

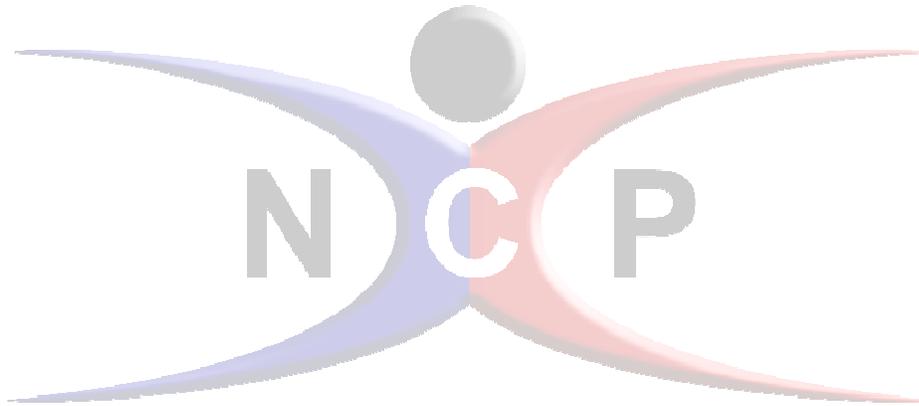
Health *POWER!*

Prevention News

In this issue:

From the Director	Page 3
Deputy Director, Clinical Update.....	Page 5
VHEI Update—New Patient Education: TEACH for Success Program	Page 7
Prevention Practice Update.....	Page 8
Health Promotion Update—Wellness Happenings.....	Page 12
MOVE! Program Update	Page 13
Prevention Briefs	Page 14

Summer 2007



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

Director—Linda Kinsinger, MD, MPH

Executive Assistant—Rosemary Strickland, APRN, BC

Deputy Director, Administration—David Pattillo, MHA

Office Manager—Pamela Frazier, BS

Program Support Assistant, Contractor—Shirley Bullock

Special Assistant—Connie Lewis

IRM/ISO—Kraig Lawrence, BBA, CSP

Deputy Director, Clinical — Leila C. Kahwati, MD, MPH

Program Manager for Prevention Practice—

Pamela Del Monte, MS, RN, C

Program Manager for MOVE! - Kenneth Jones, PhD

MOVE! Project Coordinator, Contractor—

Karen Crotty, PhD

MOVE! Project Coordinator, Contractor—

Sejal Dave, MS, RD, CDE

MOVE! Project Coordinator, Contractor

Susi Lewis, MA, RN

IT —Tony Rogers

Program Manager for Health Promotion—

Richard Harvey, PhD

Program Manager for VHEI—

Rose Mary Pries, DrPH, CHES

Health Education Coordinator

Pamela Hebert, DrPH, CHES

Address suggestions, questions and comments to the Editorial Staff:

Connie Lewis, ext. 233

Rosemary Strickland, ext. 239

Address:

3022 Croasdaile Drive, Suite 200

Durham, NC 27705

(919) 383-7874 (Phone)

(919) 383-7598 (Fax)

Calendar of Events:

April

HUSV Event, April 4-5, 2007—Denver, CO
Linda Kinsinger, Pamela Del Monte

May

MOVE! VISN Coordinators' Meeting, May 1-3, 2007—Perry Point, MD
NCP Staff

VHEI Meeting, May 21-22, 2007—
Washington, DC

Linda Kinsinger, Rose Mary Pries, Pamela Hebert

TBI Conference, May 23-24, 2007-
Washington, DC
Rose Mary Pries

June

Genomic Medicine Program Advisory
Committee, June 11, 2007—Washington, DC
Linda Kinsinger

Task Force on Community Preventive
Services, June 13, 2007—Atlanta, GA
Leila Kahwati

NCP Mission Statement

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

Visit our website at: <http://www.prevention.va.gov>

Linda Kinsinger, MD, MPH Director, VA NCP



I think one of the tragedies at the moment is that almost nobody is trained both in genetics and in linguistics—John M. Smith

Genomics medicine is a rapidly up-and-coming field in VA and an important area in which prevention will play a prominent role. The VA Office of Research and Development (ORD) defines genomics as “the study of all the genes in an individual, as well as the function and interactions of those genes with each other and with the individual’s environment.” ORD has established a Genomic Medicine Program Advisory Committee (GMPAC) to develop the framework for the new VA Genomic Medicine Program. The vision of the VA Genomic Medicine Program is to improve the health and quality of life of our veterans, by applying what is learned from genomic medicine research to provide personalized medicine to treat and to prevent disease and other medical conditions.

