

HealthPOWER!

Prevention News

Spring 2008

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www.prevention.va.gov

From the Chief Consultant—Linda Kinsinger, MD, MPH

A few years ago, an article in the Harvard Review¹ started with the following paragraph:

“In the bottle before you is a pill, a marvel of modern medicine that will regulate gene transcription throughout your body, helping prevent heart disease, stroke, diabetes, obesity, and 12 kinds of cancer – plus gallstones and diverticulitis. Expect the pill to improve your strength and balance as well as your blood lipid profile. Your bones will become stronger. You’ll grow new capillaries in your heart, your skeletal muscles, and your brain, improving blood flow and the delivery of oxygen and nutrients. Your attention span will increase. If you have arthritis, your symptoms will improve. The pill will help you regulate your appetite and you’ll probably find you prefer healthier foods. You’ll feel better, younger even, and you will test younger according to a variety of physiologic measures. Your blood volume will increase, and you’ll burn fats better. Even your immune system will be stimulated. There is just one catch. There’s no such pill. The prescription is exercise.”

Exercise, or physical activity (for those of us who think of “exercise” as what you do in hot, sweaty gyms), is as close to a silver bullet

as there is for improving health. As the paragraph above indicates, physical activity is beneficial for a wide variety of health problems. But national statistics show that fewer than half of Americans get the recommended amount of physical activity a week. Recommended physical activity is defined as moderate-intensity activities in a usual week (i.e., brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate) for at least 30 minutes per day, at least 5 days per week; or vigorous-intensity activities in a usual week (i.e., running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) for at least 20 minutes per day, at least 3 days per week; or both.

In February 2007, the American College of Sports Medicine and the American Heart Association issued updated recommendations for physical activity for adults aged 18-65.² These recommendations include not only the aerobic physical activity recommendations noted above but also a new recommendation for activities that maintain or increase muscular strength and endurance a minimum of two days a week. Updated recommendations for older adults now also include balance exercises for those who are at risk of falls.³

While most of us know that physical activity is good, we may not realize how harmful physical inactivity is. According to findings from the Women’s Health Initiative, being sedentary is an independent risk factor for coronary heart disease, even among people who do exercise. The longer people sit each day, the greater the risk of cardiovascular disease, even after adjusting for time spent in leisure-time physical activity.⁴ So getting up and moving around from time to time throughout the day at work and not spending long hours in front

of the TV or a computer at home is *really* important. It’s not enough to get 20-30 minutes of moderate to vigorous physical activity each day – we need to move as much as possible all day long. Here at NCP, we go on a group 20-minute walk around our building every Wednesday morning. It’s not much, but it’s something – and every little bit helps.

I recently saw a speaker at a large national meeting give a keynote address while walking at a pace of 2 mph on a treadmill/workstation. His computer was attached to the treadmill and he talked and moved through the slides just as easily as if he had been standing still. I don’t know how many of us are ready for something like that to replace our desks and comfy chairs but maybe we need to start thinking about it!

This issue of HealthPOWER! is the first in what we plan to be a series of “theme” issues, in which we’ll focus most of the content of the newsletter on a particular topic. This issue’s theme is physical activity. Every section of NCP has some role in promoting physical activity. We hope you enjoy this format. Please send us your feedback and comments and **keep moving**.

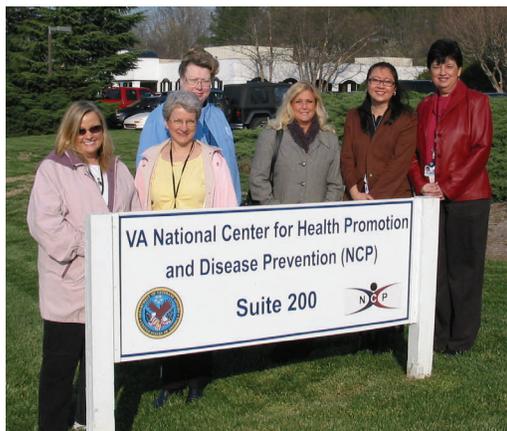
Linda

¹Shaw J. The deadliest sin. From survival to the fittest just to survive: scientists probe the benefits of exercise—and the dangers of sloth. Harvard Review. March-April 2004.

