

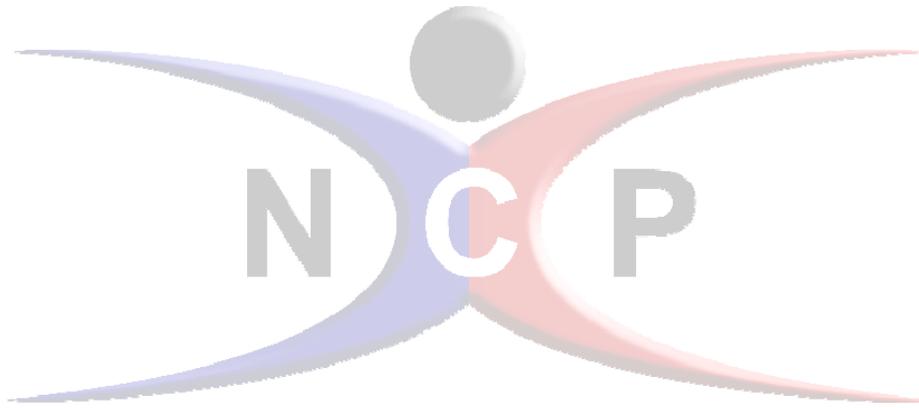


Health *POWER!* Prevention News

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Fall 2007



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and Disease Prevention
Office of Patient Care Services**

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Calendar of Events:

July

July 16-17—USPSTF Meeting, Rockville, MD—
Linda Kinsinger

July 23-27—TEACH Conference, Las Vegas, NY—
Pam Hebert, Rose Mary Pries

August

August 9-11—AMVETS Meeting—Pam Del Monte

August 9-10—PCS Senior Leadership Retreat,
Washington, DC—Linda Kinsinger, Rosemary
Strickland

August 13-16—VAVS Meeting, Orlando, FL—
Richard Harvey

August 28-30—Metabolic Meeting, New York City,
NY—Leila Kahwati

August 29-31—VISN 16 MOVE! Meeting, Jackson,
MS—Ken Jones

September

September 10-11—NIOSH Meeting, Bethesda,
MD—Richard Harvey

September 14—HSRD Genomics Meeting,
Washington, DC—Linda Kinsinger

September 20-21—RRP Meeting, Ann Arbor, MI—
Linda Kinsinger, Leila Kahwati

September 27—HUSV Event, Washington, DC—
Linda Kinsinger, Ken Jones, Pam Del Monte

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.

Linda Kinsinger, MD, MPH Director, VA NCP



Looking Into The Future

Those of us in VA are well aware of the incredible strides made over the past decade in improving the care we provide to our nation's veterans. As has been said many times by many people, VA provides the "best care anywhere." (That's the name of a book by Phillip Longman, an economic journalist, who subtitles his book: *Why VA Health Care is Better than Yours*. If you haven't read it, I'd strongly encourage you to do so. It's a fascinating account of how VA came to be the leading healthcare system in the country and it's available in the library of every VAMC. It makes me proud to work for this fine organization!)

Now is a good time to start thinking about the next decade. How we will take VA health care to the next level, to even higher quality and better delivery of services? At a recent retreat for senior leaders in the Office of Patient Care Services (where our Center is located organizationally), we talked about what this new level of patient care might look like. All agreed that health promotion and disease prevention will be even more central to the care we provide for veterans.

Over the past few years, VHA has done very well meeting performance measures for certain clinical preventive services (cancer screening, immunizations, and counseling for behavior change, such as tobacco cessation). We certainly want to continue doing well in those areas but we also want to start thinking more about how we can help veterans maintain the good health they have, especially our new, younger veterans. Dr. Madhu Agarwal, Chief Patient Care Services Officer, noted that focusing on primary prevention activities will be increasingly important. These include the health behaviors of eating habits, physical activity, smoking and other substance use,

sexual behavior, and risky behaviors that lead to injury.