Other federal agencies and many healthcare organizations and private companies are also actively involved in this emerging area. The US Department of Health and Human Services recently announced a new initiative called Personalized Health Care (<http://www.dhhs.gov/myhealthcare/>), “to improve the safety, quality and effectiveness of healthcare for every patient in the US” by tailoring medicine, through genomics, to each person’s needs. The CDC has a large amount of information and many resources about genomics and public health on its webpage at <http://www.cdc.gov/genomics/>. Genetics companies are beginning to market genetic screening for individual conditions or hundreds of conditions to the general public.

The field of genomics medicine raises many questions, from those at the level of basic science to those at the individual behavioral level to those at the social/population level. How should we think about this from a preventive medicine point of view? At a recent meeting of the GMPAC, I was asked to speak on “Genomics and Prevention,” with a particular focus on educating patients, providers, and the veteran

community. For my presentation, I discussed the principles for screening tests that we’ve used for many years for non-genetic tests and looked at their applicability to genetic testing. These principles are: 1) the test screens for a condition with a significant burden of suffering; 2) the natural history of the condition is suitable for screening; 3) there is an acceptable screening procedure; 4) there is a treatment that works better early, compared with later; 5) the benefits outweigh potential harms; and 6) the net health benefits come at a reasonable cost.

I concluded that these same principles still apply to genetics screening tests but often in more complex and challenging ways. There’s not space to go into each of these principles in detail here, so I’ll highlight just a couple of issues. Having an “acceptable screening procedure” refers to not just the blood test (or saliva swab or whatever the sample is) for genetic screening but it refers to the whole process, from identifying which individuals are to be screened, counseling them beforehand about the screening and what the results may mean, informing them of the results afterwards (including the limitations of the information), and following up on whatever the next steps may be. This process doesn’t happen in a vacuum for an individual but clearly applies to the person’s family members too (whether they want to be involved or not).

Having “a treatment (or intervention) that works better early, compared with later,” is another interesting challenge. It’s tempting to assume that knowing one’s genetic make-up would influence behavior in a positive way. If a person knows, for example, that he/she has a genetic potential for diabetes, one might assume that the person would take all the necessary preventive measures to prevent diabetes (maintain a healthy weight, stay physically active, and so on). That’s still an assumption at

(Continued on next page)

(Continued from previous page)

this point. So far, studies don't clearly show that such knowledge leads to the behavior changes you might expect; sometimes, in fact, it leads people in the opposite direction. Some people tend to throw up their hands and say, "It's in my genes, so what can I do?"

There are significant educational challenges for patients, providers, and community members alike in this brave new world of genomics. These are very complicated issues and few of us are prepared to understand or explain them well, to ourselves, our patients, or our neighbors in the community, veterans or otherwise. I'm not sure who John M. Smith is but his remark that "almost nobody is trained both in genetics and in linguistics" is very

pertinent. A great deal of research will be needed to help providers develop the expertise in both the science and the language of genetic testing that will be required to talk with their patients.

The potential benefits of genomics, in terms of an improved ability to predict who is at increased risk for specific chronic diseases and to act on that information in an effective way, are substantial indeed. But, I believe we need to think carefully about each step along the way and rely on the principles that have guided us well so far. Our general public health messages of "eat healthy, be physically active, and avoid risky behaviors" will continue to be important for everyone well into the future, no matter what their genes are.

REMINDER: The monthly Prevention Conference calls are the 2nd Tuesday of the month @ 1PM Eastern. The dial-in number is 1-800-767-1750, access code 18987.

The format of July's call is an open forum for sharing successes. If you have any success stories, please submit them at Pamela.DelMonte@va.gov.

The focus for the call in August is immunizations. Judy V. Schmidt, RN, EdD, Public Health Educator with the National Immunization Program at the Centers for Disease Control and Prevention in Atlanta, Georgia will present.

Please submit any topics you wish to have addressed on the prevention calls.

