**HELPING PROVIDERS GIVE BETTER SERVICE TO LOW-INCOME, UNINSURED WOMEN AT RISK OF HEART DISEASE AND STROKE***Cost-effective learning community educates, promotes partnerships*

**Public Health Problem**

* Heart disease and stroke are a big problem among minority, low-income, uninsured women. In the U.S. more women die within a year of a heart attack than men.
* The Pennsylvania WISEWOMAN program helps low-income, underinsured, or uninsured women 40–64 year old lower their risk of heart disease and stroke through risk factor screening, lifestyle intervention, and referral services.
* Health professionals working directly with women in the WISEWOMAN program expressed a need for professional development targeted to their time constraints and learning preferences.

**Program**

* The Pennsylvania WISEWOMAN Program evaluated professional development needs of direct-service staff through pre- and post-tests, one-on-one/group interviews, and observation.
* WISEWOMAN Program staff said they needed better ways to effectively counsel clients with risky lifestyle behaviors and had a specific interest in learning to use the *A New Leaf...Choices for Healthy Living* model, a structured counseling tool that offers practical strategies.
* To accommodate limited provider time and resources and geographic constraints a telephone- and internet-based learning community was developed applying a consistent structure and process for each 1-hour including 1) an opportunity to learn more about the *A New Leaf* model, 2) patient education tools and resources, 3) a case study, 4) a partner corner where participants learn about partner resources and formalize partner relationships with WISEWOMAN and 5) WISEWOMAN news and announcements.

**Impact**

* As one WISEWOMAN Program Manager says, “*the Learning Community model is in direct response to the needs identified through an intensive on-going evaluation process. The development of the Learning Community model provided a cost-effective strategy that provides professional development, promotes networking between providers and partners, and integrates new partners.”*
* The Learning Community process created new partner connections for the Program.
* Increasing providers’ knowledge and confidence in the use of an effective model can increase health benefits for women in the program who, nationally, are more likely to return for regular health screenings and are quitting smoking and lowering blood pressure and cholesterol levels.

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