²Haskell WL et al. Physical activity and public health. Circulation. 2007;116:1081-93.

³Nelson ME et al. Physical activity and public health in older adults. Circulation. 2007;116:1094-1105

⁴Manson JE et al. Walking compared with vigorous exercise for the prevention of cardiovascular events in women. N Eng J Med. 2002;347:716-26.



Every Wednesday morning, staff members enjoy a 30-minute walk around the building.

Feature Article—Let's Get Physical! (Contributed by Sophia Hurley, MSPT VA Miami Healthcare System)

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Physical activity can be broadly defined as any movement of the body that uses energy. This movement may be in various forms, including but not limited to: running, gardening, briskly pushing a baby stroller, stair climbing, sports or dancing. To be beneficial, physical activity should be moderate to vigorous for at least 30 minutes per day.

Physical activity is an important component of any wellness plan. There are numerous benefits of regular physical activity. When endorphins are released, one may experience a reduction in pain, depression and anxiety. Physical activity can have a positive effect on an individual's self esteem, confidence and overall feelings of well being. Another benefit is increased physical fitness, including bone strength, muscle strength and joint maintenance. Improvements in endurance, flexibility and posture have also been linked to physical activity. Success with weight management may also be enhanced by regular physical activity. Those who engage in regular physical activity are less likely to develop heart disease, high blood pressure, diabetes, obesity and some forms of cancer.

For years it has been said that being physically active is good for our health. There is currently evidence to demonstrate that regular physical activity can result in a longer and healthier life. A review of published studies found individualized health behavior change programs to be effective in increasing levels of physical activity. By tailoring the program to an individual's specific interests, preferences and readiness for change, a successful outcome is more likely to result.

It is at this point when the role of the physical activity expert comes into

play. Taking into consideration the individual's goals, and after careful systems review and evaluation, a program that is tailored to the individual will be designed with the following in mind: any physical limitations, the setting and equipment that may/may not be used, time constraints, and type of activity. After an initial instructional session, it may be helpful to have a periodic review of the plan. This will help ensure both proper technique and progression of activity. A physical activity expert can also educate the individual regarding injury prevention and general safety precautions. It may be possible to utilize resources such as supervised Wellness programs to monitor the individual along the way. Taking the time to individualize a program should ensure that the end result will be favorable and that the individual will have fun while achieving goals and being active.

Some resources that clinicians may find helpful are listed below:

1. The MOVE! Website
www.move.va.gov/
2. The NCP website
www.prevention.va.gov/
3. *T.E.A.C.H. for Success* coursework offered throughout VA for excellent review of staging, tailoring, communicating, and honoring the patient as a partner
4. Community resources such as YMCA, Volksmarching groups, local parks and recreation offerings
5. www.mypyramid.gov/tips_resources/index.html
6. www.cdc.gov/physicalactivity/



Employee Wellness Column—Richard Harvey, PhD

Employees Need It Too!

So, what is "it"? Of course, "it" is physical activity! Just like our patients and everybody else in this country, VA employees need to be physically active on a regular (daily, if possible) basis. Regular physical activity helps us live longer, feel more energetic, sleep more soundly, maintain a healthy weight, and avoid injury from falling. It also helps us avoid or recover from depression, and makes us feel better overall. Is there any other natural thing we can do that reaps all these benefits?

"Physical activity has always been the cornerstone of wellness programs."

Physical activity has always been the cornerstone of wellness programs. Many people singularly equate wellness with physical activity, no doubt for the reasons already mentioned. Virtually every employee wellness program strongly encourages participants to exercise regularly, and many provide convenient exercise facilities or discounted gym memberships. A

number of VA Medical Centers have exercise facilities that both staff and patients use, and others are working towards making such facilities available to staff members. Walks or runs are part of almost every Medical Center's National Employee Health and Fitness Day activities, and walking challenge programs such as the virtual "Walk to New Orleans" are featured frequently by VA employee wellness programs. The recent "Champions Challenge" was one such initiative.

If physical activity is the cornerstone of wellness, then other important health habits are building blocks. These include healthy nutrition, maintaining a healthy weight, not using tobacco, effective stress management, getting sufficient rest, an agreeable balance of work and non-work activities, and good social support. A wellness lifestyle involves a balance of all these things, and the result is a healthier, happier, and more energetic person!



