

# Health *POWER!*

Prevention News • SPRING 2012



- 2 From the Chief Consultant**  
Working Out with Resistance Bands—13
- 3 Feature Article**  
How Does Your (Community) Garden Grow?: MOVE® Program Helps Veterans Get Healthy “from Earth to Plate”—3
- 5 Spring Showcase Articles**  
MOVE!® Weight Management Program in Fiscal Year 2011 —5  
Putting the “Team” in “PACT” at the Cincinnati VAMC—7  
Racial Disparities in VA Health Care—9
- 11 Resources**  
Research Reveals Factors that Influence Overweight and Obese Veterans’ Consumption of Fruits and Vegetables—11
- 14 News Updates**
- 15 Staff Updates**
- 16 MOVE!® Success Stories**  
The Most Rewarding Job: Physician Champion Dr. Inge Ferguson —16  
It’s What You Still *Can* Do, Not What You *Can’t*: Veteran Lanny Carrero—18

## Putting Down Roots

Linda Kinsinger, M.D., M.P.H.  
Chief Consultant for  
Preventive Medicine



Calvin Coolidge once said that “all growth depends upon activity—there is no development without effort.” Given all the effort and related growth going on in the Veterans Health Administration (VHA), I think that this quote is particularly apropos now. It’s also fitting because we’ve entered spring, the season most associated with the increased activity that drives new development.

In this issue of the VHA National Center for Health Promotion and Disease Prevention’s (NCP’s) *HealthPOWER!*, we highlight these vernal themes with several stories on the MOVE!® Weight Management Program for Veterans (MOVE!®).

Our feature article describes how MOVE!® clinicians at the Department of Veterans Affairs Palo Alto (CA) Health Care System (VAPAHCS) are nurturing their program and patients using a novel community garden project. Next, Dr. Ken Jones and Lynn Novorska from NCP discuss last year’s national MOVE!® achievements—and this year’s opportunities—as the program expands and matures at the local facility level. We also showcase a local

MOVE!® team’s active partnership for women’s heart health, interesting research on Veterans’ consumption of fruits and vegetables, and an effective tool for promoting more physical activity.

Lastly, we include two narratives that spotlight the individual successes of both Veterans and clinicians: an ex-Marine who’s using exercise to fight back, and give back, in the face of debilitating disease, and a MOVE!® Physician Champion who’s using her unique skill-set to help patients confront their weight challenges.

Now 2 years into VA’s transformational initiatives, our Preventive Care Program has put down strong roots and is sprouting impressive new growth. And thanks to all of our collective hard work, Veterans are continuing to reap the benefits of our ongoing, active efforts to promote health and prevent disease.

*Linda Kinsinger*

# How Does Your (Community) Garden Grow?: MOVE!® Program Helps Veterans Get Healthy “from Earth to Plate”

In its third planting season, the community garden at the Palo Alto Campus of VAPAHCS has provided Veterans and staff more than just a bounty of fresh organic produce. “When we broke ground on the garden in May 2011, we knew that it would supplement our MOVE!® Program and encourage enrolled Veterans to eat better,” says research health science specialist Cindie Slightam, an M.P.H. intern and garden co-founder. “But it’s surpassed our expectations and really become a ‘place of health.’ Employees and Veterans are using the garden to embrace a healthy diet, get more physical activity, manage their stress, and get engaged in their health care—they’re living the healthy living messages, and that’s exciting to see.”

## Making It Happen

The “sanctuary” (as at least one Veteran calls it) was the result of a multi-player, multi-year process. “People thought our garden project was a great idea, but lining up money, support, and approval for it was a challenge, partly because the campus already had a garden,” explains Palo Alto’s MOVE!® Program Coordinator Camilla Coakley, who worked closely with Slightam to found the garden. So they built interest in and momentum for the new project by creating buzz about the garden’s potential

educational and health benefits, identifying possible sites, and enlisting the backing of wide-ranging groups, including HCS management, Volunteer Services, and local master gardeners. They also applied for start-up funding with the help of Dr. Jude Lopez from the VA Office of Public Health (OPH) Surveillance and Research.

## Start-Up

In May 2011, the vision became reality: the MOVE!® Program received a one-time grant from the VA OPH, Public Health Strategic Health Care Group to buy basic garden supplies and create a gardening manual for participants. And almost immediately, Veterans and others rolled up their sleeves and got involved.



“We had a MOVE!® Celebration Day, and staff and volunteers helped ‘build’ the garden and the book,” says Slightam. In a fallow, 24- x 49-foot plot near the campus’ main entrance, the team pitched in to help create the fenced garden. Veteran Stanley Winch

led the way by providing materials, designing and building garden boxes, setting up the irrigation system, and recruiting Veterans to help out. Other Veterans contributed to Slightam and Coakley’s *Gardening 101* manual, which was reviewed in its early stages by Santa Clara County Master Gardener Candace Simpson and designed by graphic artist Alice Sladek.

With chapters ranging from “Why grow a garden?” to “Recipes,” the comprehensive manual was designed to teach novice gardeners and promote the “earth to plate” concept. Associated educational events then helped make the manual reality. During the “launch” of the garden, for example, Simpson and her colleagues got Veterans started with instruction on basic plant care, and MOVE!® staff such as nutritionist Sharon Moynihan did several healthy cooking demonstrations.

## Inclusive

“Our garden is truly for the ‘community’—it’s welcoming and inclusive by design,” explains Coakley. “Anybody who wants the garden produce can have it, and any Veteran who enrolls in MOVE!® can get the manual. We built raised planter-boxes for wheel chair-accessibility, for example, and we welcome all interested gardeners, whether they have green or brown thumbs.” And these are all reasons why Veterans’ and staff’s interest and involvement in the garden is strong and growing.

## Sanctuary

For Veteran John Mattox, the garden is a place to engage the body and the mind. “I had always wanted to garden, but had never done it,” he says. “I got a ‘how-to’ through MOVE!®, then I just dug in, got busy, and started learning, which I really enjoy.” John has watched as more employees and Veterans are drawn to the now flourishing garden, especially those already enrolled in MOVE!®.

“It’s so much more than just fresh lettuce, tomatoes, onions, herbs, and flowers,” says physical trainer and Veteran Ken Smith, who lost 20 pounds through MOVE!® and gardening. He explains that the garden is also a place of therapy and healing. “People can meet there, be themselves, support each other, and ‘de-stress,’” he says. “And that’s why I can’t praise the MOVE!® team and this project enough.”



