

Health *POWER!*

Prevention News • WINTER 2016



2	From the Editor	10	Gateway to Healthy Living Program Helps Patients Make Healthy Changes
3	Feature Article: NCP Updates Tagline and Logos	12	News Updates
	Winter Showcase Articles:	14	Staff Updates
5	VA Group Improves Veterans' Prescription Labels	14	MOVE! Success Story
7	Beckley VAMC Team Proactively Prevents Falls	16	Calendar of Events

Ted Slowik, Ph.D.



As I write this text, a potentially significant storm approaches, threatening our region with winter precipitation. Depending on which forecast you want to believe, this could be a big ice and/or snow event for central North Carolina...or just some rain. But so often what happens here is that when the weather people call for a “major” winter storm, we end up getting little or no snow. Businesses and schools shut down, programs and events are canceled, and everyone is frustrated.

But there’s no “hype” in this issue of HealthPOWER!—just several good stories about how Veterans Health

Administration (VHA) clinicians are teaming-up with the National Center for Health Promotion and Disease Prevention (NCP) to enhance and augment Veteran-centric preventive care. We highlight how the Beckley (WV) facility is decreasing fall and fall injury risk, and how a Department of Veterans Affairs (VA)-wide effort has improved prescription labeling. We also cover an exciting new NCP program, the *Gateway to Healthy Living*, which was piloted last year to the great satisfaction of participating patients and staff. And we discuss the recently completed NCP re-branding process, and the impact it’ll have on our work supporting the field.

Enjoy the newsletter, and stay safe and warm!

Ted Slowik

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.

New Look, New Feel:

NCP Updates Its Tagline and Program Logos as Part of Integration Efforts

NCP staff discuss the office's recent rebranding efforts—which resulted in a new NCP tagline and program logos—and the potential impact on clinicians and Veterans.

What prompted NCP to consider rebranding itself and its programs?

Jay Shiffler, NCP's Communications Specialist: “Over the years, we noticed that many of our programs had developed a different look from one another. We also heard from VHA staff that there was some difficulty identifying our office's tools and resources in the field. Recently, we've been working towards better integrating our programs, and rebranding our office and programs was a good way to address all of these needs.”

What was NCP looking to accomplish with the rebranding?

Shiffler: “Besides addressing the issues I just mentioned, we wanted to create a new, integrated brand to better reflect the value and mission of our collective work in HPDP and health education. Rebranding was one concrete way to foster integration in our work, and hopefully, clinicians' work in the field. It also fit NCP's ongoing, overarching

goal to expand and enhance stakeholder awareness of HPDP resources.”

When did the rebranding effort begin?

Shiffler: “We began in October 2014, working with a contractor to initially assess the look and feel of all of our programs, products, and resources. We also looked at some comparable organizations' taglines and logos to get a sense of what would resonate with our audience. We wanted the rebranding to reflect what the field and Veterans wanted for our brand, not simply what we wanted. In 2015, we moved into development and testing.”

How was the new branding selected?

Shiffler: “We took a data-driven, systematic approach. We developed several sets of potential logos, and over time, modified them based on feedback from our most important stakeholders—clinicians and Veterans. We ended up doing several online surveys involving hundreds of participants, to gauge their likes and dislikes of possible new logos and taglines.”

What kind of feedback do you get on the new taglines and logos?

Shiffler: “Many in these internal VHA audiences reported that they were

unsure of NCP's existing branding, and that it didn't resonate as much with them as we'd hoped. Veterans who looked at our old healthy living tree, for example, wanted something that showed more movement, action, and patriotism.

We started with a bunch of concepts, then whittled those down based on feedback from different groups—we were constantly changing, updating, testing, and adjusting the potential logos and taglines. Many Veterans, for example, said that our initial rebranding concepts were too busy. So we addressed that by incorporating a cleaner, simpler format.

At two different points in the logo design and development process, we held external Veteran focus groups. The respondents were very clear in their desire to see an image that projected strength. They also wanted to see red, white, and blue, as well as stars—all things they found patriotic and reminded them of their service.