Employee Wellness Expo—VAMC Minneapolis, MN October 25, 2007

(Contributed by Linda Daninger, RN and Cynthia Tomczak, RN)



Employee Wellness Expo 2007 was held at the Minneapolis VA Medical Center on October 25, 2007. The theme for this fall event was "Harvest Your Health". Over 890 employees and volunteers were greeted at the door by "hand hygiene" police dressed in "police" uniforms, complete with hats and badges. An application of alcohol gel was offered everyone as they entered the expo. Employees were given a map detailing the various stops for the event and a wellness survey to fill out and then filed through the "Harvest" maze, which included 30 vendors from various VA departments and programs and outside communities. Participants could obtain blood glucose testing, dermatology screen for sun damage, blood pressure checks, influenza vaccinations, peripheral vascular circulation Doppler

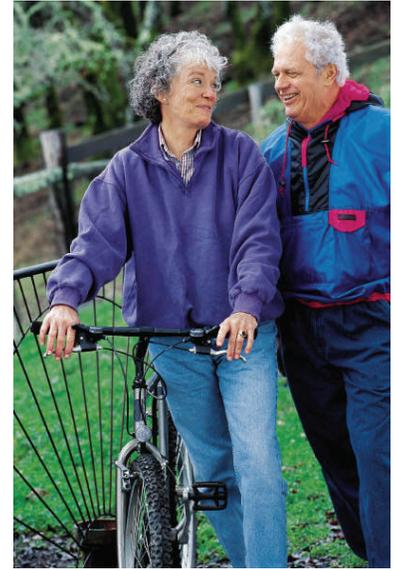
readings and many other hands on screening and checks. Healthy snacks were available including nuts, yogurt and even popcorn! Toothbrushes were available after snacks. Visitors to Employee Wellness Expo could also learn about or participate in other healthy activities including ways to achieve an ergonomically correct work station, tips to quit smoking, relaxation by means of a chair massage or become more aware of dangerous street drugs by viewing an identifying photo and guessing the drug's name. As employees stopped at the various booths, they got their maps stamped and then dropped the completed maps into a "cauldron". More than 30 door prizes were then drawn and awarded – a fun conclusion for another successful, well attended Employee Wellness Expo at our Medical Center.



HealthierUS Veterans Fitness Challenges

HealthierUS Veterans has partnered with the President's Challenge to promote physical activity. The President's Challenge is a program that encourages all of us to make being active part of our everyday lives. Just about everyone can benefit from increasing their physical activity and fitness. The President's Challenge helps by providing encouragement and resources. You are able to log and track activity on line. The President's Challenge lists more than 100 different activities. Join a group or create one. Have competitions between groups and compare your level of activity to others in your group.

On the HealthierUS Veterans website, you will find a new customized entry page to the President's Challenge. There are even HealthierUS Veterans Fitness Challenge groups for you to use. You can learn more about Fitness Challenges at www.healthierusveterans.va.gov/fitnesschallenges.asp. To view the customized entry page and register for the President's Challenge visit <http://healthierusveterans.presidentschallenge.org/>.



**Rise to the
Challenge**



The National President's Challenge kicks off March 20.
Get in shape and have fun doing it!

**Join the National President's Challenge
March 20, 2008 – May 15, 2008**

The President's Council on Physical Fitness and Sports is launching the first National President's Challenge—a six-week physical activity challenge to encourage Americans to be more active.

- Registration for the National President's Challenge is from March 1 to April 3.
- The Challenge itself starts March 20, the first day of spring, and ends May 15 during National Physical Fitness and Sports Month.
- The goal is to be physically at least 30 minutes a day, 5 or more days a week, for 6 out of 8 weeks.
- To register, go to www.healthierusveterans.va.gov and click Fitness Challenges and register for the President's Challenge.

If you have an existing log for the President's Challenge, enrollment in the National President's Challenge is automatic.

Exercise is Medicine™

Last fall, the American College of Sports Medicine (ACSM) launched the Exercise is Medicine™ Program in collaboration with the American Medical Association. The Program's tag line is "Calling on physicians to assess and review every patient's physical activity program at every visit." And the goal is to get physicians to strengthen their counseling and support for physical activity with patients. A number of organizations have lent support to the initiative including the [President's Council on Physical Fitness and Sports](#) and many health care and public health professional organizations.