## Future Growth

Slightam explains that the most immediate focus is identifying and cultivating long-term support for the

garden, post-OPH funding. “We’re promoting the ‘earth to plate’ garden model, and associated programs for healthy living, both within and beyond VA,” says Coakley. “Volunteer Rana Davis has really helped us spread the word, and we also plan to organize and participate in some local events.” A campus-wide fall harvest festival, for example, is planned to develop support and awareness of the garden. In addition to making the garden even more “contemplative,” other goals include expanding patient participation and developing more clinical and promotional partnerships through the project.

Several VA medical centers (VAMCs) have expressed interest in creating similar gardens, which Coakley and Slightam think are the future of community-oriented efforts to promote health in the VA population. “Community gardens—and all their associated health-promotion activities—have a huge growth potential...pardon the pun,” explains Coakley. “We’re all really proud of what our staff and Veterans have created here,” says Slightam, “and it’ll be exciting to see how this sanctuary for healthy living will positively impact health care at our facility in the years to come.”

## VAPAHCS Feature Recipe: Homemade Kale Chips

Try this healthy substitute for potato chips – they’re so tasty you won’t realize they’re healthy!

Ingredients (serves 4):

- 1 bunch kale
- 2 teaspoons olive oil
- Several teaspoons parmesan or asiago cheese
- Salt

1. Preheat oven to 375 degrees.
2. Tear leaves from stems to form bite-sized pieces. Spread pieces on cooking sheet.
3. Drizzle with olive oil.
4. Sprinkle with cheese and salt to taste.
5. Bake for 15 minutes, or until chips are crispy and edges are brown.

Source: [www.katbeats.com](http://www.katbeats.com); VAPAHCS manual *Gardening 101, From Earth to Plate, 2011.*

## MOVE!® Weight Management Program in Fiscal Year 2011: A Discussion with NCP's Dr. Ken Jones and Lynn Novorska

**D**r. Ken Jones, National Program Director for Weight Management, and Registered Dietitian Lynn Novorska, MOVE!® Dietitian Program Coordinator, recently discussed the Fiscal Year 2011 (FY 11) evaluation of the MOVE!® Program.

*How was the MOVE!® Program evaluated in FY 11?*

*Jones:* “We used a framework called ‘RE-AIM,’ which stands for reach, effectiveness, adoption, implementation, and maintenance. Using Annual Report data, we comprehensively assessed MOVE!® at the levels of community-based outpatient clinic (CBOC), VAMC, Veterans Integrated Service Network (VISN), and national VHA.”

*How successful was MOVE!®’s reach in FY 11?*

*Jones:* “Ninety-five percent of Veterans were screened for obesity, and if at-risk, were offered treatment. Although the number of new MOVE!® visits—almost 75,000—was down a bit from FY 10, over 118,000 total patients received MOVE!® care in FY 11. And that number continues to rise each year.”

*Novorska:* “The total number of MOVE!® visits in FY 11 increased 17 percent from FY 10, and the overall percentage of MOVE!®-treated

Veterans who received VA care increased slightly, to a little over 2 percent. But these results don’t reflect the use of TeleMOVE!®, which is expanding and may have influenced patient participation.”

*How did MOVE!® do in terms of effectiveness?*

*Jones:* “Over the last 4 FYs, outcomes have gradually improved. We looked at patients who achieved ‘clinical success,’ that is, they had at least two MOVE!® visits, available weight information, and a body weight loss of 5 percent or more at 6 months. From FY 08 to 11, patients’ average weight loss at 6 months has gone from -1.7 to -4.2 pounds, and percentage body weight change has increased from -0.7 to -1.7 percent. The percentage achieving a 5-percent weight loss at 6 months also has improved from 13.8 to 19.5 percent. And the percentage of patients seen with both intense and sustained care (eight or more visits/contacts, over a period of at least 4 months) is gradually going up—it was 19.5 percent in FY 11.

Our analyses have been limited somewhat by the lack of some patient data in Veterans Health Information Systems and Technology Architecture (VistA)/computerized patient record system (CPRS). And remember, these data are also observational. But the findings suggest that local- and national-level efforts to refine the program are working.”



**Dr. Ken Jones**

---

*Was MOVE!® well-adopted in FY 11?*

*Novorska:* “Yes, the numbers looked good—99 percent and 89 percent of facilities reported having a MOVE!® Coordinator and Physician Champion, respectively. Facilities that had a MOVE!® Coordinating Committee increased to 89 percent. Full-time equivalents associated with MOVE!® staffing also increased across facilities in FY 11, and many facilities accepted special funding to expand their HomeTelehealth staff to offer TeleMOVE!®.”

*How successful was MOVE!® implementation in FY 11?*

*Jones:* “In FY 11, over 96 percent of facilities were able to provide the required individual and group elements of MOVE!® care, and greater numbers of facilities are also offering specialized care, such as for women and bariatric surgery patients. Despite some decreases overall, a majority of facilities offer weight loss medications and access to bariatric surgery.

The significant drop—from 51 percent to 19 percent—in the number of facilities offering MOVE!® Intensive (enhanced, non-surgical treatments for patients unable to lose weight through basic self-management support) in FY 11 may reflect the trend towards intensifying basic MOVE!® or using TeleMOVE!®, which was offered to patients in 81 percent of facilities. Also, Clinical Video Telehealth was offered at over half of facilities and MOVE!® Telephone Lifestyle Coaching was offered in 14 percent of facilities.

Effective weight management generally requires more than one contact a month for the first 3 months. The average annual visit intensity for all MOVE!® clinics has gradually increased to 4.8 visits per unique patient per year. Fifty-three percent

of patients had one or two MOVE!® clinic contacts over the course of 1 year in FY 11, but only about a quarter have at least six visits. The percentage of patients who received both intense and sustained care increased to 19.5 in FY 11, and getting this number higher and less variable overall is a near-term goal.”

*Novorska:* “Additionally, there were improvements in the use of best practices in FY 11—94 percent of facilities used a standard curriculum, 76 percent used quality improvement strategies, and 72 percent provided rapid enrollment rather than waiting lists.”



Lynn Novorska

*Were maintenance efforts for MOVE!® also successful in FY 11?*

*Novorska:* “We measured maintenance as the sufficiency of staff to provide weight management treatment, which is key to a successful program. Despite some improvements, over 25 percent of facilities still reported that certain staff types are barely or not at all sufficient to support needs. Nutrition, behavioral health, and physical activity staffing remains low,

but numbers have improved with the introduction of Health Behavior Coordinators (HBCs). And there were some small improvements in other staffing levels.”