 **Healthy Living Matters.
Prevention Works.**

 **Gateway to Healthy Living**

 **Health eLiving Assessment**

 **Healthy Living**

MOVE!


 **Veterans Health Education & Information**

 **Veterans Health Library**

We conducted a final round of intercept testing at a local community-based outpatient clinic (CBOC). This final testing confirmed our new design options, and reiterated the desire for clarity and representations of strength and patriotism. We think the new NCP tagline—“Healthy Living Matters. Prevention Works”—and new program logos really capture what our office and services represent to Veterans and clinicians.”

When did the new taglines and logo launch?

Shiffler: “We officially rolled them out in mid-October 2015, and featured them at a recent NCP anniversary event. We followed that with several national calls that introduced them to the field, and provided a toolkit and guidance on how to use them effectively. We’ve found that the new logos

are popular with Veterans, and the new tagline resonates particularly well with clinicians and field HPDP staff, which includes the Health Promotion and Disease Prevention (HPDP) Program Manager, Veterans Health Education Coordinator (VHEC), MOVE! Coordinator, and Health Behavior Coordinator (HBC). So far, the feedback on our new look has been really positive.”

How do you think NCP’s rebranding will impact the field?

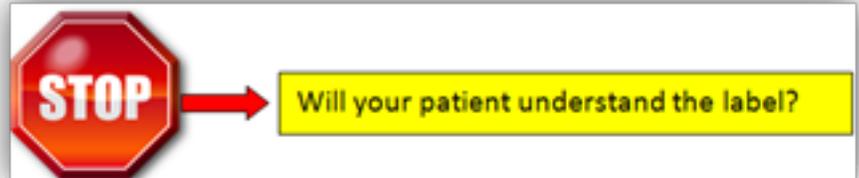
Dr. Rose Mary Pries, Veterans Health Education and Information (VHEI) Program Manager: “The unified logos reflect the integration and collaboration that occurs among NCP field staff in the programs and interventions they offer to Veterans. They will help integrate our HPDP programs and products, helping reinforce their

collaborative nature and allowing VHA clinicians and Veterans to easily identify them. The VHEI Program is pleased to have a new VHEI logo that’s integrated within NCP’s program branding, yet distinct from the Veterans Health Library (VHL).”

Dr. Susan Raffa, MOVE! Program Manager: “Over the past several years, NCP has focused on expanding prevention policy and programming for Veterans throughout VHA. I think the rebranding of NCP and its programs and services will support this effort, by helping us better communicate the value of health promotion, disease prevention, and health education. I also think that the new tagline and logos will benefit us in our ongoing efforts to integrate HPDP and health education into Veterans’ daily care.”

VA Group Develops Guidance to Improve Veterans' Prescription Labels

Read a typical prescription label and it's easy to see how ambiguous or confusing instructions could lead to medication misuse, low adherence, and poor health outcomes, says Jeanne Tuttle, R.Ph., a national pharmacist program manager at VA's Pharmacy Benefits Management Services (PBM) and former communications instructor. Tuttle has first-hand knowledge of this issue because she was recently part of a work group that was tasked with assessing how well VA patients—who had 266 million prescriptions filled by VA Pharmacies in 2012 alone—understood their prescription labels.



Words Matter

“We started by reviewing a pivotal 2011 study, conducted by the VA National Center for Patient Safety and PBM, that looked at why Veterans misinterpret prescription labels,” she says of the Prescription Label Improvement and Standardization Work Group, which was formed in the spring of 2013 and composed of pharmacists, nurses, and an NCP staff member, Dr. Rose Mary Pries. “That study revealed that how information was presented was critical to Veteran understanding, and that they had preferences for how prescriptions should be worded.” Picture icons, for example, were of little value to Veterans, and the amount of jargon and length of the dosing direction also negatively affected their comprehension.

Overall, Tuttle's group found relatively few evidence-based studies on patient understanding of prescription labeling, and little information on the most effective terminology to use in labeling. “We did surveys of VA clinical staff and a Veteran focus group, which confirmed that certain, common words and phrases in labels could lead to problems understanding a prescription,” explains Tuttle. “We knew that these labels could be made more clear and safe, so our group decided to develop guidance for improved prescription labeling—which at the time was not standardized across VA—as well as help make it more patient-centric.”