The program has seven areas of focus including the following:

- Make available tools, training, and referral mechanisms for physicians and other healthcare providers.
- Strengthen the science and evidence for the efficacy of exercise prescription in health-care settings.
- Pursue policy interventions that support Exercise is Medicine™.
- Stage patient advocacy and marketing campaigns.
- Build coalitions and partnerships.
- Identify, develop, and disseminate "what works" models for patients as well as entire communities.
- Create a Web site with strategy, content, and functions that support all the program elements of Exercise Is Medicine™.

The [Exercise is Medicine™ website](#) contains a compendium of resources for physicians and patients regarding starting and maintaining an exercise program. Within the physician section of the website you will find a collection of ACSM Position Statements (often joint position statements with other organizations such as the American Heart Association) on various

physical activity topics and in relation to patients with specific conditions, such as diabetes or coronary artery disease.

Looking for guidance on whether physical activity is "safe" for your patient?

[Exercise and Acute Cardiovascular Events: Placing the Risks into Perspective](#)

[Exercise Standards for Testing and Training: A Statement for Healthcare Professionals From the American Heart Association](#)

Is your patient thinking about purchasing home exercise equipment?

[Direct him or her to the section of the EIM website that has information about treadmills, elliptical trainers, and home weights](#)

Is your patient considering strength training? Try these resources:

[Strength, Power, and the Baby Boomer Report on Overtraining with Resistance Exercise](#)

The physical activity resources available for patients on this website are particularly suited for patients who are "beyond the basics" and are looking to either increase their activity or try new activities, such as strength training. For sedentary patients just looking to get started with activity, consider more basic resources, such as the physical activity handouts available on the *MOVE!* website, the *Exercise: A Guide from the National Institutes for Aging* resource, or the physical activity sections of the *A Healthier You* book.

Patients spend the majority of their time outside of our clinics and exam rooms. While promoting and encouraging our patients to be more physically active during office visits may help, it is but one piece of a public health approach to the problem of physical inactivity. An additional facet of the Exercise is Medicine™ Program is advocacy. This area of focus highlights the importance of physical activity on health to engage our communities, employers, and schools to adopt policies, programs, and environments

that reinforce a physically active lifestyle. Physicians play a key role in these efforts by reinforcing to decision makers that physical activity plays an important role in preventing future chronic disease and managing existing chronic disease. Physicians can be influential figures in their community, and the Exercise is Medicine™ Program will soon provide tools for physicians to have even stronger voices in decisions that affect their community's health.

Finally, the Exercise is Medicine™ Program is a great opportunity for physicians to take personal stock of their own physical activity behaviors. Are you accomplishing your own personal fitness goals? What is getting in the way of accomplishing your goals? Most physicians don't need "more information" about why physical activity is good for us, we just need to use the same behavioral techniques that we teach patients: set goals, self-monitor, and problem-solve when road-blocks emerge.

Exercise is Medicine website homepage: <http://www.exerciseismedicine.org>

Available at: <http://www.acsm-msse.org/pt/pt-core/template-journal/msse/media/0507.pdf>

Available at: <http://circ.ahajournals.org/cgi/reprint/104/14/1694?maxtohtml=&HITS=10&hits=10&RESULTFORMAT=&searchid=1&FIRSTINDEX=0&minscore=5000&resourcetype=HWCIT> (link only accessible from within VA intranet).

Available at: <http://www.acsm.org/AM/Template.cfm?Section=Brochures2&Template=/CM/ContentDisplay.cfm&ContentID=8101>

Available at: <http://www.acsm.org/AM/Template.cfm?Section=Brochures2&Template=/CM/ContentDisplay.cfm&ContentID=8450>

Available at: http://www.acsm.org/AM/Template.cfm?Section=Current_Comments1&Template=/CM/ContentDisplay.cfm&ContentID=8024

Available at: <http://www.move.va.gov/handouts.asp?physical>

Available at: http://www.move.va.gov/download/Resources/NIAA_Exercise_Guide.pdf

Available at: <http://www.health.gov/dietaryguidelines/dga2005/healthiyou/>



Calling on physicians to assess and review every patient's physical activity program at every visit.