Dr. Steven Schroeder, Professor of Medicine at UC San Francisco and former President of the Robert Wood Johnson Foundation, recently wrote an article entitled "We Can Do Better - Improving the Health of the American People" (*N Eng J Med* 2007;357:1221-8). In the article, he noted, "The single greatest opportunity to improve health and reduce premature deaths lies in personal behavior. In fact, behavioral causes account for nearly 40% of all deaths in the United States." He points out that the top two behavioral causes of premature death are obesity and physical inactivity (combined) and smoking. He adds, "If the public's health is to improve, that improvement is more likely to come from behavioral change than from technological innovation." Dr. Schroeder concludes, "Improving population health would be more than a statistical accomplishment. It could enhance the production of the workforce and boost the national economy, reduce health care expenditures, and most importantly, improve people's lives...[I]t is incumbent on health care professionals to become champions for population health...It is one of the most productive expressions of patriotism."

How can we in VHA help our patients improve their health behaviors? I think there are a number of steps we can take. The first is to continue doing what we're doing well - delivering high quality, evidence-based smoking cessation counseling and weight management. As Dr. Kahwati notes in her article on pages 5-7 of this newsletter, VHA is reaching 57% of our patients who smoke with smoking cessation advice and help to

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quit. That's great but there's still plenty of room for improvement. On page 12, Dr. Jones provides an update on the MOVE! Weight Management Program, which has provided care in individual and group visits to over 70,000 veterans to date. As national-level data become available soon, we'll be able to determine the effectiveness of this program.

The second step is to support and encourage VHA staff to improve and maintain healthy behaviors themselves. Dr. Harvey describes his vision of employee wellness for all of VA on page 11. We can be important role models for our patients and create a healthy work environment for ourselves by implementing an employee wellness culture.

Third, we can reach out to the larger community of veterans and their families with a health-promoting message of "Eat Healthy. Be Active. Get Fit for Life." As you all probably recognize, that's the message of the

HealthierUS Veterans Initiative (HUSV). Several recent HUSV activities are detailed on pages 8-10. We plan to continue this initiative and promote even more activities and ways to encourage veterans to eat well and stay physically active. We also plan to develop specific initiatives for our newest veterans, those who have served in Iraq and Afghanistan. Working with other groups in VHA, we anticipate developing innovative new ways to connect with this group.

Finally, we're just starting to look into developing an online health risk appraisal that would provide individual information for each veteran who completes it and population information for all of us who plan, organize, and deliver health care, so that we can be sure that we're meeting our patients' health care needs and helping them improve the behaviors that will so greatly improve health and reduce premature deaths. It's an exciting time to work in this wonderful organization!

NCP Personnel Changes

In recent weeks, NCP has said good bye to several employees. Karen Crotty, PhD, who served as contract MOVE! Project Coordinator for more than a year, left NCP to start school. She's working on a Master of Public Health degree in the Public Health Leadership Program at the University of North Carolina School of Public Health. We are sure she'll do well wherever life takes her next.

On September 30, NCP's contract Program Support Assistant, Shirley Bullock, moved on to other office contract settings. Shirley had also been at NCP for more than a year. On October 1, we welcomed Brenda Tuttle as our new Staff Assistant. Brenda comes to NCP from the US Department of Agriculture.



Dr. Kinsinger with Dave Pattillo

On October 12, David Pattillo, MHA, NCP's Deputy Director for Administration for the past 4 years, left NCP for an Associate Director position at the Augusta VAMC. Dave's wonderful sense of humor and endless stream of military stories will be surely missed. Dave is following a pathway determined by career

goals he has set for himself and we wish him all the best.

What's ahead? We are recruiting for Dave's position and hope to announce his replacement in our next newsletter. We also anticipate having several other new NCP staff in the coming weeks to months.