Fight The Jargon

Medical jargon was identified as a major obstacle to effective, safe prescription labeling. “Jargon can be very confusing to Veterans, and is a problem that, in part, arises from VA's use of electronic medical records,” she explains. “We determined that technical terms, like ‘MUE,’ or say, ‘bid’ and ‘q 4-6 hours’ for dosing intervals, should be replaced with more specific, easier to understand words or instructions.”



Sample prescription label revised for clarity and improved Veteran comprehension

Other common labeling phrases were determined to be unclear or confusing. “‘Take with meals,’ may not be an appropriate instruction for those who eat more than three meals each day, and can be replaced by ‘take with food,’ for clarity,” Tuttle says. “And directions such as, ‘take at 7:30 AM,’ which are typically developed in the inpatient setting, can make patient compliance difficult in the home. Prescription phrases like these can benefit from alternative wording that’s more practical or realistic.”

Clear Indication

Drug indication language also became an important focus of the group’s efforts. “VA’s electronic medical record has the ability to pre-populate indications for each drug that will appear on the VA prescription label, and that’s preferable for prescriptions with one indication. It standardizes the way the indication is worded and promotes efficiency by discouraging ‘free-typing,’” explains Tuttle. “But for medications with many indications, pre-populating is often not feasible, and can be detrimental. With these multi-indication drugs, each prescription needs to be specifically and clearly worded for the individual patient.” So the work group looked at indications and the associated word variation in VA labels, reviewing thousands of them by disease type. “We developed an Indication Guide that re-classified indication wording as ‘preferred,’ ‘acceptable,’ and ‘avoid using,’” she says. “But we were careful to recommend that it’s still okay to use certain text in the label if a patient prefers it that way.”

Safer, Better

On the heels of earlier efforts led by NCPS Program Manager Keith Trettin, R.Ph.—a successful pilot of a new patient-centric prescription label (2012) and a recommendation for this format as the VA standard (2013)—the work group published the revised prescription labeling guidance document in August 2014. This new guidance was publicized throughout VA via national calls including VHECs, and later in early 2015, dissemination on My HealthVet and via VHA Communications. And efforts continue to educate pharmacists, providers, and Veterans—part of a “grass roots effort” that Tuttle believes will ultimately lead to safer, more effective prescribing in VA.

She is quick to note that even with these improvements to VA prescription labeling, patient-clinician interaction is still critical to Veterans’ effective, safe use of medications. “Even with this clear new guidance, we emphasize that providers still need to talk with their Veteran patients about their medications,” Tuttle explains. “Having a better label doesn’t take away that need to discuss, educate, and inform the patient about what they’re taking.”

More recently, VA Pharmacy has set its sights on a new challenge: addressing the issue of unused, unwanted medications in Veterans’ homes. “New DEA regulations came out recently, and we’re concluding some pilots and developing VA signage to help Veterans dispose of these medications in a safe way,” she explains. “This project is just another example of VA’s proactive, ongoing efforts to improve Veteran care, especially through the effective, safe use of medications.”

Ex. of revised patient-centric directions for insulin:

“INJECT THREE TIMES DAILY 5 TO 10 MINUTES PRIOR TO BREAKFAST, LUNCH AND DINNER FOR BLOOD SUGAR CONTROL. IF BLOOD SUGAR PRIOR TO EATING IS 100 TO 150: GIVE 5 UNITS; IF 151 TO 200: GIVE 6 UNITS; IF 201 TO 250: GIVE 7 UNITS; IF 251 TO 300: GIVE 8 UNITS.”