Leila C. Kahwati, MD, MPH Deputy Director, Clinical



One of the advantages of being located so close to two large universities (Duke and the University of North Carolina) is the opportunity to have students and medical residents rotate through our office. Over the past several years, we've had a number of medical students, public health students, and preventive medicine residents spend time with our office as part of a practicum or research experience. The types of projects these learners have worked on over the years varies. Most common are projects that are shaped out of a mutual interest between our office and the learner. Often these learners bring a clinical or public health "area of interest" to us, and we help them conceptualize this interest into a concrete project that aligns with our office's mission and goals. We've had learners help us develop policies and resources related to the *MOVE!* Weight Management Program and HealthierUS Veteran Initiative. We've mentored several learners through research projects involving obesity disease burden, breast and prostate cancer chemoprevention, and risky health behaviors of OEF/OIF veterans. Several of these projects have resulted in peer-reviewed first-author publications for the learner.

In addition to working on a specific project, we like to include the learners in our regular day-to-day work. Usually this means having them sit in on meetings, conference calls, and any other office activity that would be valuable to help their understanding of the VHA system, particularly the administrative and policy aspects that they might not have been exposed to during clinical rotations at a VA Medical Center. This helps put their specific projects into the larger context of our office and the larger VHA system.

Tshaka Muchiteni finished his practicum experience with our office in mid-May. He is a medical student from the University of North Carolina (UNC) who took a year between his 3rd and 4th year of medical school to pursue a Master of Public Health degree from the UNC School of Public Health. Tshaka

came to us with an interest in bariatric surgery and after discussion, he decided to focus his project on developing a resource for primary care physicians on this topic. This was a need identified by our office but forever on our "to do" list. He began with a literature search and review of existing materials and then interviewed a variety of VA staff from the field with experience caring for bariatric surgery patients before and after surgery. He synthesized and summarized what he found into a short guide which will soon be available. At the end of his rotation, we asked Tshaka to share his thoughts on his rotation with us in writing and this has been reprinted below.

Having learners around infuses our office with a youthful spirit. It reminds us of where we've been, affords us the opportunity to evaluate where we're at, and gives us a glimpse of what's in store. We consider working with learners an investment in our future as an organization and society. We hope you do, too.



Practicum Report— Submitted by: Tshaka Muchiteni

I can honestly say that my practicum experience at the Veterans Affairs National Center for Health Promotion and Disease Prevention (NCP) was one of the most enlightening and enjoyable experiences I have had in the past few years. These past 5 months have taught me information that will be invaluable to my future medical and public health career. After working with the NCP, I now



(Continued on next page)

(Continued from previous page)

can say that I have a better understanding of the VA health system and more appreciation for all the time, energy, and hard work that goes into developing quality disease prevention tools.

I had several goals when I first began this practicum. One of my reasons for doing this was to gain a better understanding of bariatric surgery and the role of the primary care physician in managing patients who undergo this procedure. I also wanted to learn about the process of developing disease prevention strategies and disseminating them on a national level. During the five months of my practicum I was able to achieve all of my learning objectives and much more.

What I enjoyed most about my practicum experience was that it allowed me to be active in each step of the process. While my preceptor and advisor were always available to offer guidance and answer my questions, this experience afforded me the opportunity to work independently and tackle many problems on my own. Because my work extended over a 5 month

period, I had the unique opportunity to see my project evolve over time. From my beginning literature review to the formatting of the final document, I was able to be hands-on with each step of the process.

Throughout my entire experience, the employees and staff at the NCP always made me feel welcome. They were always available to help me anytime I needed help and made me feel comfortable in their presence. It was truly a pleasure to learn from this esteemed group of individuals.

As I approach the completion of my public health degree, one of the questions I keep asking myself is how can I effectively merge my MD and MPH degrees in my future career? This practicum experience was great because I was able to apply many of the skills I've learned in the School of Public Health as well as my clinical experience from my 3rd year of medical school. I was fortunate enough to get a glimpse of how I will be able to use my MD/MPH in the future. I do not know how this experience could have been any better and I am definitely glad that I decided to do it.

**VA employees in recognition of "Women and Heart Disease Day"
February 2, 2007—VAMC Bath, NY**



Correction:

This item was featured in the Spring Edition of HealthPOWER! Prevention News. Although the photo was submitted by Marlene Gush, proper credit was not given to the photographer (Richard Small, Director/Producer, Medical Media).

