

APPENDIX A.—ELIGIBILITY—Continued

Applicant	Competitive		Funding level		Type of program	
	Yes	No	1st	2nd	Standard	Enhanced
Southeast Alaska .....	.....	X	.....	X	X	
Yukon-Kuskokwim	X	.....	X	.....	X	X
All other programs funded by NBCCEDP	X	.....	X	.....	X	X
All other programs not funded by NBCCEDP	Not eligible	.....	.....	.....	.....	.....

APPENDIX B.—TYPE OF PROGRAM AND PERFORMANCE REQUIREMENTS

[Depending on type of program and level of funding, a project is expected to complete the performance activities detailed in the appropriate cell]

Funding level	Type of program and performance requirements	
	Standard Demonstration Project (Available for applicants applying in FY 2003 and FY 2004) Standard Best Practices Project (Available in FY 2005 and later)	Enhanced (Available for applicants applying in FY 2003 and later)
First Annual Funding: \$50,000 to \$250,000 (Standard); \$250,000 to \$500,000 (Enhanced)	(1) Complete Program Startup Activities found in checklist*. (2) Test activities using pilot study methods (3) Screen 500 women annually for blood pressure and cholesterol and provide all with health education. (4) Ensure at least 60 percent of newly screened women receive complete lifestyle intervention program. (5) If applying in FY 2005 or later, programs must implement WISEWOMAN-recommended best practices (recommendations available in FY 2005).	(1) Complete Program Startup Activities found in checklist including IRB protocols*. (2) Receive IRB approval. (3) Test methods in pilot study that includes screening and intervention activities. (4) Demonstrate adequate power to test effectiveness of lifestyle interventions in a full-scale study. (5) Prepare publishable manuscript
Second Annual Funding: \$250,000 to \$750,000 (Standard); \$750,000 to \$1,250,000 (Enhanced); Funding level for Standard and Enhanced Programs depends on success in meeting or exceeding performance requirements	(1) Screen at least 2500 women each year for blood pressure and cholesterol and provide all with health education**. (2) Ensure at least 60 percent of new women receive complete lifestyle intervention. (3) Demonstrate that newly enrolled participants adopt a healthier lifestyle during the year following enrollment**. (4) Demonstrate that at least one quarter of women screened are newly detected with high blood pressure or high cholesterol**. (5) Demonstrate a reduction in expected coronary heart disease deaths per 1000 women expected in 10 years***.	(1) Screen and intervene with enough women to achieve statistical power as determined during 1st level (2) Ensure 75 percent of eligible women in intervention group receive complete intervention (3) Demonstrate that intervention group adopts a healthier lifestyle during the year following enrollment** (4) Demonstrate statistically significant difference on one key outcome. (5) Develop monograph and/or training on methods to help other projects adopt successful program (6) Submit at least one manuscript on methods and results to a peer-reviewed journal

* Program Start-Up Checklist developed by the North Carolina WISEWOMAN program is found 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.hdpd.unc.edu/wisewoman/manual.htm>.

** See GPRA measures developed May 17, 2002 found in WISEWOMAN Guidance Document: Interpretation of Legislative Language and Existing Documents at <http://www.cdc.gov/wisewoman>.

*** Use Framingham risk formulation that includes smoking, systolic blood pressure, total cholesterol, and age. This is calculated from minimum data elements.