The 2014 **Prescription Label Improvement and Standardization Guidance** document published is available at: https://vaww.cmopnational.va.gov/cmop/PBM/Prescription%20Labels%20Patient%20Centric/Prescription%20Label%20Content%20Improvement/RxLabelGuidance_PBM_08252014.pdf

For **more information on this project and on the new VA labeling guidance**, contact Jeanne Tuttle, R.Ph., national pharmacist program manager at VA PBM, at: Jeanne.Tuttle@va.gov

For more information about prescription medicines, visit the **My HealthVet website** at: <https://www.myhealth.va.gov/>

Veterans can find detailed **information on medications in the VHL** here: <http://www.veteranshealthlibrary.org/MedicationsVA/>

Beckley VAMC Team Proactively Prevents Falls—In and Out of the Facility

Deborah Murdock, B.S.N., Patient Safety Manager at the Beckley, West Virginia, VA Medical Center (VAMC) says that being proactive—both in and out of the hospital—is the key to preventing Veterans from falling and injuring themselves. “Most Veterans just want to be independent,” she says. “But that can be a problem for some because of age, physical ailments, chronic diseases, and even the side effects of the medications.” She says that there are always going to be patients who fall, but the key is to not only help them reduce that risk—but also to help them reduce the risk of injury if they do.

Teaming Up

So in 2013, as part of a larger effort to decrease the number of major injuries at the VAMC, Murdock and staff formed the multi-disciplinary “TEAM OUCHH,” with support from VA and local and Veterans Integrated Service Network (VISN) leadership. “OUCHH” stands for ‘Our Unique Caring Hearts and Hands’ and relates to VA’s Virtual Breakthrough Series on Preventing Falls and Falls Related Injuries,” she explains. “With it, we set our sights on helping the most vulnerable Veterans with the greatest fall risk by improving facility infrastructure to reduce fall-related injuries, enhance environmental safety, involve family members in fall prevention, and increase front line staff’s knowledge of injury reduction.”

After a 1-year commitment post-Series, Team OUCHH has continued the proactive approach to fall prevention as part of the facility’s established Falls Team. “We’re using approaches like root cause analysis, aggregate fall reviews, and ongoing assessments of the medical center’s fall and injury prevention program,” she explains. “And we’ve added or strengthened fall- and injury-reduction strategies, such as SmartCells fall mats and falls carts for inpatient units, fall communication boards and post-fall clinical notes. We’re also using a nurse-driven post-fall algorithm and records flag for those who’ve experienced multiple falls, osteoporosis clinical reminders, and even a video on prevention measures, *Call. Don’t Fall*, in which staff participated.”

All these efforts are working. The VAMC’s number of major injuries resulting from a fall improved from five in 2012 to zero in 2014. This success is remarkable because in 2014, 94 percent and 71 percent of Beckley’s patients, for example, were at high-risk for falls and had experienced a fall, respectively.

From The Start

Murdock explains that Beckley’s falls prevention program starts the moment Veterans arrive at the facility—and extends to the home setting when they leave the VAMC. “On admittance, the patient and his or her caregiver are given education and



Communication Board has a smile or a frown pending a fall within 24 hours, and shows how many days without a fall occurring in the unit.

printed, individualized information on reducing fall risks both in the hospital and home,” she says. “We also do an individual injury risk assessment while the patient is in-facility, as well as an assessment of the Veteran’s home environment when enrolled in the Home-Based Primary Care Program (HBPC). Both result in a set of personalized recommendations to help them reduce their chance of fall and injury.” This program complements the highly effective fall-reducing equipment used in the VAMC. Beckley’s Community Living Center (CLC), for example, uses “one-way glide” mats that can prevent chair-related falls, an important and effective safety feature that’s particularly beneficial to Veterans suffering from dementia and Alzheimer’s disease.

Safe At Home

Upon discharge, the facility’s Prosthetics Department provides patients with protective devices for home use, such as hip protectors or ambulation assistive devices. Recently, Murdock says that a caregiver—who had witnessed the great impact on prevention on injury while her loved one was hospitalized—requested a specially designed falls mat. The mat, on which a dropped egg will not break, was provided to reduce the Veterans’ risk of falling at home.