Rose Mary Pries, DrPh, CHES Program Manager, Veterans Health Education & Information (VHEI)



New Patient Education: TEACH for Success Facilitators to Be Trained This Summer

VA staff from across the country will come together July 24 in Las Vegas to be trained to facilitate the Patient Education: TEACH for Success Program at their VAMCs. TEACH focuses on improving the health education skills of staff who provide this critical component of care. This course is designed specifically for VA clinicians. It includes self-study and face-to-face, hands-on practice in small groups.

Facilitators will return to their facilities to conduct TEACH training throughout this fall and the coming year. During the training they will gain valuable information about the specifics of offering TEACH to clinicians. They will practice the small groups skills needed to present the course in a dynamic, interactive manner. Participants will receive targeted feedback from the master faculty as well as their fellow participants.

TEACH focuses on skills clinicians can use in all care settings, from primary prevention to recovery and rehabilitation. TEACH stresses the following concepts:

- Evidence based best practice
- Holistic approach to patient care
- Patient-centered
- Patient self-management
- Partnerships for health
- Shared decision making
- Interdisciplinary process
- Meeting JCAHO requirements
- Improving staff competences via practice and feedback

When offered at local facilities, TEACH is comprised of six different modules. The "Preview" section must be taken first. Preview not only provides an overview of TEACH, but offers a self-assessment to guide participants in selecting the subsequent modules they may want/need to take. Modules can be taken in any sequence. The Employee Education System (EES) offers continuing education credit for each module. The modules are:

- T** - Tune into the Patient
- E** - Explore the Patient's Concerns, Preferences, and Needs
- A** - Assist the Patient with Behavior Change
- C** - Communicate Effectively
- H** - Honor the Patient as a Partner

Before attending each module, participants take a short self-study via CD-rom. Each self-study contains a post-test. Participants must successfully pass the post-test & provide their local TEACH faculty with the certificate that documents successful completion before attending each module's face-to-face skill practice session.

More Specifics about TEACH:

TEACH emphasizes tailored communication to patients and integrates a patient-centered approach to health education. Staff practice their skills in assessing patient's needs via case studies derived from actual clinical examples. Clinicians use their needs assessment findings to tailor and personalize patient education plans for veterans.

TEACH provides clinicians the strategies needed to open discussions about health issues concerning life-style changes like eating for health, starting to exercise, quitting smoking and additional behaviors needed to prevent the onset and progression of disease. Participants learn to assess a patient's stage of change for a specific behavior and practice these skills in small groups.

TEACH also offers techniques to help patients move to the next stage of change. Participants have the opportunity to reflect on changes they have tried to make in their lives and what helped or hindered them in that process. They use this experience to focus on the challenges patients face and the most effective supportive strategies to help people change to healthier lifestyles.

We thank the many TEACH trainers already in the field for their continued commitment to improve the quality of patient education. Their hard work and dedication has resulted in over 1,500 TEACH classes conducted in the VA. Remember, if you provide care, you provide patient education.

If you'd like additional information about attending this training or have other questions about TEACH, please contact: Pam Hebert, Dr. P.H., pam.hebert@va.gov.



Pamela Del Monte, MS, RN, C Program Manager for Prevention Practice

VA Finishes Strong

Congratulations to all those who participated in the 2007 HealthierFeds Physical Activity Challenge. The Department of Veterans Affairs had one of the highest participation rates and ranked 2nd for percentage of participants successfully completing the challenge. For the number crunchers - VA had 2,661 participants and 851 (32%) completed the challenge. A complete listing of the results is at <http://www.healthierfeds.opm.gov/challenge/results/2007/index.asp>.

Prevention Awards

The Year 2006 saw 7 Prevention Awards given for prevention excellence as an individual or a team. The spring issue highlighted the "Movers and Shapers" program and Stacey Lutz-McCain. Read on for more examples of excellence in prevention activities.

Prevention Champion - Administrative: Kathy Montgomery RN, VAMC Tuscaloosa, AL



Kathy Montgomery is the Tuscaloosa VA Medical Center's performance improvement coordinator for primary care. She has also assumed additional duties as the clinical reminders coordinator for the facility. Kathy's expertise as an RN and a computer expert was utilized to improve patient care outcomes in the areas of health care promotion/prevention and clinical guidelines.

