

# Health *POWER!*

Prevention News • FALL 2009



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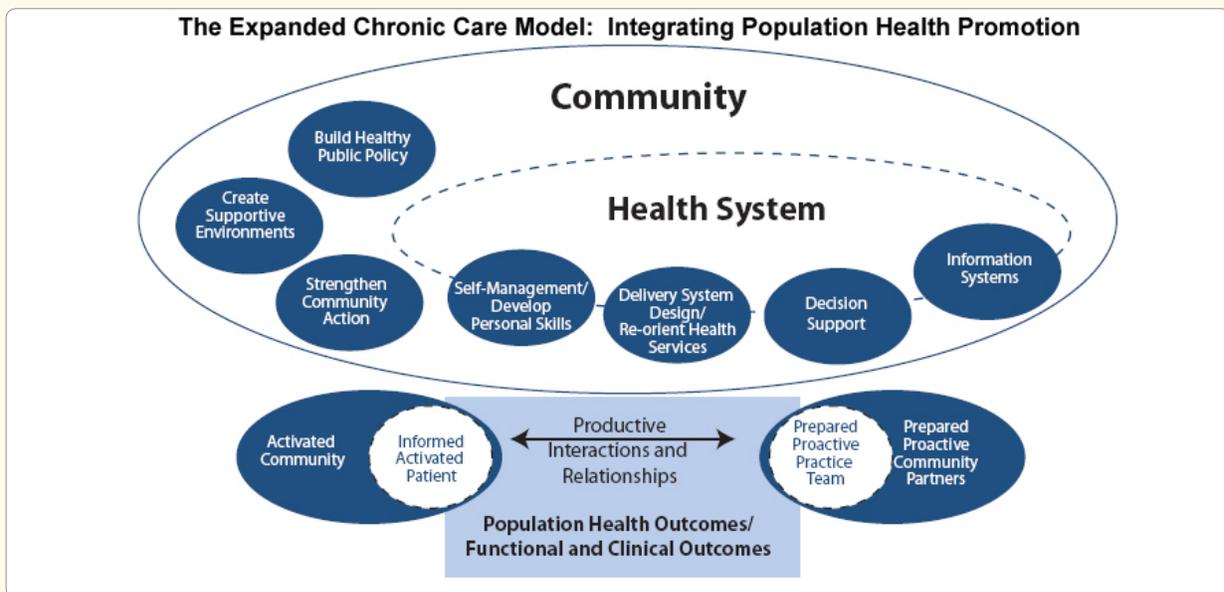
Linda Kinsinger, MD, MPH  
Chief Consultant for  
Preventive Medicine

# Improving Health By Partnering with the Community

V A is widely and appropriately recognized as providing high-quality health care for the Veterans it serves. VA's medical facilities, community-based outpatient clinics, community living centers, and other sites of care deliver evidence-based, comprehensive, integrated services for more than 5.5 million VHA enrollees and overall, Veterans are very satisfied with the care they receive. That's something all VHA staff can be proud of.

But to do even more to help Veterans maintain and improve their health, we need to recognize that there are limits to the role that healthcare systems play in overall health status. In fact, medical care may have only a small role in determining an individual's health and well-being. Instead, health is determined by a variety of influences, including genetics, the environment, and lifestyles, which are based on cultural, social, and economic factors. In an article discussing the concept of population health promotion,<sup>1</sup> Barr and colleagues write, "The most significant determinants of health are social and economic factors, not those most strongly linked with healthcare services or personal choices or behaviors." The authors note that the purpose of a population health promotion approach is to "improve the underlying conditions of people's lives that enable them to be healthy. Through the proactive identification of risk behaviors and environmental conditions of population groups, population health promotion works to prevent problems before they occur and to avoid further problems from occurring after injury or illness is already present."

