024, June 15) retrieved 18 June 2024 from <https://medicalxpress.com/news/2024-06-cdc-funded-cardiovascular-health-nebraska.html>

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