One example is related to the medical center's initiative on improving outcomes among the mentally ill patients. Kathy worked with the cancer screening team to increase the number of mentally ill females who receive mammograms. As a result of the team's efforts, TVAMC achieved a 16% reduction in the gap between breast cancer screenings in the mentally ill population as compared to the primary care population. Mrs. Montgomery is also the facilitator for the diabetes/lipid management process action team. As a result of her leadership, there was a 12% improvement in the hemoglobin A1C outcomes of the mentally ill population when comparing FY 05 and FY06.

Kathy works closely on a daily basis with the RN's, physicians, and clerks in primary care to improve patient care processes related to prevention and clinical guidelines. She provides physicians with the names of patients in their panels who need follow-up in certain areas, such as a listing of diabetics whose LDL is above 120. This allows each team to follow-up as needed to improve compliance on these important measures.

Kathy is always thinking outside the box (with creative ideas). For example, she implemented a special day for employees to get flu vaccines utilizing a western theme that made the day fun. She also went out on the patient care units and helped immunize employees who could not come down for immunizations.

Kathy is an expert in systems thinking and process improvement and is sought out by others. She was selected this year to be a planner and presenter at the national VEHU conference. She also recently presented at the Alabama Quality Awards conference. Kathy Montgomery is a very valuable VA employee who utilizes her expertise in primary care nursing and informatics to make a difference in preventive care at both the local, state, and national level.

Prevention Champion - Employee Wellness Team: Rita Boynton and the Wellness Committee—VA White River Junction, VT

As chair of the Wellness Committee, Rita Boynton tirelessly promotes wellness activities ranging from health and fitness fairs to walking programs, painting classes, and dancing classes. She has also created a Weight Management Group that is well attended; many pounds have been lost as well as many miles walked.

Her newest activity with the community was to establish our facility as a check-in point for the National Walk-Bike to Work Day. Even with the horrendous weather, we had bikers from as little as 2 miles away to as many as 23 miles away!

Rita has recently been working on our Nature Trail to make it more enjoyable for our staff, featuring wind chimes, lawn ornaments and inspirational posters as well as some benches for those who need to rest between steps.

(Continued on next page)

(Continued from previous page)

She always ensures that the wellness program continues to receive attention from all levels of our organization. Even though at times she runs the program on her own, an ultimate dedication, she continues to meet high standards in her fulltime position as LPN.

Prevention Champion – Clinical: Paula Nettles— VA White City, OR



After working at the facility in White City, Oregon for less than 6 months, Paula agreed to chair a committee that promotes weight loss and exercise for staff and patients. She has motivated staff to get healthier and to take risks to become involved. Paula has made arrangements for as many staff as possible to get involved in a walk by organizing the walks at half hour intervals.

She is working closely with Recreation Service to get as many patients and staff involved as possible in order to promote healthier and happier staff and patients. Paula has enlisted the assistance of the Director to provide food, water, and prizes to the staff that participate in the Walk. She requested the *MOVE!* Physician Champion and *MOVE!* committee members participate in the walk to set examples and motivate other staff and patients to improve their health. Paula is motivated and willing and makes the impossible happen. She is highly regarded by staff and patients because of her can do attitude and she motivates everyone she comes in contact with. She is making a difference by promoting health and happiness for staff and patients.

Great Job!! We'll highlight the other winners in the autumn issue.

HealthierUS Veterans

In the first half of 2007, there have been 43 HealthierUS Veterans events or activities. VA staff members continue to be innovative and creative in spreading the message – Eat Healthy. Be Active. Get Fit for Life. A sampling of events includes numerous health fairs, cooking demonstrations, walks on VA grounds or in the community and fun events that

promote physical activity, including dancing and using a hula hoop.

Have you seen the HealthierUS Veterans public service announcement (PSA) on TV? It has aired more than 1,000 times since January. Work is under way to add subtitles for play on Spanish language stations. There are also plans to convert the PSAs into radio spots.

Other projects that are in the works include an exercise video for veterans. With feedback and input from veterans, HealthierUS Veterans is in the process of creating a fitness video for veterans. The video features VA staff, leadership and most importantly – veterans. It should be available this autumn. Most of the actual exercises were filmed this past winter. Additional script writing for supplementary filming and edits is currently under way.

HealthierUS Veterans is working with the President's Council on Physical Fitness and Sports in creating a portal (entry) page from the HUSV website to the President's Challenge website. This allows data to be collected and tracked which will be used to evaluate the initiative. That should be available later this summer.