To illustrate the integration of population health promotion into the prevention and management of chronic disease, Barr et al. suggest expanding the Chronic Care Model (CCM), developed by Wagner and others.<sup>2</sup> Building on the core elements of the CCM—the informed, activated patient and the prepared proactive practice team, along with the health system components of self-management support, delivery system support, decision support and clinical information support—the Expanded CCM is designed to enhance integration of these elements into community settings. The goal of the Expanded CCM is to "broaden the focus of practice to work towards health outcomes for individuals, communities, and populations."



As illustrated so clearly in this issue of HealthPOWER!, many VA medical facilities are actively working to build bridges into their local communities, to improve the health of their Veteran patients and also the health of the communities in which they reside. The numerous examples on the following pages describe activities that promote the development of self-management skills, advocacy on behalf of vulnerable populations, emphasis on improving not only clinical but also quality-of-life outcomes, support for environmental changes, and many other strategies for population health promotion. The work being done by VHA staff around the country is truly impressive.

More work in this area can and should be done. One of NCP's efforts in this regard is the development of a partnership with the YMCA of the USA. We're in the early stages of collaborating but we anticipate working together over the coming months and years to promote activities that will lead to enhanced well-being for Veterans

and their communities. We're eager to explore other community partnerships in order to have a positive impact on the health status of all who come to VA for care. The burden of chronic disease is large and growing in our system; we must use all approaches available to mount an effective defense and to support our Veterans in living long, healthy, and fulfilled lives.

#### REFERENCES:

<sup>1</sup> Barr VJ, Robinson S, Marin-Link B, et al. *The expanded chronic care model: an integration of concepts and strategies from population health promotion and the Chronic Care Model.* Hospital Quarterly. 2003;7:73-82.

<sup>2</sup> Wagner EH. *Chronic disease management: what will it take to improve care for chronic illness?* Eff Clin Pract. 1998;1:2-4

*Many VA medical facilities are actively working to build bridges into their local communities.*

*Linda Kinsinger*



Contributed by  
**Jonathan Lever**  
National Director  
YMCA Activate America®  
YMCA of the USA

*We are increasing our capacity to address the reality that many Americans desire a healthier lifestyle but often need help to reach their goals.*

## YMCAs Make Healthy Living a Reality for Individuals and Communities

Confronting our nation's chronic disease crisis requires that all sectors of society come together to support individuals and communities in making better choices, and work together to address the underlying conditions and other factors that contribute to declining health and well-being.

At the YMCA, supporting individuals in their pursuit of healthy living has been at the core of our work throughout our organization's nearly 160-year history. As an organization that works in communities across the nation, YMCAs understand the tremendous strain that chronic diseases can place on individuals and families, but we also understand how positive lifestyle changes can bring about dramatic improvements in health. With about 70 million households within three miles of a YMCA, we are uniquely positioned to help turn the tide of these growing health challenges at both a national and a community level.

Participation in YMCA health and well-being programs and initiatives has offered opportunities for friendship and community, and a sense of well-being and self-confidence, not to mention the obvious health benefits. Today, the YMCA recognizes that these health benefits are critical to the nation's efforts to reduce rates of chronic diseases such as heart disease, diabetes, and cancer, which are among the most **prevalent, costly, and preventable** of all health problems.

Accordingly, we are redefining the

YMCA experience. Through *Activate America*®—the YMCA's response to the nation's chronic disease crisis—we are increasing our capacity to address the reality that many Americans desire a healthier lifestyle but often need help to reach their goals. We are developing new, holistic programs that better meet health needs. We are changing our facilities to make them more supportive for people who may be uneasy about starting their journey towards a healthier lifestyle. And we are enhancing the listening, relationship-building, and coaching skills of our staff.

