



WISEWOMAN UPDATE

January 2006

Paperwork Issues

- Please be sure to press down hard when completing the Healthy Lifestyle Goals Form. Many of the copies MDCH receives are very difficult to read because the writing is so light.
- If a participant does not want to develop goals in the first lifestyle counseling session, please do the following:
 1. Complete a Lifestyle Counseling Contact Form to document the session (not the Healthy Lifestyle Goals Form) and indicate on the form that the client does not want to develop goals.
 2. If the client never wants to develop goals and declines further participation in the program, you will also need to include her on the Client Status Change Form.
 3. If she wants to develop goals in the second lifestyle counseling contact, please complete the Healthy Lifestyle Goals Form for the second session.
- On several Lifestyle Counseling Contact Forms, there have been notations that the participants decline any further contact. Please note that MDCH does NOT move women to inactive status based on what is written on the Contact Forms. MDCH will only move women to inactive status when it is indicated on the Client Status Change Form.

End of Fiscal Year Deadlines

March 21, 2006

All paperwork for FY05 services (including diagnostic office visits, lipid panels, and lifestyle counseling) must be received by MDCH in order to authorize services. MDCH will submit final FY05 authorizations to Nationwide on March 27, 2006.

March 24, 2006

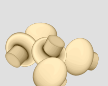
Corrected and resubmitted FY05 claims are due to Cathy Blaze.

April 4, 2006

The last day that Nationwide will cut checks for FY05 claims.

April 15, 2006

The books close for FY05 claims.



Stats At-A-Glance

Since the new fiscal year began, 645 women have been screened in the WISEWOMAN Program. This puts us at 16.23% of our FY06 caseload goal of 3,975.

Of the 645 women screened, 90 (13.95%) have newly detected conditions. This means that 90 women have previously undiagnosed high cholesterol, high blood pressure, or both high cholesterol and high blood pressure.

The CDC performance indicator for rescreening is greater than or equal to 75%. Our current rescreening rate for program duration is 35.09%. The Michigan performance indicator for the percentage of eligible women who complete their lifestyle goals is 75%. So far in FY06, 88% of eligible women have completed their lifestyle goals.

Blood Pressure Variation

Blood pressure varies from minute to minute and from day to day. It is the "nature" of blood pressure to fluctuate. Its basic purpose is to fluctuate based on a range of physiological factors, varying circumstances (such as sitting versus standing), and activities. When we rest, it typically goes down and when we exercise, are under stress or pain, it typically goes up. This variation serves to provide sufficient blood supply to areas that need it most at that particular time. It is known that individuals with high blood pressure have greater variation than those with normal blood pressure. Since blood pressure is dependent on heart rate, blood flow, resistance, viscosity, and volume, there are many areas of the body that may influence the regulation and variation of blood pressure.

Research has also shown that blood pressure varies according to a circadian rhythm. It peaks during daytime hours and often is higher in the morning after waking. A recent study from Tokyo indicated that blood pressure is higher on Monday mornings. Studies monitoring blood pressure for 24 hours via an electronic device have shown about a 10-20% drop in blood pressure during the night. Throughout the day blood pressure may vary 5 to 40 mmHg systolic and 5 to 35 mmHg diastolic. Some individuals exhibit an unusually variable blood pressure and researchers have suggested the large variation can indicate higher risk.

Since blood pressure is inherently variable, it is advisable to take a series of readings to adequately assess blood pressure status. Seldom is the blood pressure reading the same on a sequential reading so several readings provide a more thorough evaluation of the blood pressure. If the first and second readings are reported the same, the screener should review measurement procedures to be sure accurate technique is being done since this is unusual. Keep in mind that the cut-points used to determine whether an individual is at-risk, should be referred, or is under control is somewhat arbitrary. A two mmHg difference can make the difference in any one of these categories. Providing a careful, accurate, and thorough assessment of the blood pressure gives the individual the best evaluation at that point in time.



Free Blood Pressure Training Materials

A free blood pressure toolkit, *Blood Pressure Measurement in the 21st Century*, is available for health care professionals to update their blood pressure measurement skills and their knowledge regarding current guidelines for the detection and evaluation of hypertension.

The kit includes a video that covers sources of errors in blood pressure measurement and how to improve the accuracy of blood pressure readings using American Heart Association recommendations. In addition, the toolkit contains information on the maintenance and calibrations of blood pressure equipment, the new JNC7 Guidelines, as well as related references, hand-outs, and training materials. The video is available in both VHS and DVD formats.

CEUs are available from the Virginia Department of Health by following the instructions in the kit. To order a copy of the toolkit, please call 1-800-SENTARA and ask for *Blood Pressure Measurement in the 21st Century*.

Go Red for Women

Thousands of Americans will help women fight heart disease when they participate in the third year of the American Heart Association's *Go Red For Women*, as it gears up again in February. The campaign provides women with tips and information on healthy eating, exercise, and risk factor reduction, such as smoking cessation, weight maintenance, blood pressure control, and blood cholesterol management. A few *Go Red For Women* activities include:

National Wear Red Day

On February 3, 2006, thousands of people, including employees at more than 3,000 companies, national and local news anchors, and talk show hosts will wear red to support the cause. The red dress and the color red are symbols for women and heart disease and the American Heart Association's *Go Red For Women* movement.

National Landmarks and Monuments

National and local landmarks – including the Seattle Space Needle, Niagara Falls, the Empire State Building, Graceland, and more – will be illuminated in red during February, American Heart Month, to further raise awareness of women and heart disease.

The Red Dress Pin – Get One. Give One.

Thousands have already added the red dress pin to their fashion accessory collection to support the women and heart disease movement. This year, women are urged to get two free red dress pins – one to wear and one to share with someone they care about. You can get the pins by calling 1-888-MY-HEART.

For more information about the campaign, please visit www.americanheart.org.