If you're in New York City on Thursday, July 26th, stop by the HUSV Health Fair hosted by the VA New York Harbor Healthcare System. Check the HealthierUS Veterans website at www.healthierusveterans.va.gov for more information.

Hold the date of September 27th for the Washington DC Obesity, Nutrition and Fitness Symposium. This symposium will bring subject leaders together in a venue that will provide information to VA clinicians and to veterans, their families and the community. There will also be a poster session and health fair including a farmers' market. The Secretary will attend both these events.

The following pages feature pictures from various HealthierUS Veterans events.

Employee Health Fair/HUSV Event March 8, 2007 VAMC Alexandria, LA (Submitted by: Kristi Bellard)



Father's Day
June 17, 2007
VAMC Syracuse, NY (Submitted by: Bob Hawes)

YOU'RE INVITED!
9AM-12NOON
JUNE 17TH FATHER'S DAY
FOR THE KICKOFF OF
PARKWAY SUNDAYS

Walk, run, bike or skate on Onondaga Lake Parkway during these special vehicle-free days.



Also sign up for  and be eligible for prizes!

<http://onondagacountyparks.com/getmoving.asp>

MOVE!



Visit our website at: <http://www.prevention.va.gov>



Richard Harvey, Ph.D. Program Manager for Health Promotion

Wellness Happenings

Employee wellness is alive and well in VHA! Numerous examples of that were seen in the events facilities hosted in recognition of National Employee Health and Fitness Day on May 16th. Secretary Nicholson issued a proclamation supporting the Day, as well as a message encouraging Medical Centers and CBOC's to support the Day by hosting "Walk and Roll" or similar activities. Making it a combination celebration with HealthierUS Veterans was encouraged. The events highlighted health and physical activity among employees and veterans by having "Walk and Roll" activities, fun runs/walks, and displays focusing on health and wellness. A number of sites provided samples of healthy food, awarded prizes to participants and/or had drawings for prizes, and several handed out pedometers! Many facilities also made this a HealthierUS Veterans event, encouraging veterans and their families to participate as well. Based upon the pictures we received it appears that participants throughout the nation had a good time. This is as it should be; health and wellness activities should be fun! Wellness is not drudgery. It is uplifting, enjoyable, and promotes feeling one's best!

Creativity and enthusiasm were abundant, and never ceases to amaze and delight all. The Alexandria LA facility hosted a *"Let's All Take a Trip Towards Better Health"* event, with pedometers provided, as well as "Dancing on the Greens". The Chillicothe VAMC had a *"Walk across Ohio Challenge"* kick-off as part of their celebration. At Fayetteville AK, in addition to a self paced walk, employees and veterans participated in games on the lawn such as a Hula for Health, Bocce Ball, Putting Green, Pitching Net, Casting of a fishing line, Baggo and Badminton. The North Florida/South Georgia facilities had a *"Walking to New Orleans"* contest. It is 516 miles from Gainesville to New Orleans, and the contest began on 5-16 (May 16th).

Cool! The Martinsville WV VAMC engaged 15 of their Service Chiefs in a seven day *"STEP UP and MOVE"* fitness challenge, and prominently posted their pictures on a cartoon bulletin board display. The VA Pittsburgh HCS facilities all had a *"Get Caught Moving"* campaign in which any employee who was caught taking the stairs, participating in planned physical activities, or otherwise engaging in physical activity was given a sticker which said *"I Was Caught MOVING!"* and a bottle of water. In Sioux Falls SD employees were granted an extra 30 minutes to participate by the Director and chief of Staff.

Although not a part of the Employee Health and Fitness Day, the Memphis VAMC has instituted a twice daily employee "stretch break" which is announced over the public address system at 10:00 AM, 2:00 PM, 5:30 PM, and 8:30 PM. The Medical Center Bulletin establishing this policy includes recommended stretches, and is posted on the NCP intranet website. The stretches are also posted on the NCP internet website. This practice was initiated by Lora Cypress Kirk, who is the Customer Services Programs Manager in Memphis. Very inventive! Kudos to Ms. Cypress-Kirk and to Memphis VAMC!

The US Office of Personnel Management (OPM) in Washington DC has a WorkLife division whose mission is to promote employee wellness throughout the government workforce. OPM recently hosted a five-day "Wellness Director" certification course conducted by the famed Cooper Institute based in Dallas Texas. I had the privilege of participating in this excellent course and receiving certification as a Wellness Director. Partly as a result of that, NCP has begun an active exchange of ideas with the WorkLife Office at OPM, and is looking forward to a productive ongoing working relationship.