Across America, YMCAs are engaging in innovative programs that improve the physical, emotional, and spiritual health of those they serve. For example, the YMCA in Indianapolis, Indiana, in partnership with Indiana University and with funding from NIH and CDC, has adapted the highly successful national Diabetes Prevention Program for a community setting and has produced similar outcomes for a fraction of the cost. The U.S. Diabetes Prevention Program (DPP) showed that over half of new cases of type 2 diabetes could be avoided when individuals engaged in structured lifestyle intervention programs that help those with pre-diabetes lose just 7% of their body weight, typically 11–15 pounds, and participate in daily physical activity such as brisk walking. About 57 million people are currently living in this pre-diabetic condition and are headed down the road of developing a disease they will have to deal with for the rest of their lives. We now know that we have proven strategies to help these people lead healthier lives. It's important to note that preventing diabetes

can help eliminate high healthcare costs in the future, as well as improve work productivity and reduce absenteeism.

The YMCA in Indianapolis was able to demonstrate that a structured lifestyle intervention to prevent diabetes can result in cost savings within 2 to 3 years time, with the direct costs of the intervention ranging from only \$250-\$300 per individual in a group setting, versus the cost in the national Diabetes Prevention Program, which was \$1400 per person. We are now replicating this model further across multiple sites in Indianapolis and in Louisville, Kentucky. The Billings, Montana, YMCA is partnering with the Montana Department of Public Health on a similar model, called the Montana Cardiovascular Disease and Diabetes Prevention Program.

Another example of an initiative that directly addresses a specific chronic disease is the YMCA's efforts to improve outcomes for cancer survivors with the Lance Armstrong Foundation. In this emerging partnership, 20 YMCA Associations and 43 of their branches offer physical activity programs for cancer survivors. Overall, participants have demonstrated improved health and well-being as a result of their participation. Pre- and post-tests indicate gains in strength, flexibility, cardiovascular capacity, balance, and quality of

life. Many of these branches are also offering programs, clubs, activities, and events designed for cancer survivors and their loved ones. These activities include educational programs, support groups, walking clubs, children's programs, youth and teen activities, gardening, and social events. This work is guided by an expert panel of individuals who are conducting cutting-edge research on the effects and benefits of physical activity on cancer survivors' health and quality of life and the impact of mental and spiritual approaches to improving cancer survivors' health and well-being.

While much innovation is occurring inside the walls of our YMCAs, it's important to note that Activate America was developed not only to serve children, families, and individuals in our facilities and programs, but also to act as a catalyst for broader community health improvement. More than 130 YMCAs are participating in innovative efforts to improve health through policy and environmental change. Many of the communities participating in our Healthier Communities Initiatives have had success in influencing community walkability and pedestrian safety, access to fresh fruits and vegetables, and physical education requirements in schools. We hope to continue to expand

the number of communities participating in these innovative projects.

Solving the nation's chronic disease crisis will take a collective effort from all sectors of our communities to remove barriers and increase opportunities for healthy living. YMCAs are known for their ability to bring people together every day to generate solutions to challenges facing communities across the nation. Over the years, YMCAs have initiated important community programming and activities, such as the YMCA's commitment to parent-child programs, youth in government programs, day and summer camps, and child care and afterschool care. Through its health and well-being programs, the YMCA is a major player in the health promotion and chronic disease prevention revolution that is saving lives, improving health, and reducing healthcare costs.

YMCA of the USA and the Department of Veterans Affairs have recently entered into a Memorandum of Understanding that can help facilitate more engagement between YMCAs and local VA sites. The MOU is discussed in this newsletter in the HealthierUS Veterans article written by Sue Diamond. ■



Contributed by

Sue Diamond, RN, MSN

Program Manager for Community Health

## Community Partnering: A Cornerstone of the HealthierUS Veterans Initiative

The HealthierUS Veterans Initiative (HUSV) was established in February 2006 as a joint venture between the Department of Veterans Affairs (VA) and the US Department of Health and Human Services (HHS) in response to the growing rates of obesity and diabetes in the United States and, in particular, among Veterans who receive medical care at VHA facilities. HUSV is a health promotion initiative designed to inform Veterans about the health benefits associated with healthy eating and physical activity. The message of HealthierUS Veterans is “Eat Healthy–Be Active–Get Fit for Life.” NCP is the lead office in Veterans Health Administration (VHA) for HUSV. Since its inception, a core goal for NCP in leading HUSV has been to partner within and outside VHA to promote healthy eating and physical activity, and to encourage local partnerships between VA medical centers and community organizations to facilitate healthy lifestyle behaviors among Veterans. Interdisciplinary collaboration within each VA facility is central to local success.