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



High-Value Preventive Services

In August, an organization called Partnership for Prevention® released a report called “Preventive Care: A National Profile on Use, Disparities, and Health Benefits”. This report was prepared by the National Commission on Prevention Priorities, an expert group convened by Partnership for Prevention®. The goal of this National Commission is “to give decision-makers (1) evidence-based information about which preventive services offer the greatest health impact and are most cost effective, (2) guidance about where improving delivery rates will offer the greatest returns on investment, and (3) a resource for building demand for a prevention-focused health care system.” Briefly, the Commission took 25 clinical preventive services recommended by the US Preventive Services Task Force or the Advisory Committee on Immunization Practices and evaluated each service’s value and preventable burden. The findings and methodology used for this report were also published in the peer-reviewed literature in a 2006 issue of the American Journal of Preventive Medicine (Vol 31(1):52–61; 90-96; reprints available at www.prevent.org).

The commission determined value by considering each service’s cost-effectiveness. Cost-effectiveness is typically reported as cost per quality-adjusted life year gained (QALY) and is calculated by models or studies which compare delivery

Clinical preventive services are immunizations, disease screenings, and behavioral counseling interventions delivered to individuals in clinical settings for the purpose of preventing disease or initiating early treatment for conditions that are not yet apparent. Source: *Preventive Care: A National Profile on Use, Disparities, and Health Benefits*

of a preventive service to usual care. It might be surprising to hear that preventive services, like most other medical treatments, cost money rather than save money. Relatively few preventive services are considered “cost-saving”, at least by today’s estimates. Part of the difficulty in estimating the value of preventive services is that the health benefits are often not realized for many years and it’s difficult to “model” all of the potential costs and benefits over a long time horizon. Despite these limitations, many preventive services are considered cost-effective (cost per QALY gained < \$50,000). The commission determined preventable burden by calculating the clinical effectiveness of the service within a population if delivered at recommended intervals to a high proportion (in most cases > 90%) of the target population for that service. So, preventive services that are only modestly effective but are currently under utilized would end up with the same preventable burden as services that are very effective but are already being delivered at high rates.

Both the value and preventable burden for each service were combined and services were ranked from best value/largest preventable burden to lowest value/least preventable burden. Table 1 is a list of the 10 adult services that were ranked at the top in terms of value and preventable burden. I have added estimates of the current delivery rates in the VHA (if known).

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Table 1. Top10 adult preventive services in terms of value and preventable burden

Clinical Preventive Service	VHA Specific Delivery %	VHA Data Source
Discuss daily aspirin use (primary prevention)	unknown	Current EPRP measures only focus on aspirin use in patients with Ischemic Heart Disease (secondary prevention)
Smoking cessation advice and help to quit	57%	EPRP Tobacco Indicator 13.b.2 (thru 3QFY07)
Alcohol screening and brief counseling	87% (screening only) unknown % for brief counseling	EPRP Supporting Indicator 12.a.1. n/a
Colorectal cancer screening (age > 50)	77%	EPRP Cancer Indicator 8.c
Hypertension screening and treatment	77% (Outpatient Dx of HTN and BP in good control (< 140/90))	EPRP Cardiovascular Indicator 9.b.1
Influenza vaccination (age > 50)	72%	EPRP Infection Indicator 11.b.1
Vision screening (age > 65)	unknown	n/a
Cervical cancer screening (women)	90%	EPRP Cancer Indicator 8b
Cholesterol screening and treatment (primary prevention (men > 35, women > 45))	unknown	Current EPRP indicators measure screening and treatment of patients with Ischemic Heart Disease (secondary prevention)
Pneumococcal vaccination (age > 65)	90%	EPRP Infection Indicator 11.b.3 (p1)

While there is no perfect measurement system, the data do suggest that the VHA is doing a great job at ensuring the delivery of these “high-value” preventive services to its population. In fact, compared to similar measures in other health care systems and the community, VHA delivers these services at a higher rate. To many, this is not news as this finding has been previously demonstrated in a number of peer-reviewed journal articles. These findings reflect the hard work by front-line providers to deliver high-quality preventive care and a thoughtful focus on high-value preventive services by VA central office leaders and policy-makers.

The other important finding in the National Commission’s report is the evaluation of disparities in clinical preventive services delivery. A paradox of prevention is that the population most likely to seek out and engage in preventive services is often the

healthiest and the least likely to benefit. Thus, simply providing preventive services to those who actively seek them out sometimes has the unintended consequence of actually magnifying health disparities. Systematic and consistent efforts to ensure preventive services are offered and used by all segments of the population is critical to eliminating these disparities.