*You said TeleMOVE!® is expanding. Did you evaluate that program, too?*

*Jones:* “A significant proportion of new MOVE!® patients now use TeleMOVE!®. We’ve yet to fully assess TeleMOVE!® outcomes, but an early evaluation done by another group found it to be at least comparable to conventional MOVE!®.”

*What immediate challenges does MOVE!® face?*

*Jones:* “Implementing multi-disciplinary, high visit-intensity level care is an ongoing challenge, and may partly explain the modest weight changes associated with MOVE!®. Screening rates are high, but there was a slight decrease in the percentage of patients deemed at-risk who entered MOVE!® as new patients last year. We’re happy that the overall number of visits and the average number of visits per patient have increased, and there were gradual increases in the level of patient contact—but there’s always room to get better. Adequate staffing is also a challenge, but facilities have continued to focus their modest resources on weight care and that’s resulted in improvements, too.

We’ve discovered that patients who are seen for eight or more sessions over at least 4 months have a much higher chance of achieving a weight loss of 5 percent or more. Because we now have several ways for patients to participate in MOVE!®, we’re encouraging staff to make certain to meet patients’ needs and match them with more intense and sustained treatment options.”

---

*What does the near future hold for the MOVE!® Program?*

*Novorska:* “We’ve identified several areas for improvement in FY 12. First, we’re trying to make sure that patient weights are recorded at all visits and documented in the Vital Signs Package of VistA/CPRS. We’re examining local practices and outcomes and helping to ensure that facilities follow best practices—like providing standardized curricula and group care. We’re also helping them monitor the intensity and sustainment of patient participation. Lastly, we’re helping the field use motivational strategies and health coaching—the requirement that 50% of MOVE!® staff completes Patient Education: *TEACH* for Success training, for example, should help them engage more Veterans in MOVE!®.”

Editor’s Note: The complete FY 11 Summary Report, and other supporting documents, may be viewed at:

<http://vawww.move.med.va.gov/evaluationReports.asp>.

## Putting the “Team” in “PACT” at the Cincinnati VAMC: Clinicians Collaborate to Help Veterans Get Heart Healthy

Staff from the Women Veterans Health Program and MOVE!® Program recently partnered to successfully promote female Veterans’ health as part of the sixth Annual Red Heart Day Celebration. Held in early February, the yearly event is organized by Women Veterans Health’s nurse practitioners to support the American Heart Association’s and United States Department of Health and Human Services’ National Wear Red Day® for women’s heart health. This year, the MOVE!® team was invited to showcase the program and “encourage the small lifestyle changes and independence that Veterans need to get on the path to weight loss and better health,” explains physical therapist and Rehabilitation Program Coordinator Ali Holder.

### Baby Steps

Using an interdisciplinary approach, MOVE!® and other staff provided several 20-minute presentations to the Veteran and employee attendees during the 2-hour event. The presentations covered key concepts from MOVE!® classes in addition to other topics. The talks included keeping a food diary, adopting healthy eating strategies, optimizing physical activity, and a discussion on the role of willpower in health behavior change (given by psychologist Dr. Suzan Barrett). MOVE!® Program Coordinator and Registered Dietitian Kimberly Houk says that one theme of the presentations was to “show Veterans that baby steps, like recording your meals or wearing a pedometer, are all that’s needed to start living a healthier life.”

### More than Handouts

With the help of a dedicated group of Veteran volunteers, clinical staff made the event both informative and

interactive. “In addition to offering informational materials at our MOVE!® display tables, we conducted height/weight, body mass index (BMI), and body fat assessments,” explains MOVE!® Physical Therapist Stephanie Ciccarella. “We also demonstrated simple exercises—using resistance bands, for example—to show them how easy it is to be more active. Many Veterans are intimidated by physical activity, so we helped them understand that they don’t have to start running marathons to lose weight and improve their health.”

### Eye-Opener

The Veterans, who Holder says “really want to get information, get involved, and get encouragement,” responded enthusiastically to the Red Heart Day activities. Feedback from the 65 or so Veterans and facility employees who attended was overwhelmingly positive. “A younger Veteran said that she wished she could

---

take us home with her to help her stay healthy,” recounts Ciccarella. And Veterans were learning, too, as well as starting to change their behavior for the better. Houk’s slide-show on calorie counting and portion size, for example, was an “eye-opener” for one Veteran, who said that she was re-thinking her nightly ice-cream snack because of its high calorie content.

### Empowerment

“Red Heart Day not only helps us empower Veterans,” says Holder. “It’s also a multi-disciplinary event that helps us forge and maintain clinical partnerships—it was great to see women’s health, MOVE!®, nursing, mental

health, nutrition, and physical therapy/occupational therapy staff all getting involved this year.” Holder notes that pre- and post-event word of mouth about the event has created excitement and even more collaboration among clinical staff members, who are providing patient-centered care that goes beyond “reactive medicine.”

### Springboard

Holder explains that the multi-staff, group event also is a great way to complement the individual, one-on-one care and small-group activities that are provided to Veterans at CBOCs through TeleHealth, for example. “Together, these offerings can really

promote partnership with and among the Veteran’s health care team,” says Holder. MOVE!® staff members believe that Red Heart Day will help get more Veterans interested in MOVE!®. They also plan to use the event as a springboard to develop new offerings, such as a women-only MOVE!® program.

“The Women Veterans Health Program has developed a great event, and we’re honored to support them and help Veterans and VAMC employees get active and healthy,” says Houk. “We’re excited about what the future holds for Red Heart Day and the MOVE!® Program here at the Cincinnati VAMC!”