By more recently forming a specialized inpatient team for falls assessment and management, Murdock and staff have gone even further in prevention. “We’ve implemented a ‘FISH’ team—the acronym stands for ‘Fall Intervention Safety Huddle’—to address falls in the wards and CLC,” she says. “Anytime a patient falls, the team uses a ‘fresh eyes’ approach to assess the situation—ideally within 24 hours—review the cause, then ‘huddle’ with the patient and caregivers to discuss ways to reduce subsequent risk. And the team’s guidance is designed to carry through discharge into the home setting.” NCP also offers information on preventing Veteran falls and fall-related injuries, which is part of a monthly Healthy Living message, ‘Be Safe—Prevent Falls’, and available through NCP’s Internet page.

A Veteran’s recent experience shows the value that the FISH team provides. “This Veteran fell in the ward, and in reviewing his situation, the FISH team found that he was just trying to do things for himself,” Murdock explains. “So the team developed a plan and guidance to help him reduce his fall risk, yet remain independent at home. So far he’s hasn’t fallen!”



Beckley FISH team (l to r) Kimberly McDaniel, Michelle Mathis, Deborah Murdock, Crystal Sharpe, Suzanne Bowles, and Kimberly Nugen.

Proactive, Not Reactive

As part of the consult for Veterans' for HBPC, the "Get Up and Go" Assessment of physical ability has been another important way to help Veterans. "This assessment is a scored, 8-part movement and balance test that helps evaluate a Veteran's in-home fall risk," explains Acting HBPC Program Manager Linda Hicks, R.N., B.S.N., the. "In addition to this test, we also do an environmental risk assessment, and then call the Veteran to discuss ways to make the home more safe, such as improving carpeting and removing tripping hazards." Beckley's Pharmacy staff review each patient's medications to minimize fall risk, and clinical staff help ensure that each patient has the right equipment to be safe in the future. Murdock says that it's all part of giving the staff, Veterans, and caregiver the education, plan, recommendations, and tools needed to proactively reduce fall- and injury-risk.

"Enhancing patient health and well-being is a standard at the Beckley VAMC, and we've had supportive leadership from the VISN down, as well as the 'buy-in' of staff, to make it happen," notes Murdock. "Through teamwork and collaboration at all levels, and involving staff, Veterans, and caregivers, we've been able to make the cultural changes needed to reduce falls and related injuries. And it's great to see the impact that it's having on patient's lives."



For more information on preventing Veteran falls and fall-related injuries, visit NCP's 'Be Safe—Prevent Falls and Drive Safely' page, at: http://www.prevention.va.gov/MPT/2015/June_2015.asp

What They're Saying About: HLA

"This is a fantastic tool...! I am glad to see VHA publicizing this valuable tool...if you are not familiar with the HLA, you should certainly check it out"

----VISN PACT Lead

What They're Saying About: NCP Education Calls

"I LOVE these calls. One of my favorite parts of working for the VA is great continuing education, like these calls. Keep up the good work!"

----Clinical Psychologist, Jesse Brown VAMC

Gateway to Healthy Living Program Helps Patients Make the Link to Healthy Change

A recently completed pilot program is helping Veterans get more engaged and confident in health behavior change, and more skilled in using strategies for living a healthier life.

Designed by NCP with help from a national workgroup that included Veterans, the *Gateway to Healthy Living Program* enrolled Veterans at six VA facilities from June to September 2015. Eighty-three patients participated, using Gateway as an entry point for getting information, motivational support, and collaborative goal setting to better manage their own health.

“Through Gateway, they had access to NCP’s Healthy Living messages, tools, and resources—all in one place,” explains Sophia Hurley, NCP’s Prevention Programs Coordinator and Gateway Co-Lead. “It linked those who were considering any health behavior change—like increasing physical activity, eating wisely, or stopping tobacco use, for example—to existing clinical programs or self-management tools for improved health and well-being.”

“Gateway Veterans participated in a 90-minute, face-to-face group session, which was followed by two phone calls with the Gateway facilitator,” says Dr. Peg Dundon, NCP’s Program Manager for Health Behavior and Gateway Co-Lead. “In the calls, the facilitator offered the Veteran self-management support, help in setting SMART goals and problem-solving, links to a program of choice, and the affirmation needed to be successful.”