The National Commission found differences between receipt of preventive services among various racial/ethnic groups for which data was available. Hispanics had lower utilization as compared to whites across all 10 services considered. Blacks had lower utilization rates compared to whites for some services; the largest differences were for influenza and pneumococcal vaccination. Compared to whites, Asians also had sizable differences with respect to vaccination and cancer screening services. Ensuring that systems are in place to routinely offer preventive services is one approach to

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eliminating health disparities. Other strategies include the use of culturally appropriate health education and social marketing strategies.

We have no information about the VHA delivery rates for some of the services on the Table 1 list or delivery rates between racial/ethnic groups within the VHA, which leads me to pose some research and policy questions:

Research Question	Policy Question
What are the clinical benefits and costs of added staff and facility efforts to boost delivery rates for some services to > 90%?	Is the added effort worth it?
Are there disparities in preventive service delivery between racial/ethnic groups?	Should we be routinely evaluating performance measures by racial/ethnic groups?
What strategies can be used to boost the use of preventive services among racial/ethnic minorities?	Are we using these effective strategies nationally? If not, how can we implement them?
What is the contribution of each of the following in terms of achieving high levels of delivery: Clinical reminders Performance measures Standing orders Staff education campaigns Patient education campaigns Other strategies Do some strategies work better for some preventive services than others?	What's the right mix of reminders, measures, and other strategies for each clinical preventive service? Should we standardize this mix across the system or allow facilities flexibility to tailor to their local situations, or something in between?
What CPRS/VISTA or MyHealtheVet enhancements would facilitate increased uptake of preventive services?	How do we configure our IT systems to enhance patient and provider experiences with clinical preventive services?

We have great opportunities to further improve and enhance the preventive care we provide to our veterans and at the same time advance the field of preventive medicine. Please let me know if you have additional ideas or suggestions on this topic. I'd love to hear from you.

Mark your calendars for the remaining 2007 Monthly Prevention Calls. All calls are scheduled for 1PM Eastern. 1-800-767-1750, Access Code 18987

November 13, 2007 – OQP/EPRP update with Tammy Czarnecki, Director of Performance Management

December 11, 2007 – Tobacco update with Dr. Kim Hamlett-Berry, Director Public Health Policy and Prevention

If there are topics you'd like to see addressed on the calls, please contact Pamela Del Monte (pamela.delmonte@va.gov).

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



Thoughts about the ambulatory care nurse's role in prevention

What exactly is the nurse's role in prevention? It can mean different things depending upon your background and area of practice. When thinking about prevention, we tend to focus on the outpatient or primary care setting, perhaps because many of the VA's prevention activities are rooted there. But prevention and prevention activities are not solely the within the purview of the outpatient/primary care staff. To succeed, it takes the whole team. I'd like to focus on one role: the role of the ambulatory care nurse on the ambulatory care team. Ambulatory care nursing is unique in that nurses need to react and take action on the varying needs of patients who present for episodic care along the health care continuum. In those interactions, ambulatory care nurses assess, advocate, educate, screen, counsel, promote health and well-being, and deliver care.

The nurse's role in prevention can also be viewed along a continuum that spans primary, secondary and tertiary prevention activities. Primary prevention activities consist of both specific and broad interventions and targets patients at all points along the health continuum. Included are health promotion activities such as education about nutrition, physical activity, safety and specific interventions such as immunizing against influenza, pneumonia and other diseases. The goal focuses on maintaining and improving health. Encouraging and supporting the patient's active role in their health and in making healthier lifestyle choices is part of this. These activities can have a cascading effect on overall health. Consider the intervention of increasing physical activity. Engaging in regular physical activity can result in feeling more energetic; improve heart and lung function, help with the management of diabetes and hypertension and also helps with weight management. Primary

prevention activities help to achieve the best possible health and to prevent disease.

Secondary prevention activities, such as screening, are very familiar to ambulatory care nurses. Much time is spent by the nurse as he/she delivers the education and is responsible for many of the intricacies of screening tests. These activities also afford opportunities to engage patients in their care and to provide health-related information and education.

