SUBMITTING ADDITIONAL WISEWOMAN LIFESTYLE PROGRAM/HEALTH COACHING MDE DATA

WISEWOMAN recipients are required to document: (1) participant referrals to lifestyle programs (LSPs) and health coaching (HC) and (2) attendance at LSP/HC sessions. The current MDE file format allows for documentation of up to two LSP/HC referrals and up to 16 LSP/HC sessions within a screening cycle.¹

In some cases, a participant may receive more than two referrals to LSP/HC programs and/or attend more than 16 LSP/HC sessions during a screening cycle. While recipients are not required to submit data for LSP/HC referrals or sessions that exceed these limits, some recipients may choose to record and submit these data to CDC for the purposes of program monitoring and/or evaluation. CDC has developed a supplemental LSP/HC reporting form for recipients to use if they choose to collect and submit additional LSP/HC data.

This document provides instructions for using the supplemental LSP/HC reporting form (*Excel Spreadsheet:* **Supplemental LSP HC Reporting Form**), and then describes two examples of situations in which a recipient may choose to use the reporting form.

INSTRUCTIONS FOR USING THE SUPPLEMENTAL LSP/HC REPORTING FORM

Recipients that choose to submit supplemental LSP/HC data using the LSP/HC reporting form should follow the instructions below:

- Entering data. Beginning on row 10 of the reporting form, use one row to report up to two additional referrals and/or up to 16 additional sessions for a participant. The unique participant ID number (Item 3a: Encode ID) and the clinical assessment date (Item 12a: BPDate) should align with the associated screening record in the MDE file for the participant.
 - In the case that a participant receives more than four LSP/HC referrals or attends more than 32 LSP/HC sessions during a screening cycle, a second row of the supplemental reporting form may be used to document additional referrals and/or sessions for that participant. There is no limit to the number of referrals or sessions that may be submitted for a participant.
- **File-naming convention.** The LSP/HC supplemental reporting form should be saved using the format LSPHC_PPYYMM, where PP is the program abbreviation (e.g., Alabama is AL) and YYMM is the date of submission. YY is the two-digit year and MM is the month from 01 to 12. Use leading zeros when specifying months between 01 and 09.
- **Submitting data to CDC.** The supplemental reporting form should be submitted to CDC at the time of the MDE submissions through the "Misc" tab in Data Management System (DMS) 3.0.

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¹ A screening cycle is the period of time between two clinical assessment dates. For example, a participant's baseline screening cycle begins on the baseline clinical assessment date and ends when the participant returns for a second clinical assessment (i.e., rescreening). LSP/HC referrals and session attendance should be documented under the screening cycle during which they were delivered.

EXAMPLE 1: PARTICIPANT ATTENDS MORE THAN 16 LSP/HC SESSIONS DURING A SCREENING CYCLE.

Scenario:

A participant was referred to a 12-session Taking Off Pounds Sensibly (TOPS) LSP and an 8-session Expanded Food and Nutrition Education Program (EFNEP) LSP during her baseline screening. She completed all 20 sessions of these two programs during the screening cycle.

Instructions for completing the MDE data file:

- LSP/HC session dates (Item 19b: Intervention) and the ID for the LSP/HC program(s) (Item 19c: LSPHCID) should be entered in the MDE data file in the order that the sessions occurred.
 - In our example, assume that the participant attended the 12 sessions of the TOPS LSP before starting the 8-session EFNEP LSP. The dates of the 12 TOPS sessions should be entered chronologically in the LSP/HC session date field (Item 19b: Intervention) followed by the dates of the first four EFNEP sessions.
 - Similarly, the first 12 entries in the LSP/HC ID field (Item 19c: LSCHCID) should correspond to the CDC-approved ID for the TOPS program. The last 4 entries in the LSP/HC ID field should correspond to the CDC-approved ID for the EFNEP program.
 - Data for the final four EFNEP sessions may be submitted using the supplemental LSP/HC reporting form (see below).
- The number of LSP/HC sessions received during the screening cycle (Item 19a: LSPHCRec) should reflect total number of LSP/HC sessions that the participant received during the screening cycle, including those that exceed the capacity of the MDE file.
 - In our example, because the participant attended a total of 20 LSP/HC sessions during the screening cycle (12 TOPS sessions and 8 EFNEP sessions), LSPHCRec should be coded as 20.

Instructions for completing the supplemental LSP/HC reporting form:

- Recipients may choose to document the LSP/HC sessions that exceed the capacity of the original MDE file using the supplemental LSP/HC reporting form.
 - RefDate (Item 18a; columns D and E in the supplemental form) should be left blank for this
 participant because the referral dates for TOPS and EFNEP have already been documented in
 the original MDE file.
 - The recipient would provide the session date (Item 19b: Intervention; columns F through I in the supplemental form) and LSP/HC ID (Item 19c: LSPHCID; columns V through Y in the supplemental form) for each of the remaining four EFNEP sessions. These should be entered chronologically.

EXAMPLE 2:

PARTICIPANT RECEIVES MORE THAN TWO LSP/HC PROGRAM REFERRALS DURING A SCREENING CYCLE

Scenario:

A participant received a referral to a three-session HC program and an 8-session Expanded Food and Nutrition Education Program (EFNEP) LSP at her baseline screening. She then received a referral to a 12-session Taking Off Pounds Sensibly (TOPS) LSP during one of the health coaching sessions. She completed all three programs (23 sessions total) during the screening cycle.

Instructions for completing the MDE data file:

- LSP/HC referral dates (Item 18a: RefDate) should be entered in the MDE data file in the chronological order that the referrals occurred.
 - In our example, the HC and EFNEP referrals occurred before the TOPS referral. Therefore, the referral dates for the HC program and EFNEP LSP should be entered in the LSP/HC Referral Date field (Item19a: RefDate) in the MDE file. The third referral to TOPS exceeds the capacity of the MDE file so the referral date should be entered in the Supplemental LSP/HC Reporting form (see below for instructions).
- LSPHCRec (Item 19a) should be used to document the total number of LSP/HC sessions that
 the participant received during the screening cycle, including those associated with LSP/HC
 referrals that are captured in the supplemental LSP/HC file.
 - In our example, because the participant attends a total of 23 LSP/HC sessions during the screening cycle (3 HC sessions, 8 EFNEP sessions, and 12 TOPS sessions), LSPHCRec should be coded as 23.
- LSP/HC session dates (Item 19b: Intervention) and the ID for the LSP/HC program(s) (Item 19c: LSPHCID) should be entered in the MDE data file in the order that the sessions occurred for the first 16 sessions.
 - In our example, information for the 3 HC sessions, 8 EFNEP sessions, and first 5 TOPS sessions should be recorded in the MDE file.
 - Information about the final 7 sessions of the TOPS program should be recorded in the Supplemental LSP/HC reporting form (see below).

Instructions for completing the supplemental LSP/HC reporting form (optional)

- The third or subsequent LSP/HC referrals for the screening cycle may be submitted to CDC using the LSP/HC reporting form.
 - In our example, the recipient would document the TOPS referral date (Item 18a: RefDate) in column D in the supplemental form.
- Because the participant attended 23 LSP/HC sessions but only 16 could be recorded in the MDE file, information about the 7 additional TOPS sessions may be reported using the supplemental reporting form.
 - The session attendance dates (Item 19b: Intervention) should be recorded in columns F through L in the supplemental form in the order they occurred.
 - The CDC-approved ID for the TOPS program should be recorded in columns V through AB in the supplemental form under Item 19c: LSPHCID.