Surveys of pilot participants revealed that the vast majority were satisfied with Gateway and found it helpful (*insets, below*). Staff also noted Gateway’s value: three-quarters of them recommended disseminating it to other sites. Every pilot site has chosen to continue offering the program, and Hurley and Dundon believe that facilities will find that it effectively supports and augments local patient-aligned care teams (PACTs), too.

By-The-Numbers: Gateway to Healthy Living Pilot

- **98.8%** said Gateway helped them **set a goal to improve their health**
- **83.1%** were **very satisfied** with their Gateway session
- **72.8%** said they were **more ready to change to improve health** than before doing Gateway
- **68%** of the goals set were about **being physically active and striving for a healthy weight**

A detailed analysis of the pilot data is underway, and NCP is planning to assist more VA facilities in offering the program in spring 2016. “Gateway helps Veterans positively change their health behaviors, which is critical to reducing or managing the chronic diseases that are such a big burden in the VHA population,” notes Dundon. “It’s a promising addition to an array of effective NCP programs aimed at improving Veterans’ quality of life with evidence-based health promotion and disease prevention guidance and resources. All of us on the Gateway team are really excited about the program’s long-term potential for improving Veterans’ health.”

What patients are saying about Gateway to Healthy Living:

- *I appreciated the facilitator's "interaction and heartfelt concern for my welfare."*
- *"Not [telling me] what I 'should' do, but [using] the 'importance to me' approach made the difference."*
- *Gateway was "very informative. [It] gave people a great start."*
- *"I feel better leaving than when I came. The class improved my outlook."*
- *"I didn't realize it was MY CHOICE to make!"*



Gateway was recently selection as a semi-finalist in VHA's Promising Practices Consortium on VA PULSE—Read more about this honor in the 'News Updates' section of the newsletter.

What They're Saying About: NCP's clinical preventive services recommendations tables

"These recommendations are really terrific...so easy to follow and well organized!"

----VAMC primary care physician

The U.S. Department of Health and Human Services and U.S. Department of Agriculture’s **2015–2020 Dietary Guidelines for Americans** are now available and can be viewed at: <http://health.gov/dietaryguidelines/2015/guidelines/>. NCP staff are currently reviewing the guidelines to determine whether updates will be needed for MOVE! and other program materials.



VA Health Services Research and Development (HSR&D) just published an evidence report on the **Benefits and Harms of the Mediterranean Diet Compared to Other Diets**, which is available at: <http://vaww.hsrdr.research.va.gov/publications/esp/med-diet.cfm>. VA’s Evidence-based Synthesis Program (ESP), in conjunction with the Office of Quality and Performance – and in response to a request from NCP and PCS – commissioned this report to update prior reviews, and to specifically assess the implications for the treatment and prevention of common chronic conditions in the Veteran population.



The Impact of Wearable Motion Sensing Technologies on Physical Activity was reviewed in a recent ESP report that’s based on a systematic review conducted by the ESP Center at the Durham VAMC. NCP nominated this project after a process that included a preliminary review of published peer-reviewed literature and consultation with investigators, VA and non-VA experts, and key stakeholders. The goal of this report was to assess whether VA should invest in accelerometers and other wearable activity devices as a tool to motivate Veterans to be more physically active. The report may be viewed at: <http://vaww.hsrdr.research.va.gov/publications/esp/MotionSensingTechnologies.cfm>.



Based on evaluations and feedback received from the field, NCP recently made changes in our monthly NCP Education Call. Starting in December 2015, the **NCP Education call is now quarterly, not monthly**. The calls will be the second Tuesday of the last month of each quarter. These months will be March, June, and September in 2016. The Adobe Connect link (<http://va-eerc-ees.adobeconnect.com/r7ovuns4x43/>) and VANTs line code (189984#) will remain the same. Since each call is different, NCP will continue to send specific calendar invitations 2-3 weeks prior to the call.