MOVE! Update **Ken Jones, PhD** **Program Manager for MOVE!**



The number of patients showing *MOVE!* workload credit continues to increase at a rate of 3-4,000 new veterans per month. To date, just under 60,000 veterans have participated in *MOVE!*-related care. Early estimates found that approximately 5% of patients counseled on weight-related risks would accept enrollment in *MOVE!* at any given time. Review of recent EPRP data supports the 5% acceptance estimate. Given the 5% acceptance rate, we estimate that just over 1 million veterans have been counseled on the risks of overweight or obesity and offered care in *MOVE!*.

Training Session for VISN MOVE! Coordinators:

We held our second VISN *MOVE!* Coordinators Meeting at the Perry Point VA in Maryland, with representatives from all VISNs. Dr. Madhulika Agarwal, Chief Officer of VHA Patient Care Services, kicked off this lively meeting and NCP shared program progress and current plans. VISNs and Facility *MOVE!* champions shared best practices. This was also the VA's first Healthy Meeting, using these new guidelines:

http://www.prevention.va.gov/Health_Promotion_Employee_Wellness.asp.



Dr. Agarwal, Chief Officer of VHA Patient Care Services receiving a VISN 8 HUSV exercise visor from Pat Ryan, VISN 8 MOVE! Coordinator



Dr. Katherine Crema, Cindy Spencer and Linda Hamilton with NCP staffer Susi Lewis

Revised MOVE! Internet Web Site:

The internet *MOVE!* website has been revised to assist veterans in finding *MOVE!* resources such as the *MOVE!23* Patient Questionnaire and handouts. This portal page now also contains a doorway for healthcare professionals. This site is tremendously popular with other 2,459,731 hits for 78,231 visitors just since January of this year, with users spending an of over 23 minutes on the site. We also know that healthcare providers are interested in our materials as over and 11,925 Clinical Reference Manuals have been downloaded in the same period.



We are working on a similar revision of our intranet *MOVE!* site for VA healthcare staff.

Joint VA/DoD Clinical Practice Guideline for Obesity and Toolkit:

The new Joint VA/DoD Clinical Practice Guidelines for Obesity are now available. These guidelines closely resemble guidance for *MOVE!*. The guidelines reflect an increasing focus on waist circumference, recommending risk counseling and offering weight management to women with a waist circumference of over 35" and men over 40". We are adding CPG guidance to our *MOVE!* materials. VA is working with our partners in DoD to develop a Obesity CPG toolkit. Currently plans are to heavily feature *MOVE!* resources in the toolkit.

Prevention Brief



VA National Center for Health Promotion and Disease Prevention
Office of Patient Care Services, Veterans Health Administration

<http://www.prevention.va.gov>

April 2007

Using Exercise Prescriptions

Bottom Line

Use exercise prescriptions to:

- start a conversation about physical activity with your patients
- individually tailor parameters for safe physical activity using F.I.T.T (frequency, intensity, time, type)
- supplement other interventions to promote physical activity in your patients

Most of us are aware of the health benefits of regular physical activity. Sadly, a significant majority of the population remains sedentary. This is also true of our VHA patients, many of whom have conditions which would benefit from regular physical activity.

The evidence on brief physical activity counseling in primary care settings is mixed. The challenge before us is to find ways to help our patients become and

remain physically active.

Exercise prescriptions are one such strategy. The term "exercise prescription" actually refers to two different concepts. In the physiologic sense, an exercise prescription is a plan or program that details specific parameters for physical activity designed to achieve a specific physiologic outcome, such as cardiorespiratory fitness, weight loss, musculoskeletal rehabilitation, etc.



Alternatively, an "exercise prescription" can be used to refer to a traditional paper prescription used by doctors to prescribe a therapy, usually a medication.

This brief will review the use of exercise prescriptions and point to resources available for you and your patients.

F.I.T.T.

F- frequency

How often should patient do activity?

I- intensity

How hard should patient do activity?

T- time

How long should each session of activity be?

T- type

What types of activities should patient do?

The American College of Sports Medicine suggests that a "physiologic" exercise prescription include the components of F.I.T.T (see side bar).

This prescription can be as simple as:

Walk, 30 minutes a day, 5 days a week, at a pace that you can keep up a conversation.