We all know that exercise is good for us! Not only can exercise prevent disease, but it can help control or mitigate chronic diseases like arthritis, COPD, diabetes, etc. Current research indicates exercise contributes to health with a whole array of wonderful outcomes including controlling blood pressure, increasing longevity, boosting energy and/or managing weight.

Many patients tend to think of exercise in terms of joining a gym, walking on a track, playing a game of basketball, running a marathon, etc. However, exercise for many sedentary patients needs to be refocused to include more of an “every day, in your own neighborhood” kind of approach. Walking with friends, house work, putting down the TV remote, hitting baseballs with the grandkids, can be effective strategies for starting to exercise for better health. Misperceptions about exercise may be corrected and increased physical activity promoted by introducing this important topic in conversations with patients.

Effectiveness will be greatly enhanced if beginning questions are non-judgmental and open-ended. Start off by asking, “What do you do to stay healthy?” If exercise is not mentioned, then say, “What other things could you do to improve your health?” Frequently, patients will include exercise in their answer which creates a great opportunity to introduce this topic. Also, reinforce other healthy behaviors the patient is performing to promote health.

If the patient does not mention exercise, ask, “Have you ever thought about increasing your physical activity?” If they say yes, ask, “What happened as a result of that thought?” If the answer is “No”, then ask, “What benefits do you think you would gain from exercising?” This is a quick way to judge a patient’s readiness to exercise.

Another technique is to use the short and simple question derived to ascertain the patient’s basic beliefs and experiences about a given topic.

An example question is “When you think about physical activity, what do you think about?” If the patient indicates that they have not been successful with this in the past, explore with them what happened.

If the patient says, “Exercise is awful, it makes you sweat. You get hot, thirsty and really sore”, reflect back on their response by saying, “It sounds like you have tried some form of exercise that made you feel worse after you started it. Tell me more about what happened to you when you did this.”

You may find that the patient started off their exercise regimen too rapidly, thinks that all exercise is running, lifting weights, playing a whole game of basketball, or believes in the “no pain, no gain” approach. Or they may have selected a method of exercise that did not match their current level of fitness. Starting out small and working to gradually build up to higher levels of activity is a success strategy for both patients and providers. On the other hand, if the patient says, “I know I should do it, but I just can’t get started”, ask, “What would it take for you to get started?” This question provides valuable information on how the patient views the barriers to exercise. It also gives an opening to discuss with the patient what it would take for change to happen. At this stage, the patient is not ready to move into active change but can begin to think about the pros and cons of changing.

Beginning, continuing and even increasing one’s activity level is an on-going process as people cycle thru different stages of readiness to change. Don’t be afraid to bring up the topic of physical exercise with patients; just do it in a way that respects their beliefs and past efforts. Join with them to find out what works. Support the small steps; they add up to make big progress.

(Contributed by Pamela Hebert, DrPH, Veterans Health Education and Information)



HealthierUS Veterans Mini Grants

Mark Your Calendars Employee Health and Fitness Day: May 21, 2008

This is your reminder that the next **Employee Health and Fitness Day is on May 21**. Facilities are encouraged to plan events involving staff and veterans, and to take pictures for sharing on the HUSV and NCP websites and/or for inclusion in a Digest of EH&F Day reports and pictures. Reminders, related handouts and report forms will soon be available on our website.

HealthierUS Veterans is providing 40 mini grants to facilities, CBOCs and Vet Centers in the amount of \$2,500 each. These grants will help facilities to fund original ideas, projects, written materials, or products for use with veterans that promote the program goals and key message of the initiative - **Be active, Eat healthy, Get fit for life**. Projects need to be veteran focused and cannot be used for items such as tee-shirts, staff-focused events, small mementos for staff or IT purchases.

Please note the following dates:

- Mini grant applications need to be submitted to the NCP by **April 18**

- Notification on grant awardees is **April 30**
- All mini grant funds must be spent by **September 30**

The application form and additional information can be accessed at:

http://vaww.prevention.va.gov/docs/Mini_Grant_Application_Form.pdf

If you have questions, please contact Rosemary Strickland at rosemary.strickland@va.gov or Pam Del Monte at pamela.delmonte@va.gov



Attendees at *MOVE!* Conference participating in a walk—Fall 2007



Champions' Challenge Walk—October 2007, VAMC Shreveport, LA

In the year 2007, many events were held throughout the country that included both staff and veterans. There was great enthusiasm among participants. The pictures to the right are a sampling of the many activities that took place in various cities.