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

- “Cancer incidence among patients of the U.S. Veterans Affairs Health Care System,” Zullig LL, Jackson GL, Dorn RA, Provenzale DT, McNeil R, Thomas CM, Kelley MJ. *Mil Med.* 2012;177(6):693-701
- “Lung and colorectal cancer treatment and outcomes in the Veterans Affairs health care system,” Zullig LL, Williams CD, Fortune-Britt AG. *Cancer Manag Res.* 2015;7:19-35
- “Informing policy to deliver comprehensive care for women veterans,” Bastian LA, Mattocks KM, Rosen AK, Hamilton AB, Bean-Mayberry B, Sadler AG, Klap RS, Yano EM. *Med Care.* 2015;53(4 Suppl 1):S1-4
- “Disease Prevention in the Veterans Health Administration,” Kinsinger LS. *NC Med J.* 2015;76:335-338
- “Barriers and facilitators to providing primary care-based weight management services in a patient centered medical home for Veterans: a qualitative study,” Jay M, Chintapalli S, Squires A, Mateo KF, Sherman SE, Kalet AL. *BMC Fam Pract.* 2015;16(1):167



Revised VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP), has been published, and can be viewed at: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3137.

VHA Handbook 1120.04, Veterans Health Education and Information Program Requirements, has been published, and can be viewed at: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3143.

VHA Handbook 1120.05, **Coordination and Development of Clinical Preventive Services Guidance** has been published, and can be viewed at:

http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3131.



In October, VA provided the **2015 IPV Awareness Campaign Toolkit**, which can also be found at VA IPV Awareness Campaign Toolkit. It contains:

- New VA IPV Assistance Program Logo, which provides a direct SharePoint link
- Dynamic promotional images VAMCs to use on facility website banners and other materials



NCP has recently begun a **Clinician Engagement Email Campaign** to promote use of the Veterans Health Library (VHL) by clinical staff in all facilities. Brief “VHL Vitals” bi-weekly emails will be shared through VHECs, MyHealthVet Coordinators, and HPDP staff to expand the VHL’s reach to busy clinicians and promote the use of the VHA-vetted health information. These brief emails will include small chunks of general information, including an embedded link to the VHL site for additional information. NCP hopes the email campaign will be an effective and efficient approach to reach clinicians considering their busy schedules.



In the first quarter of FY 2016, **123 TEACH Courses were conducted that included 1,340 participants**. From September 2010 through September 2015, 33,679 staff have taken TEACH training. This month, the **MOVE! Coach Mobile app surpassed 10,000 downloads**.



NCP’s *Gateway to Healthy Living Program* was recently recognized as a **semi-finalist in VHA’s Promising Practices Consortium on VA PULSE**. Submitted by Karen Cayce, HPDP Program Manager at the Southern Arizona VA Health Care System in Tucson, Gateway was one of only 40 selected from over 250 practices entered by PULSE Consortium Member-Teams. Of these semi-finalists, 10 best practices will be chosen for implementation and announced in February; a Summit for Best Practice Fellows to plan with implementing facilities will follow in early March.

Gateway, which was recently piloted in six VA facilities, connects NCP’s Healthy Living messages, tools, resources, and programs with Veterans who are considering health behavior change. Based on Veteran and staff satisfaction, Cayce and her team are continuing the program at their facility and looking to expand Gateway offerings to additional audiences. The other five pilot sites (Bronx, NY; Gainesville, FL; Indianapolis, IN; Murfreesboro, TN; and Richmond, VA) have also chosen to continue offering Gateway.

James Lewis, M.D., is our newest Preventive Medicine Resident from the University of North Carolina at Chapel Hill (UNC). He attended medical school at the University of Arkansas for Medical Sciences and completed Internal Medicine residency at Washington University in St. Louis, and an Infectious Diseases Fellowship at UNC. He is currently a resident enrolled in the Epidemiology Master of Public Health program at UNC, and he is currently working on multiple projects regarding tick-borne disease prevention and prevention of syphilis with collaborators at the State Health department and UNC. His major career interests include working in public health at a State or Federal level with focus on non-HIV sexually transmitted infections and vector-borne disease prevention.