Patients with specific needs may require a more detailed or complicated prescription depending on their status, resources, and current level of activity.

For health benefits, 30 minutes of moderate activity on 5 or more days per week

or 20 minutes of vigorous activity on 3 or more days per week is recommended.

Recommendations should be tailored to the needs of the patient. Patients who desire maximal cardiorespiratory fitness or weight loss maintenance will need a different prescription than the sedentary patient who is just getting started with activity.

The evidence suggests that patients who receive "tailored" prescriptions have better adherence and achieve more clinical benefit compared to standard prescriptions.

Clinicians are sometimes wary of telling patients to

become physically active because they fear potential cardiovascular events and subsequent medicolegal liability. Most studies show that the risk of cardiovascular events in patients beginning physical activity is quite low.

There are excellent tools available to help clinicians risk stratify patients prior to advising physical activity. (see resources next page)

Remember, the health risks from remaining sedentary are probably higher than the risks of becoming physically active.

2 EXERCISE PRESCRIPTIONS



5 A's of Health Counseling

A- Assess

A-Advise

A-Agree

A- Assist

A-Arrange Follow-up

The Exercise Rx - does it work?

One strategy that has been used to promote physical activity in patients is the use of a paper prescription "Rx" form, similar to how medications were prescribed before computers.

Very few studies have evaluated the use of an Exercise Rx as a single intervention. Some studies have paired an Exercise Rx with additional strategies, such as on-going telephone or face-to-face counseling, referral for home-based or community exercise programs, additional written materials, and pedometers.

Synthesis of these studies is made difficult by the differences in interventions, outcome measures used, and duration of follow-up. Few studies report outcomes greater than 6 months.

Results of studies suggest the following:

- More frequent and intensive contact with patients is more effective than less contact
- A mix of self-management and professional guidance is probably most effective
- Tailored, written advice is more effective than verbal advice, or standard written advice
- Activity counseling can be effective when delivered by most any type of professional staff, not just an exercise professional
- A single paper "Exercise Rx" alone, is probably not effective for getting patients to engage in regular, long-term activity

With these findings, what's the role of an Exercise Rx form?

Use it with the 5 A's approach to behavioral health counseling (see sidebar). They can be used to "start the conversation" with patients. You play an important role in communicating health risks to your patients and helping them overcome barriers to change.

For patients who aren't ready to change, the exercise Rx conveys the importance that you place on physical activity for the patient's health. It plants a seed for change in the future.

For patients who are ready, the exercise Rx is the beginning of a self-management plan for change. Use it to record the plan of action you and the patient have agreed on.

Additional Resources



MOVE!

Weight Management Program
for Veterans



Patient Tools

- *MOVE!* Patient Handouts
<http://www.move.va.gov/handouts.asp>
- Exercise: A guide from the National Institute on Aging
<http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/>
- President's Fitness Challenge
<http://www.healthierusveterans.va.gov/FitnessChallenges/Default.asp>
- Physical Activity and your Heart
http://www.nhlbi.nih.gov/health/public/heart/obesity/physical_active.pdf

Clinician Tools

- VA's Prescription for Health
These prescription pads were sent to every VAMC last fall. More can be ordered through your facility forms officer, or download a copy from <http://www.healthierusveterans.va.gov/PrescriptionForHealth/Default.asp>

Available at the *MOVE!* Website:

- Blank F.I.T.T Prescriptions
- Physical Activity Decision Aid
- Pre-exercise cardiovascular risk stratification
- VA guidance for pedometers
<http://www.move.va.gov/HealthProfessionals.asp>

Additional Reading

- *A nice narrative review*
Prescribing Exercise as Preventive Therapy (Warburton et al). CMAJ 2006. 174((7): 961-974
- *A systematic review*
Interventions for promoting physical activity (Hillsdon et al). Cochrane Database of Systematic Reviews 2005, Issue 1.
- Recommendations from the US Preventive Services Task Force
<http://www.ahrq.gov/clinic/uspstf/uspstphys.htm>
- Recommendations from the Task Force on Community Preventive Services:
<http://www.thecommunityguide.org/pa/default.htm>



VA National Center for Health Promotion
and Disease Prevention
3022 Croasdale Drive, Suite 200
Durham, NC 27705

Office of Patient Care Services

Putting Prevention Into Practice in the VA

Visit our website at: <http://www.prevention.va.gov>