Wheelchair Games—July 4, 2007
Anchorage, AK

What's New at NCP

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Trang Lance was recently selected for the position of Research and Evaluation Analyst. She came to NCP after 5½ years in the Office of Quality and Performance (OQP), where she was the Statistician/Analyst for the Surveys of the Health Experiences of Patients (SHEP) and Performance Measures Program. She has her

Masters in Public Health from the Department of Biostatistics at the University of North Carolina, Chapel Hill. Before joining the VA, she was a Research Statistician at RTI International, where she worked on a number of international and Centers for Medicare and Medicaid Services (CMS) projects.



VCS Holds Recognition Ceremony for VISN 8 Champions' Challenge Contributors (Contributed by Tony Rogers, NCP)

On March 6, 2008, the Veterans Canteen Service (VCS) held a recognition ceremony at the James A. Haley Veterans' Hospital in Tampa, FL. to acknowledge VISN 8 key contributors to the Champions' Challenge. The challenge was a collaborative effort of VCS, HealthierUS Veterans, and MOVE! to promote the message, "Eat healthy. Be active. Get fit for life." During the Challenge, veterans, staff, and volunteers were encouraged to walk at least one mile per day for 100 days and received prizes from the VCS for completing milestones at 25, 50, 75, and 100 miles. Representatives included Patricia Ryan, Director of VISN 8 Community Care Coordination Service, Dr. Michela Zbogor, VISN 8 CMO, Dr. Nevin Weaver, VISN 8 Network Director, Dr. Michael Jorge, from the Tampa Leadership Team, Marilyn Iverson, Director of VCS and Meryl Garnto, RD, the VCS Champions' Challenge Coordinator.

The National Center for Health Promotion and Disease Prevention was also recognized its contribution to the challenge. MOVE! Program Analyst, Tony Rogers, received the recognition award on behalf of Dr. Kinsinger, Chief Consultant for Preventive Medicine and Dr. Jones, National Program Director for Weight Management. Tony created an online daily mile log and provided technical

support to Champions' Challenge participants.

Many VISN 8 employees were recognized for their contributions. Those recognized included Diana Akins-Bay Pines, Carla Anderson-VISN 8, Joy Chambers-New Port Richey, Norma Figueroa, Tampa, Sarita Figueroa-VISN 8, Cathy Harding- VISN 8, Patricia Harris-Tampa, Sophia Hurley-Miami, Pat Leapley-Daytona Beach, Stuart Murdock - VISN 8, Barry Murphy - North Florida/South Georgia (NF/SG), Susan Ruiz-VA Carribbean, Patricia Ryan-VISN 8, Katherine Schreiber - West Palm Beach, Jennifer Stavig-Lake City, Connie Taylor-NF/SG , and Rojean Williams-West Palm Beach.

Over 35,000 participants participated in the Champions' Challenge. Marilyn Iverson, VCS Director, plans to host the Champions' Challenge as an annual event. They are considering having a small event in the fall and a larger challenge in the spring of the year.



VISN 8 key workers who were recognized for their contributions to the Champions' Challenge



NCP/MOVE! Program Analyst, Tony Rogers accepts a certificate of appreciation on behalf of NCP for its support and contributions of the Champions' Challenge. Pictured from left to right: Marilyn Iverson, Director of Veterans Canteen Services (VCS); Tony Rogers, NCP; and Meryl Garnto, VCS

Champions' Challenge and the HAC (Contributed by Anne Hazelton MD, MSPH VA Health Administration Center—Denver, CO)



Group photo featuring some of the 100-milers with their duckies. Anne Hazelton, MD (Medical Director), is located at the left of picture—see arrow pointer.

Last November, we started to get healthier. Organized by the MOVE! Program and Healthier US Veterans and the National Center for Health Promotion and sponsored by the Veteran's Canteen Service, we kicked off a national wellness event endorsed by the Undersecretary of Veteran's Affairs, Dr. Kussman. The goal was to "Walk 100 miles in 100 Days" for every Veteran and every VA employee, and at the same time, honor our 12 Gold Medal Winners of the 2007 Wheelchair Games.

