

and the recommendations set forth for hypertension according to the 6th Joint National Report on the Detection, Evaluation and Treatment of High Blood Pressure published by the National Institutes of Health, National Heart, Lung, and Blood Institute. The guidelines can be obtained electronically at <http://www.nhlbi.nih.gov/guidelines/index.htm>. National guidelines for addressing other risk factors can be found at <http://www.cdc.gov/wisewoman>. Laboratories must be accredited under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and meet all applicable Federal and State quality assurance standards in the provision of any test performed. However, if a new, improved, or superior screening procedure becomes widely available and is recommended for use, this superior procedures will be utilized in the program. [Section 1503(b) of the PHS Act, as amended.]

f. Recipients should design culturally appropriate lifestyle interventions aimed at lowering blood pressure or cholesterol, improving physical activity or nutrition, or achieving smoking cessation in a similar target population. A New Leaf Choices for Healthy Living is an example of an intervention that has been effective in improving nutrition (see <http://www.hpdp.unc.edu/wisewoman/newleaf.htm>).

Alternatively, the intervention can be newly designed if it incorporates sound theoretical principles of behavioral change such as use of the socio-ecologic model to intervene at multiple levels, individual tailoring, self-efficacy, self-monitoring and reinforcement, readiness for change, small achievable steps, social support, collaborative goal setting, and strategies to overcome barriers (see monograph entitled *Integrating Cardiovascular Disease Prevention into Existing Health Services: The Experience of the North Carolina WISEWOMAN Program* at <http://www.hpdp.unc.edu/wisewoman/manual.htm>. If applying as a Standard Best Practices project (available in FY 2005 and later), interventions should be designed following WISEWOMAN recommended best practices (available in FY 2005).

g. Recipients should propose methods aimed at sustaining behavioral change. Maintaining behavioral change should involve strategies to provide the participant with ongoing contact such as with health facility staff or community health workers (either in person or by mail) and to educate regarding relapse prevention. The use of computer-tailored education can be especially

useful (to view recommendations detailed in the monograph entitled *Integrating Cardiovascular Disease Prevention into Existing Health Services: The Experience of the North Carolina WISEWOMAN Program* see <http://www.hpdp.unc.edu/wisewoman/manual.htm>).

Environmental supports aimed at sustaining behavioral change such as increased walking, healthier food choices, and smoking cessation should also be considered. These might include activities such as improving the safety of neighborhoods, advocating for walking groups at shopping malls, improving the quality of foods in local grocery stores and changing community norms around tobacco. Although WISEWOMAN applicants may not be able to completely fund these environmental strategies due to restrictions on the use of funds (see 60/40 Requirement in under "Use of Funds"), they may be able to establish strong partnerships with other CDC programs in their health department or agency that use community environmental and/or policy approaches (e.g., Nutrition/Physical Activity/Obesity, Tobacco Control, Diabetes, and Cardiovascular Health).

h. Recipients should propose methods aimed at sustaining the program in future years. Methods include using the principles of community engagement (for more information, see CDC's monograph entitled "Principles of Community Engagement" at <http://www.cdc.gov/phppo/pce/index.htm>. Emphasis should be placed on developing traditional and non-traditional partnerships in the community through partnering with other CDC funded programs.

i. Plan or conduct evaluation strategies to include reporting of suggested minimum data elements and cost information (see WISEWOMAN Guidance Document at <http://www.cdc.gov/wisewoman> for a list of the suggested minimum data elements). Other evaluations are strongly encouraged and might include measures of program feasibility and acceptability, mapping neighborhood assets to determine resources before and after program implementation, increases in partnerships as a result of the program, improvements in medical care, the usefulness of community health workers in the program, increases in knowledge of providers, improvements in participant's self-efficacy, and so forth;

j. Formalize plans for Recipient Activities (a) to (i) through development of program protocols or conduct program operations according to previously developed and approved

program protocols. Newly funded projects should conduct all program startup activities as detailed on page 18 of the monograph *Integrating Cardiovascular Disease Prevention into Existing Health Services: The Experience of the North Carolina WISEWOMAN Program* at <http://www.cdc.gov/phppo/pce/index.htm> and should be prepared to pilot test their methods.

k. Work collaboratively with other State, Territorial, or Tribal WISEWOMAN program staff and partners (such as CDC contractors) to develop methods that have the potential to be implemented in other WISEWOMAN programs.

2. *CDC Activities:* a. Convene workshops, trainings, and/or teleconferences of the funded projects for sharing of information and solving problems of mutual concern.

b. Provide ongoing consultation and technical assistance to plan, implement, and evaluate program activities.

c. Conduct site visits to assess program progress and mutually resolve problems, as needed, and/or coordinate reverse site visits to CDC in Atlanta, GA.

d. Assist in the development of a research study protocol for IRB review by all cooperating institutions participating in the research project. If CDC IRB review is necessary, the CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed. For more detailed information on the CDC IRB see <http://www.cdc.gov/od/ads/hsr2.htm>.

e. Collaborate with WISEWOMAN projects in the analysis of data and development of abstracts and publications that informs the program, public, scientific community, and Congress as to program progress and results.

f. Copy and distribute materials developed by State, Territorial, or Tribal WISEWOMAN projects for the purpose of aiding other WISEWOMAN projects and public health partners.

F.3. Content

Applications. The program announcement title and number must appear in the application. Use the information in the "Program Requirements, Other Requirements, and Evaluation Criteria" sections to develop the content. Your narrative should be no more than 30 double-spaced pages, printed on one side, with one-inch margins, and unrounded font.

WISEWOMAN Application Outline: Please provide the following information and, as appropriate, a preliminary but realistic time-phased