## What They’re Saying About:

### HealthPOWER!

*“...Excellent articles about the new changes at the VA. I have used the newsletter as a resource to teach.”*

*Health Promotion and Disease Prevention (HPDP) Program Manager*

*“I appreciate getting such informative material shared in this way.”*

*VHA Facility Leader*

*“I think that NCP does an exceptional job with the newsletter. It should be a mandatory read for all staff.”*

*HPDP Program Manager*

# Racial Disparities in VA Health Care: Improvements, Challenges, and Opportunities

In the mid-1990's, VA undertook an organization-wide transformation aimed at quality improvement (QI) in health care.<sup>1</sup> The transformation was successful and led to substantial improvements in the VA's overall quality of care.<sup>2,3</sup> But little was known about the impact of this type of large-scale improvement on one important dimension of quality: racial and ethnic equity in health care. And that got the attention of Dr. Amal Trivedi, an internist and research investigator at the Providence (RI) VAMC, who says that “the overall effect of system-wide QI initiatives on racial disparities hasn't been well studied in either the government or private setting.”<sup>4</sup>

## Assessment of VA Model

So Trivedi recently collaborated with Regina Grebla (Brown University), and Drs. Steven M. Wright (VA Office of Quality and Performance) and Donna L. Washington (Greater Los Angeles VAMC; University of California, Los Angeles) to assess the effect of organizational QI on racial disparities, using VA as a model. “The VA health care system is ideal for this study,” says Trivedi, who is also an assistant professor at the Brown University Medical School. “It serves a very large patient population with comprehensive services, has undergone relatively recent QI efforts, and is the nation's largest integrated health care delivery system.”

In research published recently in the journal *Health Affairs*, Trivedi and his colleagues used VA External Peer Review Program indicators, medical SAS (Statistical Analysis System) data, and sociodemographic information from the U.S. Census Bureau to assess the racial trends in VHA care over the decade following the VA transformation.<sup>4</sup>

Using data from 2000 to 2009, they sampled over 1.1 million Veterans for one or more performance indicators that measured 1) processes of care and 2) intermediate clinical outcomes (Table). “We looked at outcomes that were not ‘final’, such as death,” explains Trivedi, “and we focused our analyses on the within- and between-facility disparities in the care of mostly male Veterans, of whom about 85% were White and 15% African American.”

## Improvements, Gaps

The results of the research were both encouraging and concerning. “We found that overall, both racial groups' quality of care improved from 2000 to 2009,” says Trivedi. “With the exception of mammography, absolute performance rates improved on each quality indicator for African American and White Veterans over time.” Racial disparities were minimal—2

**Table. Assessment of Quality-of-Care Measures in VHA**

### Processes of Care

#### **Diabetes**

- Retinal examination\*
- Testing of HbA1c level\*
- Testing of low-density lipoprotein (LDL) cholesterol level\*

#### **Cardiovascular Disease**

- Testing of LDL cholesterol (patients with coronary artery disease)

#### **Cancer Screening**

- Breast—mammography within the past 2 years (women)
- Colorectal—fecal occult blood test\*, flexible sigmoidoscopy (past 5 years), or colonoscopy (past 10 years)

### Intermediate Clinical Outcomes

#### **Diabetes**

- Control of HbA1c level: <9.5% (2000-02) or <9.0% (2003-07)
- Control of LDL cholesterol: <100 mg/dL

#### **Cardiovascular Disease**

- Control of LDL cholesterol: <100 mg/dL

#### **Hypertension**

- Control of blood pressure: <140/90 mmHg

\*Assessed within the past year.

percentage points or less in the initial and final year of measurement—in all of the process-care indicators, except colorectal cancer screening, which favored Whites from 4 to 6 percent over time. The largest improvements occurred in eye examinations among diabetic White (22-percent increase) and African American (23-percent increase) Veterans.



But disparities were greater than 4 percent for all of the intermediate outcome indicators, in every year of measurement. “The highest absolute rates of disparity occurred in LDL control and were at or approaching a 10-percent difference in favor of Whites,” says Trivedi. The disparities also were “substantial and persistent” for the outcome measures that assessed control of blood pressure and glucose. And interestingly, racial disparities in these outcomes were largely attributed to different outcomes for White and African American Veterans receiving care in the same medical center.

### What It Means

Trivedi believes that the study has identified some important considerations for VA health care as it

continues to move forward in the 21st century. “After a decade of extensive QI, VA care has improved, but there has been little change in the racial disparities associated with intermediate outcomes,” he says, “so that’s an area for continued focus.” Cardiovascular disease and diabetes are major contributors to racial differences in life expectancy,<sup>5</sup> so the findings underscore the need for more efforts to improve these outcomes in African American Veterans.

Because almost all of the racial disparity was explained by within-facility disparities, Trivedi thinks that individual VAMCs will need to address care gaps in their own patient populations. Conversely, he believes that “there is likely to be diminishing return in trying to further improve process measures, as VA’s QI has apparently resulted in much improvement in process measures like the ones we assessed.”

### Future Study

Whether the disparities revealed by Trivedi et al.’s research generalize to other racial or ethnic groups remains an interesting avenue of inquiry. So, too, does the possible impact of individual providers on VA care. “Our research compared the facility-level care of Whites and African Americans,” says Trivedi. “So we were not able to assess any differences in outcomes for Asian Veterans, for example, or the impacts of clinicians’ prescribing practices on health care.”

Trivedi plans to collaborate on future research aimed at understanding the specific mechanisms behind the racial disparities. He and his colleagues want to assess what role, if any, factors such as patient adherence, individual clinician practices, and dual-system use—that is, use of both VA- and

non-VA-care—may play. “There also might be value in assessing the impact of comorbid medical conditions on Veteran care,” he says, “and perhaps looking at some of the other potentially important measures of health care quality. We know that there are important insights to be gained from evaluating the racial aspect of clinical performance, especially for health care organizations like the VA that are striving to improve the quality and equity of their care.”

### REFERENCES

1. Kizer KW, Dudley RA. *Extreme makeover: transformation of the Veterans health care system.* *Ann Rev Public Health.* 2009;30:313–39.
2. Jha AK, Perlin JB, Kizer KW, Dudley RA. *Effect of the transformation of the Veterans Affairs Health Care System on the quality of care.* *N Engl J Med.* 2003;348(22):2218–27.
3. Trivedi AN, Matula S, Miake-Lye I, Glassman PA, Shekelle P, Asch S. *Systematic review: comparison of the quality of medical care in Veterans Affairs and non-Veterans Affairs settings.* *Med Care.* 2011;49(1):76–88.
4. Trivedi AN, Grebla RC, Wright SM, and Washington DL. *Despite improved quality of care in the Veterans Affairs Health System, racial disparity persists for important clinical outcomes.* *Health Aff (Millwood).* 2011;30(4):707–15.
5. Wong MD, Shapiro MF, Boscardin WJ, Ettner SL. *Contribution of major diseases to disparities in mortality.* *N Engl J Med.* 2002;347(20):1585–92.