Tertiary prevention involves interventions to attain an optimal level of functioning and may be more treatment oriented than primary or secondary prevention activities. In the ambulatory setting, the nurse is well positioned to engage in all of these activities, as it is part of the ambulatory nurse's role to address the concurrent needs of patients. While we may have different labels for activities and interventions, they are part of the prevention umbrella. Although we tend to equate prevention activities with the outpatient setting, nurses in the inpatient setting are equally suited to engage in prevention activities, assisting patients with activities that can improve health and health status.

HealthierUS Veterans

Exercise DVD

The release date for the HealthierUS Veterans Get Fit for Life Exercise DVD and companion booklet is near. With feedback and input from veterans, HealthierUS Veterans scripted and filmed a fitness video for veterans. The DVD features VA staff,

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leadership and most importantly – veterans. The Secretary and fitness expert Denise Austin introduce and offer closing remarks. Heather French-Henry (Miss America 2000) provides introductions to each of the chapters, as well as helpful hints, tips and facts. The DVD is a follow along and includes chapters for warm-up, aerobic activity, cool-down, strength and balance for beginners, intermediate strength and balance and stretching. You can play them all or mix and match the exercises. There is also a section with veteran success stories. The companion booklet contains additional useful information. As this is being written, the final edits to the DVD, accompanying booklet and cover art are being completed.



New York City Event

On July 26th the VA New York Harbor Healthcare System, Manhattan campus, hosted a HealthierUS Veterans health fair and media rally.

Secretary R. James Nicholson was the featured speaker. Guest speakers included Melissa Johnson, Director of the Presidential Council on Physical Fitness; and Louise Cohen, New York

D e p u t y
Commissioner for Health and Dr. Madhu Agarwal, Chief Patient Care Services Officer. The U.S. Army, Army Special Forces and the



U.S. Marine Corps attended and presented exercise demonstrations. Guests at the New York event had an opportunity to visit exhibits and view demonstrations of health-related programs and were entertained by the USO Troupe. Several health organizations had exhibits, including the



American Cancer Society, the Center for Minority Veterans, NY Dietetic Association and the US Army Health Care Team. There were numerous health education exhibits as well. These included information on blood pressure, hand washing, eye care, chronic disease management, stroke prevention and more. There were exhibits and staff to talk about MOVE!, HealthierUS Veterans and Wise-Up. The event was well attended and received much positive feedback.

AMVETS Convention

In August, HealthierUS Veterans exhibited at the 2007 National AMVETS Convention in Greensboro, North Carolina. More than 1,000 veterans and their families were in attendance. In his address, Secretary Nicholson talked about the problem of overweight and obesity in the US and our nation's veterans. Attendees were eager for information and tools to Eat Healthy, Be Active and Get Fit for Life! Several had very inspiring stories with many positive comments about MOVE! Along with literature, pedometers were distributed. Many of the veterans who received pedometers proudly came by to share the number of steps they were taking.

Washington, DC Event

On September 27, Secretary Nicholson attended and spoke at the Washington DC HealthierUS Veterans Symposium on Obesity, Nutrition and Fitness, a fitting close to his tenure in the VA. The DC

s y m p o s i u m h a d offerings focused on both clinicians and veterans. The clinician-focused session featured both VA and private sector researchers: Ralph A. DeFronzo, MD; William Bauman, MD; William S. Yancy, Jr., MD, MHS; William C. Duckworth, MD; and

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Zofia Zukowska, MD, PhD of Georgetown School of Medicine. They presented interesting findings from their obesity-related research. Following the symposium, more than 50 posters from VAMCs around the country, highlighting research projects and successful strategies for clinics on weight management and employee wellness, were on display.