GETTING STARTED

The Health Administration Center in Denver, with nearly 700 employees and contractors, started walking as a group on a beautiful sunny day on November 15. We crossed the street to a bike path, going out ½ mile from the offices, to a small park where water and a ticket for a prize was given. By the time each came back, they had walked their first official mile. Some healthy snacks were provided by our Employee Association. The Canteen also gave free pedometers to the 150 or so who began walking for the contest. (Some of the 219 who registered though the HAC were family members and did not take the "hike" that day.)

KEEPING ON

To help keep our HAC walkers motivated, a "Duckie Walk" contest was started at the same time. Every athlete chose a 2-inch rubber duckie from dozens of differently-costumed yellow friends. There were purple-clad Rockies Baseball players (we had finally made it to the Series!), to cheerleaders (they went fast—there must be a fair number of former cheerleaders here) to Mardi-Gras duckies. Each adopted duck got their walking-buddy's name on the bottom and all were placed at the start line in a trophy case. As the 25 mile certificates came in, each duckie was moved forward. They walked to the 50 mile marker and then 75, and into the 100-mile "pond." As each employee reached a milestone, their name and the type of duckie friend they chose were published and

congratulated in our daily email newsletter. The duckies were a big deal, and grown men, who possibly thought originally that they did not need a duck, came to the office to adopt a duckie. And if they weren't moved properly, I was asked why!

Human Resources personnel collected the certificates and passed out the scratch tickets. Everybody won at least a bottle of water, and many won second prizes, such as fruit and nut snack packages, courtesy the Canteen at the hospital about 2 miles away. (The Medical Director works both places, so schlepped the prizes back to the HAC weekly.) Later prizes included insulated lunch sacks, backpacks, and \$20 gift certificate for the first prize at 100 miles.

WHERE WE ARE

Some duckies, alas, are still at the START line, but most have moved on! In fact, over 50 have made it into the "pond" at the end. After the contest ended on March 8th, a "Duck Walk Out of the Pond" celebration was done on March 11th. All of the duckies who finished got to go home with their buddies. The others did not get adopted, and will be set out randomly in the stairwells as an incentive to avoid the elevators. (However, all those who made it to at least 25 miles were rewarded with a local prize drawing.) The National Drawing forms for those who finished the 100 miles have been sent in for the drawing on March 26th. Good Luck, Ducks!

ESSAY

We also had an essay contest for our employees to see why people were walking and exercising. Donnival Williams, an employee of the HAC, wrote the winning one. He actually began exercise during our wellness event from the end of 2006, and now is running marathons! Here is his story:

"My challenge started 21 November 2006, the beginning of the HAC holiday health competition. I had already planned to begin my new year resolution to lose weight, the health competition just let me start a little

(Continued on page 11)



Display case showing the crowding of duckies on the lower right corner, which is the "pond" for the 100-milers



A sample of the variety of duckies.

(Continued from page 10)

sooner than planned. I wanted to come up with an exercise plan that was not too taxing to a point where I wanted to quit. I started with walking about 2 miles on the treadmill, and when my body got used to walking 2 miles, I increased my distance. But exercising was not the only change that I made; it came to my attention that I had to change my lifestyle, so I incorporated a healthy diet which includes fruits and vegetables and drinking lots of water.

The next phase was to push myself harder than ever before.

I moved from walking to a slow jog that eventually turned out to a full blown exercise plan. Even after the competition was over, my body and mind was ready for a bigger challenge. One of my co-workers suggested that I run the Bolder Boulder. This was a 10-K road race

and I thought it was a good idea. I increased my distance to running to 5 miles a day (Monday – Friday). Since I wanted to finish the 10 K with a faster time, I had to add speed works into my 5 miles daily routine. After the Bolder Boulder, I was ready for the next challenge. While training for the Bolder Boulder, once again one of my co-workers suggested a marathon, the Denver Marathon to be precise. I never thought I would ever run a marathon but I decided why not.