# Research Reveals Factors that Influence Overweight and Obese Veterans' Consumption of Fruits and Vegetables

The factors that drive U.S. Veterans' choice of a healthy diet are not well understood.<sup>1</sup> Research is scarce, for example, on the sociological, demographic, and psychological components that influence Veterans' consumption of the fruits and vegetables (F&V)<sup>1</sup> that are a key component of healthy eating.<sup>2</sup> A high-F&V diet is associated with decreased risk for a number of chronic diseases,<sup>3-5</sup> which are a particular burden to Veterans,<sup>6</sup> many of whom are overweight or obese.<sup>7</sup> Thus, a clearer picture of the factors associated with Veterans' consumption of F&V is needed. "Understanding these variables can not only help VA clinicians improve Veteran health, but also can help guide programmatic interventions to help them eat better and manage their weight," says Dr. Peg Dundon, National Program Manager for Health Behavior at NCP.

## Collaboration

A recent collaborative research effort involving the University of North Carolina–Chapel Hill (UNC) and VA has shed light on these variables. UNC researchers Dr. Linda Ko, Dr. Marlyn Allicok, Dr. Marci Campbell, Carmina Valle, Janelle Armstrong-Brown, and Carol Carr, and VHA clinicians Dundon (NCP) and Dr. Tammy Anthony (Syracuse VAMC) investigated the relationship between selected sociodemographic, health, and psychosocial factors and F&V consumption in Veterans. Recently published in the November 2011 issue of *Military Medicine*, the evaluation

provides interesting insight on which Veterans are more, and less, likely to include F&V in their diets, and why they do so.



## Methods

Ko and her colleagues recruited obese/overweight (BMI of  $\geq 25$ ) participants from two VAMCs in New York state in the fall and winter of 2005. Two-hundred and eighty-nine Veterans completed a set of self-administered surveys composed of 60 questions that assessed 1) their social and demographic characteristics (e.g., age, ethnicity, education), 2) their current health status (overall health and existing conditions), 3) selected psychosocial factors (e.g., their social support, and ability to eat F&V), and 4) their average daily consumption of F&V. Multi-variate linear regression analyses were then used to determine any associations between these variables and F&V consumption.

## Survey Results

On average, the mostly White (86 percent), male (90 percent), and older (average age, 58.4 years) Veterans in the study reported eating four daily servings of F&V. Fifty-eight percent reported their health as "good," all of them felt "somewhat sure" or "sure" that they could eat the recommended five or more servings of F&V per day, and all reported that they had either "some" or "a lot" of social support. On average, the surveyed Veterans agreed that there were health benefits associated with eating F&V, and they generally saw few barriers to eating more F&V. Approximately half of the Veterans had "good" knowledge of healthy F&V consumption and knew the recommended minimum daily amount of F&V.

### Definition of Serving Size<sup>8</sup>

#### Vegetables

- 1 cup raw, leafy vegetables
- 1/2 cup cut-up, raw, or cooked vegetables
- 1/2 cup vegetable juice

#### Fruits

- 1 medium fruit
- 1/4 cup dried fruits
- 1/2 cup fresh, frozen, or canned fruits
- 1/2 cup fruit juice

## Factors in F&V consumption

Veterans who were Black ( $P < .05$ ) and older ( $P < .05$ ) were significantly more likely to eat more F&V. Likewise, Veterans who reported greater self-efficacy, had fewer perceived barriers to eating F&V, and had correct knowledge of recommended daily F&V intake were more likely to eat more F&V ( $P < .05$ ). By contrast, Veterans' use of tobacco was inversely associated with F&V consumption ( $P < .05$ ). The research also revealed that eating F&V was not significantly influenced by employment status and social support, and that these variables may require additional study in Veterans.

## Conclusions

The study presents some interesting considerations for future research and VHA care. The results suggest that additional research on comprehensive dietary choices, female Veterans' eating habits, and the value of self-reported health measures may be warranted. Tailored weight control is also an intervention that Ko and her UNC colleagues have studied and found to be worthy of additional research because it can increase Veterans' short-term F&V consumption.<sup>9</sup>

The research also points to the importance of factors such as age, race, self-efficacy, perceived barriers to

change, and nutritional knowledge in addressing diet with Veterans, especially those who are obese and overweight. "Health coaching and motivational interviewing may be particularly useful for addressing these influences because they encourage discussion of Veterans' confidence for and barriers to change," says Dundon. In fact, the study results support NCP's ongoing Healthy Living campaign, and are now being used to develop an intervention to promote healthy behaviors in a larger group of Veterans.<sup>1</sup>

## REFERENCES

1. Ko LK, Allicock M, Campbell MK, Valle CG, Armstrong-Brown J, Carr C, Dundon M, Anthony T. An examination of sociodemographic, health, psychological factors, and fruit and vegetable consumption among overweight and obese U.S. veterans. *Mil Med.* 2011;176(11):1281-86.
2. U.S. Department of Health and Human Services (HHS). *Healthy People 2020. Nutrition and Weight Status, Overview.* Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>. Accessed January 25, 2012.
3. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data. Overview BRFSS 2000.* Available at: <http://www.cdc.gov/brfss>. Accessed February 8, 2012.
4. McDermott S, Moran R, Platt T, Isaac T, Wood H, Dasari S. Heart disease, schizophrenia, and affective psychoses: epidemiology of risk in primary care. *Community Ment Health J.* 2005;41:747-55.
5. Pi-Sunyer X. The obesity epidemic: the pathophysiology and consequences of obesity. *Obes Res.* 2002;10:97S-104S.
6. Yu W, Ravelo A, Wagner TH, Phibbs CS, Bhandari A, Chen S, Barnett PG. Prevalence and costs of chronic conditions in the VA Health Care System. *Med Care Res Rev.* 2003;60(3) suppl:146S-167S.
7. Das SR, Kinsinger LS, Yancy WS, Wang A, Ciesco E, Burdick M, Yevich SJ. Obesity prevalence among veterans at Veterans Affairs medical facilities. *Am J Prev Med.* 2005;28(3):291-294.
8. U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS). *Dietary Guidelines for Americans 2010.* Available at: <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>. Accessed January 27, 2012.
9. Allicock M, Ko L, van der Sterren E, Valle CG, Campbell MK, Carr C. Pilot weight control intervention among US veterans to promote diets high in fruits and vegetables. *Prev Med.* 2010;51(3-4):279-81.