Clinical Panel—left to right: Ken Jones, Pamela Del Monte, Ellen Bosley, Sophia Hurley, Heather French-Henry

The veteran-focused morning session included a Fitness Rally featuring the Honorable James Nicholson, Secretary of Veterans Affairs and John Elway, Hall of Fame Denver Bronco Quarterback; Denise Austin, national fitness and exercise expert; and Bob Feller, baseball Hall of Fame pitcher and WWII veteran. Each spoke eloquently about the issues our veterans face with regard to eating healthy and being active. There was also a health fair with numerous booths promoting health and fitness. A farmers market with locally grown fruits and vegetables was also available for participants.



John Elway, Bob Feller, Dr. Kussman

A Town Hall meeting was held in the afternoon. Hosted by Heather French-Henry, former Miss America, it featured 2 panel discussions with audience questions.

The first panel included Ken Jones, PhD, Program Manager for MOVE! Weight Management Program for Veterans, National Center for Health Promotion and Disease Prevention

(NCP); Pamela Del Monte, MS, RN, Program Manager for Prevention Practice, NCP; Ellen Bosley, National Director of Nutrition and Food Services, Patient Care Services; and Sophia Hurley, Patient Education, Employee Wellness Coordinator, Miami VAMC. After a stretch break, the second panel of William S. Yancy, Jr., MD, MHS; William C. Duckworth, MD; Earl Gaar, MD, Chief of Surgery, Louisville VAMC; and Zofia Zukowska, MD, PhD took the stage.



Dr. Kussman presents plaque to John Elway



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

A Vision for Employee Wellness

We live with constant change. It is a part of life, and many times, is something we welcome. Many things contribute to change, but among them, perhaps the greatest stimulus is having a clear vision of what could be possible. Our visions give us goals to achieve, motivation, and guidance. Suppose we had a vision of what employee wellness could be in VA. What would it be like? It could be wonderful!

Employee wellness would be a "One VA" effort. There would be programs throughout the Veterans Health Administration as well as the Veterans Benefits Administration and the National Cemetery Administration. Employees in facilities too small to host their own programs would have access to programs in larger facilities. Programs would have assigned personnel and provide robust ongoing programs aimed at specific risk reduction targets such as weight control, tobacco cessation, work and personal stress reduction, healthy eating, physical activity, relationship skills, work environment, and so on. Programs offered would utilize scientific principles of behavior change to maximize their impact. Classes, clinics, and wellness events would be offered daily so that there would be something for everyone on a frequent basis. Facility leadership would be highly supportive of the programs through verbal and written mention in meetings, newsletters, and talks, through strongly encouraging employees to participate, through monetary contributions where possible, and through personal example.

Employees would complete an annual online health risk appraisal featuring a personalized report of risk status with related recommendations. There would be monetary and other incentives for completing the health risk appraisal, participating in programs, for achieving and maintaining a specified outcome, and/or for remaining healthy. Almost every employee would choose to participate at some level. Employees could choose to receive individualized wellness coaching to help them

adopt a new health behavior such as weight control, or achieve an overall healthy lifestyle.

The work environment would reflect a wellness culture. Signs encouraging healthy behaviors would be prominently displayed. Stairwells would be attractively decorated to facilitate their use. Where possible, walking trails would be laid out around the buildings and physical activity facilities, including showers, would be available to employees. Healthy food selections would be featured in cafeterias and vending machines. Work schedules and venues would accommodate employees' needs and desires. Work tasks would be arranged to maximize the talents of each individual. Supervisory practices would reflect management's desire to facilitate each employee's potential and the atmosphere would be kept as positive as possible.

The leaders of these programs would constitute a national network of Program Directors whose efforts would be coordinated by the National Center for Health Promotion and Disease Prevention (NCP). The Directors would share ideas, materials, solutions to problems, and their enthusiasm through the conference calls, the NCP website, and through networking in face to face meetings as frequently as possible.

The result of this would be a workforce of healthy, enthusiastic, energetic, and productive employees who truly enjoy coming to work and making a contribution to veterans and the VA. Can we do this? Can it happen? YES!!! Share this vision with others at your facility, with VHA leadership, in newsletters, and other available venues. By taking action to make this vision happen one step at a time we can create a world-class employee wellness program in VA. Let's do it!