My training begins with greater distances and harder runs. I incorporated weight training and abs workout to reduce the amount of weight that my body would carry over the finish line. It soon came to my attention that not only that I needed to run, but my body craves the feeling I get when I run long and hard. This became my time, the time where it was just me, and the trails that I chose to run on. I finished the Denver marathon in 5 hrs and 19

minutes. Since my first marathon, I made the decision to run at least 2 more marathons and my next marathon is on the 18 May 2008; this is the Colfax Marathon. If I complete this marathon, this is the second 26.2 mile race I would have finished. To increase my endurance, I had to run several 10-milers, several 13-milers and two 16-milers. I did not participate in the Champions' Challenge [at first] due to the fact I was working longer and harder for a marathon." [However, he joined at the end when he found out that running counted.]

Donnival L. Williams, CPD



Picture of finishing duckies and prizes

MOVE! Column—Ken Jones, PhD

Physical activity is a key component in MOVE!. The National Weight Control Registry project, which monitors individuals who have maintained a 10% weight loss, has found that 90% of the participants use daily exercise (average of one hour per day) to maintain their weight loss¹. Recent reports from the longitudinal CARDIA study indicate that young adults who maintained weight through adulthood had lower risks for components of metabolic syndrome². CARDIA researchers have previously shown that physical activity is a key factor in both weight maintenance and loss³.

Other MOVE! Team news...Susi Lewis and I attended the MOVE! Strategic Planning Meeting held jointly by VISNs 11 and 12 last week in Chicago. We are very excited about their future plans to expand weight management care in these VISNs.

Sophia Hurley (see her article), a physical therapist and MOVE! Coordinator from the Miami VAMC, will be joining our staff in April. Sophia has a background in general physical therapy and in promoting physical activity to foster wellness and weight management.

¹Phelan, S, Wyatt, HR, Hill, JO & Wing, RR. Are eating and exercise habits of successful weight losers changing? *Obesity*, 15;2470-2477.

²Lloyd-Jones, DM, K Liu, K, Colangelo, LA, Yan, LL, Klein, L, Loria, CM, Lewis, CE & Savage, P Consistently stable of decreased body mass index in young adulthood and longitudinal changes in metabolic syndrome components: The Coronary Artery Risk Development in Young Adults Study. *Circulation*, 2007;115:1004-1011.

³Schmitz, KH, Jacobs, DR, Leon, AS, Schreiner, PJ, & Sternfeld, B. Physical activity and body weight: Associations over ten years in the CARDIA study, *Int J of Obesity*, 24;1475-1487.

Nationwide, more than 35,000 participants enrolled in the Champions' Challenge—co-sponsored by Veterans Canteen Service and MOVE!



**VA National Center for Health Promotion
and Disease Prevention
Office of Patient Care Services**

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Susi Lewis, MA, RN

MOVE! Program Management Analyst —

Tony Rogers

Program Manager for VHEI—

Rose Mary Pries, DrPH

Health Education Coordinator

Pamela Hebert, DrPH, CHES

Calendar of Events:

January

TBI Panel—Washington, DC—Rose Mary Pries
January 9-10, 2008

QUERI Meeting—Washington, DC—Linda Kinsinger
January 30-31, 2008

February

VISN 23 Meeting—Kinsinger, Jones, Harvey, Kahwati
February 5-6, 2008

VA HSRD Meeting—Washington, DC—Kinsinger, Kahwati
February 13-15, 2008

Web Training—San Antonio, TX—Tony Rogers
February 19-22, 2008

ACPM Meeting—Kinsinger, Kahwati
February 20-22, 2008

Community Task Force Meeting—Leila Kahwati
February 27-28, 2008

March

Work and Stress Meeting—Washington, DC— Richard
Harvey
March 5-8, 2008

VISN 8 Meeting—Tampa, FL—Tony Rogers
March 6-7, 2008

USPSTF Meeting—Gaithersburg, MD—Linda Kinsinger
March 12-14, 2008

NFS Interview Panel—Washington, DC—Linda Kinsinger
March 24-25, 2008

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NCP Mission Statement

The VA National Center for Health Promotion and Disease Prevention (NCP), a field-based office of the VHA Office of Patient Care Services, provides input to VHA leadership on evidence-based health promotion and disease prevention policy. NCP provides programs, education, and coordination for the field consistent with prevention policy to enhance the health, well-being, and quality of life for veterans.

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