Over the past few years, NCP has exhibited and presented at numerous Veterans Service Organization (VSO) national conferences and conventions. This has been a great way to promote the Eat Healthy–Be Active–Get Fit for Life message to large groups of Veterans in a community environment. (At the local level, this can be replicated by offering to give a presentation related to HUSV or MOVE! at a local VSO chapter meeting. Your local voluntary service can assist you in making contact with local VSOs.) This past year NCP has exhibited for HealthierUS Veterans and the MOVE! weight management program at three of the six VA National Rehabilitation special events: The National Veterans Winter Sports Clinic, The National Veterans Golden Age Games, and The National Veterans Wheelchair Games. We have found this to be a great way to reach Veterans who receive care in VHA and a great place to encourage and salute Veterans who have overcome enormous obstacles to remain, or in some cases become, physically active. To learn more about the VA National Rehabilitation special events, including volunteer opportunities, visit: <http://www.specialevents.va.gov/>.

Prepare to be inspired by the Veteran participants in these events to overcome your own barriers to a physically active lifestyle. These special events are excellent examples of Veteran-centered partnerships between VA, VSOs, Veterans Canteen Service, and numerous community partners and sponsors.

Increasingly we hear about successful partnerships between VA Medical facilities and community partners. The following examples demonstrate both intra-facility partnership and community partnership.

### “Making Fitness Fun for Families of Returning Combat Veterans”

Miriam Morey, PhD, from the VA Medical Center in Durham, NC, recently reported on her NCP-sponsored 2009 Mini Grant project, entitled “Making Fitness Fun for Families of Returning Combat Veterans.” The two main objectives of Dr. Morey’s project were (1) to develop and implement an outreach event for returning combat Veterans and their families that would showcase VA services and programs, and (2) to provide family-centered health promotion materials to Veterans to promote healthy eating and physical activity for all ages. To

accomplish her goals, Dr. Morey and other colleagues from the Geriatric Research and Clinical Education Center (GRECC)/Gerofit health promotion program partnered with providers from the OEF/OIF Program, six other program areas within the medical center, the Raleigh Vet Center, the Durham Bulls Athletic Park, and the Triangle YMCA to develop and promote an outreach event in a community setting. Teams were established to focus on publicity and information development. A resource guide for physical activity and recreational activities in the Durham area, as well as resources promoting available services for mental health and other VA programs and benefits, were developed. The outreach event was held on August 8, 2009 at the Durham Bulls baseball stadium. Over 240 soldiers and families attended. When asked how she felt about the event, Dr. Morey said, “This was such a great event for the Durham VA and our soldiers! As VA healthcare providers we spend much of our time within our own VA world. By having this event at a very public and fun location and partnering with other community leaders such as the YMCA, we changed how we perceive ourselves and how others perceive us. So many

people were proud to see the VA reaching out to returning soldiers for health promotion both physical and mental.” Dr. Morey reported that one young OIF Veteran expressed gratitude for the quality of care he receives through VA and he took several information packets to distribute to fellow soldiers, whom he described as having severe mental health and medical problems. A psychologist from the OEF/OIF program commented that, “At least two unregistered Veterans mentioned their dissatisfaction with their current health plan and appreciated the opportunity to discuss and register for VA care.” Future plans include collaboration within the Durham VA facility and with the local community on outreach events, and dissemination of materials developed for the event to other healthcare providers at the Durham VA.