***MOVE!* Update**

Ken Jones, PhD

Program Manager for *MOVE!*



New *MOVE!* Tools Available on the Web Site

The *MOVE!* team at NCP has revised our group session modules and our handouts. Note that the prior materials are still available.

Previously, we provided only modules of information for group sessions. The group materials lacked guidance on a number of sessions, the flow of sessions, or main content. We have revised these materials to develop 10 core sessions, an introductory session, and anniversary/ongoing support sessions for patients who have completed the 10-session core. The new materials also include additional guidance for group leaders on how to conduct these sessions. We have added worksheets that correspond with the group sessions to facilitate group discussion. We also incorporated content from the Diabetes Prevention Project (DPP), which was an NIH study that targeted pre-diabetic patients for healthy lifestyle change interventions. The DPP achieved a 50% diabetes risk reduction. Patients were able to lose an average of 15% of their initial body weight and to maintain a weight loss of 7% at the conclusion of the study. The DPP lifestyle interventions were more effective than the medication metformin. Where the DPP offered additional resources, we added this information to new sessions. We would appreciate receiving feedback on these enhanced materials.

In addition, we have revised all of our handouts to make them readily accessible to the visually impaired. In doing so, we also further edited and improved the handouts. We have also added several new handouts on the importance of healthy eating and physical activity to preserve weight and fitness for patients who are not overweight and several

handouts that provide additional guidance on physical activity. The standard food and physical activity logs have also been enhanced.

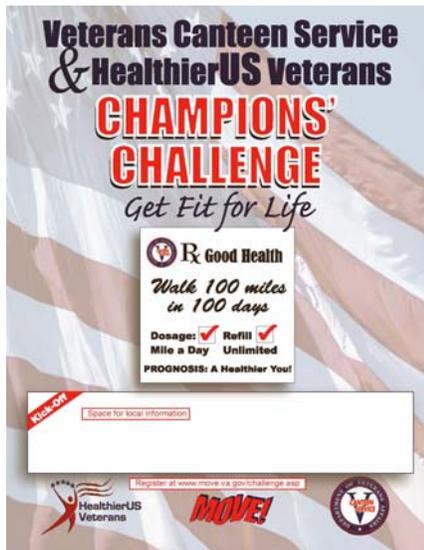
Champions' Challenge

The Veteran Canteen Services asked NCP to collaborate with them for a national event to promote the HealthierUS Veterans (HUSV) Initiative by challenging participants to pledge to walk or roll one additional mile per day. We are calling this the Champions' Challenge. Your facility leadership has been encouraged to participate in the Challenge. VCS will be providing prizes to anyone who joins the 100-mile Champions' Challenge, and for completion of 25, 50, 75, and 100 milestones. Medical Centers have been asked to designate a point of contact (POC) for this event. The POC and colleagues will hand out scratch off cards for veterans to receive their prizes from the VCS store as they complete milestones. I would encourage *MOVE!* Coordinators or HUSV Coordinators to serve as the POC for this activity, as the Champions' Challenge clearly supports your *MOVE!* and HUSV work. There is some latitude on when to begin (participants must enroll by November 30), but we are encouraging facilities to launch as early in November as possible with a Veterans Honor Walk/Roll to complete the first mile. The NCP *MOVE!* team is providing a link on the internet www.move.va.gov site, <http://www.move.va.gov/challenge.asp>, for participants to enroll and log their miles. We will be sending out posters and alternate paper log cards (if participants do not have internet access) for folks to participate. 100-mile completers will be entered into a national drawing for larger prizes. Near the end of the challenge, there will be some special events at the facilities where Veteran National Wheelchair Games champions, who will be

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featured on special Cheerios boxes, receive their medical care. The Champions' Challenge promotes a very safe, entry level of daily participation in physical activity. Please encourage your patients and fellow staff members to participate. If this goes well, we hope to enhance this program and offer it on an annual basis. For more information, view the rules and guidance at the web site listed above.