---

# Working Out With Resistance Bands



Resistance bands are large rubber bands or tubes that may be purchased at sporting goods stores and most department stores. The Bicep Curl can be performed anywhere you have room to stand:

1. Place one handle/end of the band under your foot and grasp the other handle/end.
2. Stand tall and keep your elbow tucked to the side of your waist.
3. Curl the hand up towards the shoulder and slowly release back down to the start position.
4. Repeat several times and switch to the other side.

For any questions, contact Megan Simmons, MOVE!® Physical Activity Program Coordinator at NCP, [megan.simmons@va.gov](mailto:megan.simmons@va.gov) or 919-383-7874 extn. 434.

## What They're Saying About: 2012 VISN HPDP Program Leaders Meeting

*"The meeting content was helpful and thought provoking. It was good to meet the people I didn't know and hear what others are doing."*

*VISN Patient-Aligned Care Team (PACT) and HPDP Lead*

**Leadership VA's (LVA's) class of 2011 Elmo Award was recently presented to Sue Diamond**, the National Program Manager for HPDP Programs at NCP. Diamond received the award at a recent reception held prior to graduation from LVA, which is the premier leadership development program in VA. Named for an influential former LVA program assistant and based on peer-nominations, the annual award recognized Diamond as an enthusiastic role model who personified LVA's true spirit by demonstrating exemplary collegiality toward fellow classmates.



A summary and supporting materials from **NCP's Annual VISN HPDP Program Leaders Meeting**, held in February 2012, are available on the NCP SharePoint site at HPDP Facility Programs, Shared Documents, Presentations.

VA staff can access approved **VHA Guidance Statements for Clinical Preventive Services** at the following NCP Intranet site: [http://vaww.prevention.va.gov/Guidance\\_on\\_Clinical\\_Preventive\\_Services.asp](http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp). There are now 20 Statements posted, the newest of which is *Screening for High Blood Pressure*. Several statements have been updated including *Pneumococcal Immunization*, *Tetanus/Diphtheria (Td) and Tetanus/Diphtheria/Pertussis (Tdap) Immunization*, *Hepatitis B Immunization*, and *Herpes Zoster (Shingles) Immunization*.

Dr. Leila Kahwati, Deputy Chief Consultant at NCP, was a co-author on a **soon-to-be published journal article**, "Predictors of Initial Weight Loss After Gastric Bypass Surgery in Twelve Veterans Affairs Medical Centers," in *Obesity Research & Clinical Practice* (Arterburn D, Livingston EH, Olsen MK, Smith VA, Kavee AL, Kahwati LC, Henderson WG, and Maciejewski ML. In press).

In March, the National Library of Medicine and the National Institute on Aging released a **redesigned version of NIH Senior Health**, the National Institutes of Health consumer health Web site for older adults. The redesign improves the site's usability and appearance, and incorporates user feedback. The Web site may be accessed at: [http://www.nlm.nih.gov/pubs/techbull/ma12/ma12\\_seniorhealth.html](http://www.nlm.nih.gov/pubs/techbull/ma12/ma12_seniorhealth.html)

**The Weekly Educator**, VHA's source for learning news and program information, can be accessed at: [http://vaww.ees.lrn.va.gov/news/TWE/\\*](http://vaww.ees.lrn.va.gov/news/TWE/*)

**Questions Are the Answer**, a new public education initiative from the Agency for Healthcare Research and Quality (AHRQ), encourages patients and their clinicians to engage in better two-way communication to ensure safer care and improved health outcomes. A variety of free tools (videos, brochures, interactive question-building tools, DVDs) that health care providers can use with their patients are available at: [www.ahrq.gov/questions](http://www.ahrq.gov/questions). AHRQ tools for patient use also are available at: <http://www.ahrq.gov/>

Several **articles of interest to VHA clinicians** were recently published:

- "Veterans Health System Cited by Experts as a Model for Patient-Centered Care." Kuehn BM. *JAMA*. 2012;307(5):442-443.
- "Study Finds Consumers Choose High-Value Health Care Providers When Given Good Cost and Quality Information." Press Release, March 5, 2012. Agency for Healthcare Research and Quality, Rockville, MD. Available at: <http://www.ahrq.gov/news/press/pr2012/highvaluepr.htm>
- "Teaching Motivational Interviewing to Primary Care Staff in the Veterans Health Administration." Cucciare MA, Ketroser N, Wilbourne P, Midboe AM, Cronkite R, Berg-Smith SM, Chardos J. *J Gen Intern Med*. 2012, Feb 28. [Epub ahead of print]
- "A Population Approach to Mitigating the Long-Term Health Effects of Combat Deployments." Reisinger HS, Hunt SC, Burgo-Black AL, Agarwal MA. *Prev Chronic Dis*. 2012;9:E54, Feb 9. [Epub ahead of print]

**Heidi L. Martin, B.S.N., M.A.**, joined NCP in January 2012 as a Clinical Informaticist and will transition into the role of project manager for the Health Risk Assessment (HRA). She has diverse experience in health care that ranges from outcomes measurement and marketing strategy to clinical nursing. Most recently, Heidi worked in VA's Utilization and Efficiency Management Program Office where she was Clinical Project Manager of the NUMI (National Utilization Management Integration) system. Prior to coming to VA, Heidi was Director of Market Research at *The New England Journal of Medicine*. As a former Army Nurse, Heidi is grateful to be involved in efforts to improve health care for Veterans.



**Brescia Onwusah** joined NCP in February, bringing broad experience as an administrative specialist to her role as a Program Support Assistant. She recently received an A.A.S in Medical Office Administration from Wake Technical Community College. A U.S. Army Veteran, Brescia served for 9 years and was deployed as a division-level Administration Specialist during Operation Iraqi Freedom. Brescia looks forward to helping NCP staff develop policy and programs that will positively affect Veteran health care.

**Nicole Roberge, M.P.H.**, joined NCP in January from the field of international health and research. A former Peace Corps volunteer in West Africa, she earned her bachelor's degree at the University of California–San Diego and her master of public health degree at Tulane University, where she studied health education, communication, and program evaluation. As Project Coordinator, Nicole will initially work on the HRA, and later will apply her expertise in community health planning and primary prevention to other NCP initiatives.