#### VISN 4 Summer Newsletter

The summer edition of the VISN 4 newsletter clearly demonstrates the value of community partnership throughout VISN 4. An entire section entitled “Beyond Hospital Walls” (page 14) highlights innovative Veteran-centered activities in the community. In this summer issue, the section of the newsletter entitled “It Takes a Village” (page 5) has a great MOVE! program success story; the article clearly highlights how strong interdisciplinary collaboration can result in enhanced outcomes. Melanie Erskine, MOVE! coordinator at the VA Pittsburgh and VISN 4 HUSV point of contact, has been actively involved in community partnerships for many years. She has organized health carnivals, a jazz festival to support the Fisher House, and many other large events that involve interdisciplinary staff and community partners. When asked recently what she thought were the keys to her success in community partnering, she replied, “I believe that success related to partnering has to do with a passion and belief in the work that one is doing, along with a

great deal of perseverance.” We commend Melanie for her commitment to Veterans and are pleased to have her involvement in MOVE! and HealthierUS Veterans. To view the VISN 4 newsletter visit: [http://www.visn4.va.gov/docs/Newsletter/VfE\\_Summer09.pdf](http://www.visn4.va.gov/docs/Newsletter/VfE_Summer09.pdf)

#### YMCA's Activate America

HealthierUS Veterans and YMCA's Activate America® share the goal of helping to facilitate healthier lifestyle behaviors and making an impact on the nation's chronic disease crisis. The YMCA has a track record of aiding the spirit, mind and body, of our servicemen and women and Veterans and, with 70 million households across America within three miles of a YMCA, they are well positioned to work with communities across the nation. Over the past year, NCP has been meeting regularly with our feature author, Jonathan Lever, National Director, YMCA Activate America®, and other officials from the YMCA of the USA to explore partnership opportunities between VA and the YMCA. Our work has resulted in the recent establishment of a Memorandum of Understanding (MOU) between the Department of Veterans Affairs and the YMCA of the USA. The intent of the MOU is to support and encourage, to the extent authorized by law, local and regional VA medical facilities and YMCAs to enter into agreements to provide programming targeting the Veteran population.

It is important to note that the MOU does not guarantee partnership at the local level, but is intended to help facilitate a potential partnership. Collectively, YMCAs are one of the largest not-for-profit community organizations, but each of the 2,686 YMCA branches is independently operated, so partnership opportunities and programming capacity may vary among communities. There are two important details to be aware of before

approaching a YMCA branch office about a potential partnership: (1) The MOU **does not** support VA providing full or partial membership payment for Veterans, as this is not permitted under the current Uniform Medical Benefits regulations; and (2) The YMCA philosophy does not support broad “discounting” agreements for populations. You should check with your local YMCA about financial assistance for those who qualify. Hopefully these two restrictions will not discourage local VA medical and YMCA branch facilities from exploring mutually beneficial partnership opportunities that enhance services to Veterans.

The numerous examples of successful community partnerships highlighted throughout this newsletter demonstrate that creativity, perseverance, interdisciplinary collaboration, starting small and building trust, and relationship with community partners are all factors that contribute to the success and sustainability of quality partnerships. ■

# News



Contributed by:

**Sue Diamond RN, MSN**

Program Manager for

Community Health

## BE ACTIVE YOUR WAY VA!

### THE 2009 CHAMPIONS' CHALLENGE FINAL SUMMARY

The 2009 Champions' Challenge was a national health promotion event sponsored by the National Center for Health Promotion and Disease Prevention and Veterans Canteen Service (VCS). The Challenge took place from March 29 - June 20, 2009 and was designed to help raise awareness of the **Physical Activity Guidelines for Americans** that were released by the US Department of Health and Human Services last fall. The slogan for this year's challenge was Be Active Your Way VA! and the Challenge goal was for participants to complete 150 minutes or more of moderate- intensity physical activity weekly for 8 out of 12 weeks during March 29th and June 30, 2009.

The 2009 Champions' Challenge was a national success with

- 27,484 total registered participants
- 43% reported completion of the 3-week milestone
- 31% reported completion of the full

8-week Challenge goal

- VCS sponsored a national prize drawing on July 28, 2009 and awarded a total of 154 prizes valued at over \$12,000.