MOVE! Success Story

Back to Normal:

Vietnam Veteran James Hether Discusses How MOVE!® Helped Him Regain His Health and Lose Over 37 Pounds

“**S**ince I injured my back in Vietnam, my back has deteriorated and I’ve suffered from almost daily pain. I have herniated discs and compression fractures in my back, and herniated discs in my neck. I also suffer from Posttraumatic Stress Disorder, and wake up nearly every night with flash backs. I’ve been unable to work for the past 5 years.

When I went to see Dr. Andria Klioze, my VA doctor, in February 2015, I weighed 221 pounds. My pulse was around 100 beats per minute, but would usually go up to around 120 beats during the day. I had shortness of breath, and with a previous heart attack, I was concerned about having a second one.

During the visit, Dr. Klioze reviewed my blood test results and found that my fasting blood sugar was higher than normal. At 129 mg/dL, I was now in the diabetic range. When she said that I needed to go on diabetes medicine, I asked her if I could try to lose the extra weight. She agreed, but only if I promised to do the MOVE! Program.





A few days later, I learned that my MOVE! Orientation Class was scheduled for April 2015. By the time I went to the orientation at the Daytona Beach (Florida) VA Outpatient Clinic, I weighed nearly 216 pounds, which was much higher than the normal weight for my height, 130-179 pounds. The measurement around my bellybutton—my waist circumference—was 43.5 inches, which was also higher than the normal (40 in.) for men. With a BMI of 32, I was also ‘obese.’

The orientation class was taught by two very enthusiastic and talented women, Becky and Terry. They inspired me, and made me believe that I was going to lose all of the excess weight I’d gained over the years. They gave me some instructions, and I simply took notes and followed their advice.

The first of 16 MOVE! classes started just over a month later, in May. I weighed in and had already lost over 16 pounds! To my surprise, Becky and Terry were amazed that I had lost so much, so quickly. Again, I simply did what they said and the pounds just fell off. With nearly every passing MOVE! class, my weight continued to go down.

I had another blood test in June 2015, and saw significant improvements. My fasting blood sugar was down to 111 mg/dL, a drop of 18 and a normal value. My good cholesterol went up 1 point and my bad cholesterol went down 10 points. At my last MOVE! class in August, my weight was at 178.8 pounds and my circumference was 35 inches. Since the beginning of MOVE!, I’ve lost 37.1 pounds and 8.5 inches off of my waist! Now my BMI is 24, which is in the ‘normal’ category.

I am proud of my accomplishments and thankful for the MOVE! Program. I would recommend this class to any Veteran who wants to lose weight and regain their health.”

*This success story (and others) can be found on the MOVE!® weight management Web site:
[http:// http://www.move.va.gov/SuccessStories.asp](http://http://www.move.va.gov/SuccessStories.asp)*

CALENDAR *of* EVENTS

NCP Education Conference Call

2nd Tuesday of the third month of each quarter
1:00 pm ET
1-800-767-1750, Access Code 18987#

- Upcoming call—March 8

NCP Integration Conference Call

2nd Tuesday of the first and second months of each quarter
3:00 pm ET
1-800-767-1750, Access Code 18987#

- Upcoming calls—February 9, April 12

VISN MOVE!® Coordinators Call

2nd Tuesday of the third month of each quarter
3:00 pm ET
1-800-767-1750, Access Code 59445#

- Upcoming call—March 8

Veterans Health Education Hotline Call

4th Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 16261#

- Upcoming calls—February 23, March 22

Health Promotion/Disease Prevention Conference Call

1st Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 35202#

- Upcoming calls—February 2, March 1

VISN/Facility MOVE!® Coordinators and Physician Champions Call

2nd Tuesday of the first and second months of each quarter
3:00 pm ET
1-800-767-1750, Access Code 59445#

- Upcoming calls—February 9, April 12

National Health Behavior Coordinators Call

2nd Wednesday of the month
12:00 pm ET
1-800-767-1750, Access Code 72899#

- Upcoming calls—February 10, March 9

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 editor:

Dr. Ted Slowik

Telephone: 919-383-7874

E-mail: Theodore.Slowik@va.gov

Visit our Web site at:
www.prevention.va.gov