Exercise physiologist **Megan Simmons, M.S.**, joined NCP as MOVE!® Physical Activity Program Coordinator in February. Prior to joining the NCP staff, she was the exercise director at a residential weight loss facility and received her B.S. and M.S. degrees from the University of Tennessee. As an American College of Sports Medicine Health Fitness Specialist and American Society of Bariatric Physicians Faculty, she is involved in ongoing research and education on the role of physical activity in obesity therapy. Megan will use her broad experience in athletic performance, cardiovascular/pulmonary rehabilitation, and obesity treatment to develop MOVE!®-associated programs, training, and information.

---

NCP's affiliation with the UNC Preventive Medicine Residency Program continues. Our newest resident, **Nzingha White, D.O.**, is a second-year preventive medicine resident who earned her osteopathic medical degree at the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine and received her undergraduate degree from Widener University. At UNC-Chapel Hill, she completed a family medicine residency and is currently completing her public health degree. Her interests include chronic disease and obesity prevention and management, new models of care, and addressing health inequities among underserved populations.



---

## MOVE!® Success Stories

# The Most Rewarding Job: MOVE!® Physician Champion Dr. Inge Ferguson Helps Veterans Meet the Challenges of Weight Management

“When a Veteran has that ‘a-ha’ moment and his weight starts going down, that’s exciting for me,” says Dr. Ursula (Inge) Ferguson, who describes her role as a MOVE!® Physician Champion as “the most rewarding job” that she’s ever had. As the medical advisor for the MOVE!® Program at the VA Southern Nevada HCS, she is using her unique background to develop best practices to help patients “unravel” their overweight/obesity problem and make their way—with patience, persistence, positive attitude, and planning—to better health.

### Unique Skill-Set

Ferguson explains that “most Veterans are not just trying to lose a few pounds so they’ll look good in a swimsuit.” Rather, they are “ticking time-bombs” who have serious medical conditions and can benefit from a loss of as little as 5-10 percent of their weight. They need help to identify and overcome the many barriers—medical, medication, motivational, hormonal, dietary, activity, and social—to weight loss. So Ferguson relies on her broad-ranging training to help them do so.

Certified by the American Board of Obesity Medicine, Ferguson is

an osteopathic physician who practices weight loss medicine full-time. As a champion, she works closely with MOVE!® Program Coordinator Lara Laak to provide medical guidance and planning for both patients and staff. To better advise staff and engage patients, she’s augmented her traditional bariatric medicine training with additional skills. “I’ve also done certified medical education in areas such as exercise, endocrinology, motivational interviewing, eating disorders, and nutrition,” she says, “and a 1-year teaching fellowship I completed during residency has given me skills that I use almost every day.”

Ferguson believes that she needs this expanded skill-set to help patients understand and “own” their weight issues, recognize their specific barriers to weight loss, then develop solutions. “We match resources to specific patients, and help them recognize the risks, benefits, and consequences of any treatment,” she explains. “Each patient is a challenge. There is no completely safe medical option for weight loss, but remaining overweight or obese isn’t either.”



Dr. Inge Ferguson

### Reverse Medicine

Ferguson often uses a car analogy with patients, encouraging them to take care of their body as if it were the only car they would ever own. “We help them see how food, medications, inactivity, and lifestyle choices affect their health and quality of life,” she explains. Because many Veterans’ lives are more affected by excess weight than they realize, they are often surprised by the quality of life they “regain” by losing weight. “It can be hard for them to meet their weight and health goals, but when they do, the success is contagious,” she says.

Ferguson describes what she practices as “reverse medicine”—helping get patients off, or reduce, their medications. In part because of her osteopathic training, she is open to non-traditional

weight-loss modalities other than medication and surgery. “I believe and teach that nutrition and exercise are effective ‘medicines,’ too,” she explains. “And simply listening to patients—and letting them listen to each other—often helps them uncover and address their weight problems.”

### Coordination, Communication

Initially, Ferguson started as the program coordinator, but soon realized it was diverting time and energy from direct patient care. “So now I practice weight management medicine full-time and work closely with Lara, dietitian Norma Thiel, registered nurse Jillian Zalneraitis, and health technician Regina Perry, who all do an excellent job on the program end,” she says. “We’ve added staff based upon program data and requirements, and patient needs. We also have VA volunteers who contribute greatly.” All staff members have specific, agreed-upon job duties, but also cross train to cover each other. Inter-program teamwork is also important, with providers from varied specialties (e.g., Endocrine, Prosthetics, Rehabilitation, Mental Health, Social Work) providing their perspectives on patient progress and care. Ferguson reciprocates by assisting primary care clinicians in the management of metabolic syndromes and performance measures associated with diabetes, hypertension, depression, and BMI clinical reminders, for example.

Sharing available resources and open, frequent communication help Ferguson, Laak, and the MOVE!® team keep track of what’s been done, being done, and needed. The multi-disciplinary staff regularly surveys Veterans, and the program is modified accordingly. “We monitor results, and vary what we monitor,” say Ferguson. “The data show us what’s working and what’s not, and we share successes so we can all follow

‘best practices.’ Keeping up on the research literature also helps us provide patients the best care.” And importantly, Ferguson and Laak report their results and successes to facility leadership, which aids future requests for program support.

### Resourced for Success

“We’ve grown to a full-time staff of four, with part-time support,” says Ferguson, “and that’s really paid off for our Veterans.” In 2005, for example, they offered a half day of group care per week; now, they provide Veterans a full-time, multi-service program. “We have a dedicated clinic, comfortable classroom, streamlined check-in, and efficient coordination of group and individual patient sessions,” she explains. New services, such as body composition testing, exercise clinics, and a bariatric surgery panel, for example, have complemented the new tools being continually developed for patients. “If I run across the same issue more than twice, I research it and create a handout for future use,” says Ferguson. “When I see something that could assist Veterans in weight loss, like a video or free booklet, I get it and provide it to them.”

Ferguson says that like many MOVE!® programs, they face ongoing challenges related to Primary Care’s often conflicting resource needs and the inherent complexities of weight management. “But great staff, dedicated resources, and my full-time bariatric focus have helped address these issues,” she says. “Recruiting a behavioral specialist and kinesiologist, adding support groups, and promoting a “low-carb” clinic have also helped us enhance our offerings.”

### Whac-A-Mole

MOVE!® patients will continue to need these offerings to manage their

---

weight, a process that Ferguson likens to a Whac-A-Mole game: “When a patient improves his or her health in one area, another problem often pops up,” she says. Although there are no easy fixes to overweight/obesity, she tells her patients that improving their health and weight are doable: “If you are living and breathing, you can get better”. And she speaks from personal experience. Several in her family struggled with obesity and poor health, but she didn’t want to be like that and is successfully maintaining a healthy weight.