In addition to the national prize drawing, VCS awarded the following five facility awards:

- **Best Overall Performance in the 2009 Champions' Challenge:**  
North Florida/South Georgia HS  
Barry Murphy, Coordinator
- **Highest Veteran Participation in the 2009 Champions' Challenge:**  
Durham VAMC, Durham, North Carolina  
Jacki Tatum, Coordinator
- **Highest Percent Employee Participation for a Small Medical Facility (<1000 FTEE):**  
Jonathan M. Wainwright Memorial VAMC, Walla Walla, Washington

Jennifer Miller, Coordinator

- **Highest Percent Employee Participation for a Large Medical Facility (>1000 FTEE):**  
William Jennings Bryan Dorn VAMC, Columbia, South Carolina  
Gail Corley, Coordinator
- **Best overall employee participation within a VISN:**  
VISN 6  
Mary Foster and Darlene Edwards, Co-coordinators

Each of these five facilities/VISNs received \$1000 in VCS promotional funds. Congratulations to the winners and to everyone who participated in the 2009 Champions' Challenge! We hope you will continue to complete 150 minutes or more of moderate-intensity physical activity each week, to achieve the long-term health benefits associated with a physically active lifestyle.



Representatives from NCP and VCS celebrate with representatives from VISN 6 and the Durham VA



Marilyn Iverson, Director of Veterans Canteen Service, presents \$1,000 in VCS Promotional Funds to VISN 6 Deputy Director, Al Brese and Durham Director, Ralph Gigliotti for the VISN and facility achievements in the 2009 Champions' Challenge



### Combined Monthly Conference Calls

Beginning in October 2009, the HealthierUS Veterans monthly conference call will be combined with the Prevention and Wellness calls.

**PLEASE NOTE: NEW time and access code**

2nd Tuesday of each month at 1:00 pm Eastern

VANTS: 1-800-767-1750 Access code: 18987

1st combined call: October 13, 2009 @ 1pm Eastern

### 2008 HealthierUS Veterans Mini Grant Digest

The 2008 NCP Mini Grant funding program was designed to provide seed money to medical facilities for creative and innovative projects in support of the HealthierUS Veterans Initiative. NCP compiled descriptions and pictures of the 41 projects into a beautiful color digest. Copies of the digest have been mailed to 2008 and 2009 Mini Grant recipients, medical center directors, VISN directors, VISN HUSV points of contact, and other members of leadership throughout VHA. NCP has a few extra copies of the digest; if you are interested in receiving a copy please send an email to:

[sue.diamond@va.gov](mailto:sue.diamond@va.gov).

### UPCOMING CONFERENCE CALLS

**NCP Conference Call**

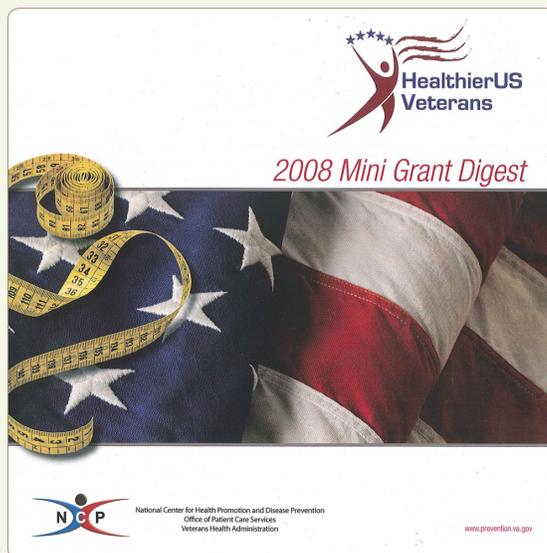
**2nd Tuesday of the month**

1:00 pm ET

1-800-767-1750, access #18987

**October 13, November 10,**

**December 8**





## 2009 Champions' Challenge National Prize Winners



**Wm. Jennings Bryan Dorn VA Medical Center**  
Highest Percent Employee Participation in the 2009 Champions' Challenge for a Large Medical Center  
Columbia, SC