MOVE! Awarded President's Circle Nutrition Education Award from American Dietetic Association Foundation:

On October 1, 2007, *MOVE!* received the President's Circle Nutrition Education Award (PCNEA) from the American Dietetic Association (ADA) Foundation. The PCNEA is

sponsored directly by the ADA and current and former ADA presidents select the awardees. The PCNEA award "... is given to recognize the development and dissemination of scientifically sound nutrition information, which is unique in concept, creative in presentation and free from specific commercial message or endorsement." As *MOVE!* is a program



Dr. Ken Jones, MOVE! Program Manager, accepting ADA Award on behalf of VHA

that was built in close collaboration with the field and with the assistance of a significant number of VHA and VA offices, this is truly an award that is shared by many. *MOVE!* has also been enthusiastically implemented and supported by primary care and allied health care staff, throughout our system. Your hard work has received very positive recognition from the ADAF, a leading organization that supports weight management, serves as national resource on nutrition, and lobbies Congress to support programs such as *MOVE!*.



Tracey Bates, RD, former MOVE! Team Member, Dr. Jones, and Ellen Bosley, National Director, Nutrition and Food Service at Awards Gala.

Adoption of MOVE! by DoD:

In the last edition of *Health Power!*, I reported that the VA/Department of Defense (DoD) Clinical Practice Guideline for Obesity Toolkit Workgroup had adopted *MOVE!* materials as the primary resource for education VA and DoD staff on weight management issues and clinical tools. A separate DoD group has been working on a uniform program of care for weight management that can be utilized at DoD facilities in a uniform manner if facilities do not yet have weight management programs. Kathleen Detamore, RD, serves as the VA liaison to this group. After reviewing various programs, the DoD has adopted *MOVE!* as their core program for weight management care in DoD.

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



The Office of Veterans Health Education and Information (VHEI) has recently assisted the development of several new health education resources for the field. A team of field-based patient education experts, coordinated by Dr. Pam Hebert, Health Education Coordinator, VHEI, created seventeen patient education resources to assist chronic disease patients to effectively self-manage and cope with their conditions. These resources will be available in January 2008 in a new Self-Management Toolkit. The Toolkit will contain many helpful tools, patient and clinician education resources, outcome measurement and more. The Toolkit's development was coordinated by Rita Kobb, Office of Care Coordination.

In addition, we consulted with several VACO program offices to create national letters to veterans related to suicide prevention, screening for traumatic brain injury and notification of patients who received Shelhigh devices or implants. Our involvement in the letters'

creation recognizes the importance of VHEI's participation in developing understandable and veteran-appropriate resources to communicate with our patients. VHEI is pleased to contribute to these VHA-wide efforts.

Below are some photos from the recent Patient Education: TEACH for Success Facilitator Training Conference conducted in Las Vegas. The Conference included participants from VISNs 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 21, 22 and 23. We welcome these enthusiastic and committed facilitators to those already trained to offer TEACH at their facilities. EES is already planning FY08 TEACH Facilitator Training Conferences. For additional information about the FY08 conferences, please contact Lauren Elliot, our EES partner, who serves as the EES Project Manager for patient education.



**Farmer's Market—News Coverage
VA Buffalo, NY
(submitted by Margaret Dundon, VISN 2 MOVE! Coordinator)**

THE BUFFALO NEWS / THURSDAY, AUGUST 23, 2007

THE PICTURE PAGE



Derek Gee/Buffalo News

Pick of the crop: Marilyn Connor of Dansville picks out some fruit Wednesday at the farmers' market in Veterans Park at Veterans Affairs Medical Center. The market is part of the national "Healthier U.S. Veterans" program and will continue every Wednesday until November. Another photo on Page B6.

THE BUFFALO NEWS / THURSDAY, AUGUST 23, 2007

LOCAL NEWS

Farmers' market for vets debuts



Derek Gee/Buffalo News

Healthier options: Bobby Ford, a veteran of the Vietnam War, helps Donna Augustine select produce at the VA farmers' market, which debuted Wednesday at Veterans Park, outside Buffalo's Veterans Affairs Medical Center. The market is designed to steer veterans toward good nutrition and exercise.

**Farmer's Market
VA Symposium on Obesity, Nutrition and Fitness
VA Washington, DC**





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