“Ultimately, we teach patients to make the best of every situation they’re in,” Ferguson explains. “They don’t need to be perfect, because that’s a set-up for failure. Weight challenges will always arise, so it’s all about meeting those challenges and doing your best.”

## It’s What You Still *Can* Do, Not What You *Can’t*: Veteran Lanny Carrero Gets Inspired, Goes Cycling, and Gives Back

Health**POWER!** recently talked with Veteran and VA patient Lanny Carrero, who is successfully battling multiple sclerosis (MS) with the help of physical activity, a positive mind-set, and a renewed sense of community involvement.

*How did MS change your life?*

**Carrero:** “I was an athletic kid from the Bronx who became a hard-charging Marine, and I was looking forward to a life in the military. Then everything came to a halt in 1988, when I got my first MS symptoms and had to leave active duty. It was devastating to lose the military career, and later, to have to resign from law enforcement after learning that I had MS. At first, I was really depressed—I call it ‘stinking thinking’—and I was down about my life. I felt that so much had been taken away from me, and I knew the disease would slowly rob me of my ability to be physically active.”

*What changed your mind-set about MS and life?*

**Carrero:** “I was in VA inpatient

care in 2001, and my physical therapist Sophia Hurley (formerly at the Miami VAHCS) inspired me to take my life back. She told me to ‘use it or lose it’ and recommended I attend a VA adaptive sports event. I went to the National Disabled Veterans Winter Sports Clinic and it changed everything. I tried all these sports, and realized that there were activities, equipment, and support to help me get active again. It helped me accept that life was different and there were things I couldn’t do anymore, but my life was still worthy and there was still so much I could do.”

*What happened after you began to get physically active again?*

**Carrero:** “Physical inactivity and steroid medications had pushed my weight to 245 pounds. When walking became more difficult, I decided my life had to change. I started walking with a WalkAide® device and slowly increased my fitness. I was later introduced to hand-crank cycling at the West Palm Beach VAMC, and that got me moving and improved my outlook.



Lanny Carrero

---

My old scooter is gathering dust, and I've maintained a healthy weight of around 205 pounds—and I'm still working to bring it down more."

*What's your physical activity regimen like these days?*

*Carrero:* "Two or three days a week, I do a 20- to 25-mile bike ride along the beach. I cycle with my wife on Sundays, do beach clean-ups with my family, and walk a lot. This high level of activity has really paid off for me: I'm fit and I've reduced the number of medications I take to just one, my injection for MS."

*How has VA helped you?*

*Carrero:* "All along, I've had the inspiration and support of a great clinical team at VA, including Sophia Hurley, my current rehabilitation therapist Doug Tuttle (West Palm Beach VAMC), and my neurologist, Dr. Micheline McCarthy (Miami VAMC).

The specialized hand-crank bike VA provided me is a true gift—I'm so grateful for it because it's allowed me the independence and intense activity I really need. It also gives me a way to promote all the good things that VA is doing for Veterans, as well as an opportunity to give back to the community."

*Tell me more about your current community involvement.*

*Carrero:* "For me, re-developing some form of self-worth was hugely important. Giving back to the community is a great way to do that. This is my fourth year riding in the National MS Society's Bike MS 150-mile, 2-day *Break Away to Key Largo* event. I ride in other fundraisers, too, like the Tour de Cure® (American Diabetes Association®) and work with Achilles International's track club. I've been giving talks to MS support groups for many years now, pushing the value of a healthy diet and getting active in any

way. Through physical activity, I know I can raise awareness and make a difference in others' lives—even if I can't keep up like I used to!"

*What would you tell other Veterans about the value of physical activity?*

*Carrero:* "I can relate to Veterans' anguish and pain in dealing with physical disability. I tell them that although life is not the same as it was, there's an upside to everything. There's a lot more to life than they think, but they have to totally re-adapt and completely change their mind-set. I encourage them to think about what they *can* still do, not what they *can't* do. I say that life is no longer about who you were and what you once did, it's now about how you can find and achieve new goals to re-define and motivate yourself. And all that can start with a little physical activity."

### **What They're Saying About: 2012 VISN HPDP Program Leaders Meeting**

*"Overall, the meeting was well done and I can tell that the NCP staff members are as passionate about our work as ever."*

*HPDP Program Manager*

# CALENDAR *of* EVENTS

## **NCP Education Conference Call**

2nd Tuesday of the month

1:00 pm ET

1-800-767-1750, Access Code 18987#

• Upcoming calls—May 8, June 12

## **VISN MOVE!® Coordinators Call**

2nd Tuesday of the second and third month of each quarter

3:00 pm ET

1-800-767-1750, Access Code 59445#

• Upcoming calls—May 8, June 12

## **Veterans Health Education Hotline Call**

4th Tuesday of the month

1:00 pm ET

1-800-767-1750, Access Code 16261#

• Upcoming calls—April 24, May 22, June 26

## **Health Promotion/Disease Prevention Conference Call**

1st Tuesday of the month

1:00 pm ET

1-800-767-1750, Access Code 35202#

• Upcoming calls—May 1, June 5

## **Facility MOVE!® Coordinators and Physician Champions Call**

2nd Tuesday of the first month of each quarter

3:00 pm ET

1-800-767-1750, Access Code 59445#

• Upcoming calls—July 10

## **National Health Behavior Coordinators Call**

2nd Wednesday of the month

12:00 pm ET

1-800-767-1750, Access Code 72899#

• Upcoming calls—May 9, June 13

HealthPOWER! is an award-winning, quarterly publication from the VHA National Center for Health Promotion and Disease Prevention, highlighting health promotion and disease prevention activities in VA.



**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century



VHA National Center for Health Promotion and Disease Prevention (NCP)

Office of Patient Care Services

Suite 200, 3022 Croasdaile Drive, Durham, NC 27705

### **NCP MISSION**

The VHA 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.

Address suggestions, questions,  
and comments to the editorial staff:

Jay Shiffler, Supervising Editor  
Connie Lewis, Layout  
Ted Slowik, Contributing Writer/Editor

**Telephone:** 919-383-7874  
**e-mail:** Theodore.Slowik@va.gov

Visit our Web site at:  
[www.prevention.va.gov](http://www.prevention.va.gov)