**Best Overall Performance in the 2009 Champions' Challenge**  
North Florida/South Georgia Veterans Health System

# MOVE! Community Partnerships

Contributed by  
**Lynn A. Novorska, RD, LDN**  
 MOVE! Dietitian Program  
 Coordinator

The current epidemic of obesity can be linked to many cultural factors, such as increasingly sedentary lifestyles, increasing dependence on motorized vehicles for transportation, and the ready availability of cheap, calorie-dense foods. There is a growing awareness that, in order to change the current culture from one that fosters obesity, our nation must have a community focus. Here are a few outstanding ways MOVE! teams have partnered with and engaged local communities to assist Veterans in managing their weight.

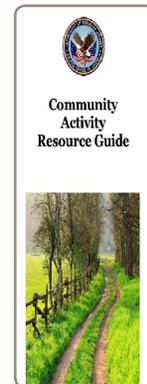
## Open for Adventure

VA Salt Lake City Health Care System (VASLCHCS) has partnered with SPLORE (a Utah-based, non-profit organization dedicated to providing high-quality adventure programs), Rossignol Ski Company, and the Utah Nordic Ski Community to provide life-changing outdoor recreation experiences. The targeted participants include Veterans enrolled in MOVE! and Veterans receiving VA services for rehabilitation, traumatic brain injury (TBI), and mental health and substance abuse conditions. The purpose of the partnership is to provide an outstanding cross country (Nordic) ski program that promotes health and well-being among Veteran participants. Activities are designed to foster independent positive leisure and social skills, outdoor physical activity, and healthy nutrition. The program is staffed by VASLCHCS Certified Therapeutic Recreation Specialists (CTRS) with SPLORE staff and volunteers providing assistance to the therapists. The team at VASLCHCS developed a pamphlet on their Cross Country Skiing Program, that they are willing to share.



## Community Activity Resource Guide

Hiking, walking, biking, and swimming are all activities to consider when participating in MOVE! at the Stratton VA Medical Center in Albany, NY. As part of the effort to kick off the Champions' Challenge and to encourage physical activity in a variety of settings and forms, the Albany VAMC created a Community Activity Resource Guide for Veterans in MOVE! This guide highlights several local options for indoor and outdoor activities, all located within striking distance of the medical center. Veterans may choose any or all of the options listed in this colorful and informative guide. Clinicians make use of this handy tool to help Veterans increase physical activity and to keep motivation and interest elevated by offering a variety of activities, settings, and skill levels. Use of this type of guide supports the clinicians' guidance to patients to make use of resources within the community to become more physically active.



## Paddling Passion

MOVE! participants at the Brockton VA, part of the VA Boston Healthcare System can be referred to a "Pool Program" run by Recreation Therapist Robin Erichsen. This partnership was created when a MOVE! patient noticed kayaks in storage at the VA pool. After hearing about the Pool Program and then learning about the Team River Runner Program, John Young, an active 73-year-old Veteran, began his experience on river trips. Mr. Young wrote an essay on his experiences entitled "Mr. Crayfish and I" which was published in "Paddlers Magazine." While in MOVE! and actively participating in outdoor activities, patients are losing weight, increasing confidence, and having fun!



### Sweat with the Vets

Sweat with the Vets is an annual Run/Walk/Roll sponsored by the St. Louis VA Medical Center. Registered participants brave all forms of weather and challenging terrain to take part in this event. MOVE! participants are encouraged to “hit the trail” as part of their physical activity plan. The money raised is used to support Veteran participation in the VA’s national Rehabilitation Events—the Wheelchair Games, the Golden Age Games, and the Winter Sports Clinic. Here’s a great way to engage in physical activity, show support for Veterans, and encourage/allow/help fellow Veterans to participate in even more physical activity via the Rehabilitation Events. All are winners here!



### Freedom River Walk

The 1st Annual “Freedom River Walk” was held on Saturday September 12, 2009, from 9am – 1pm in Jefferson Barracks Park, South St. Louis. Freedom Walk’s are commemorative events – they are about Remembrance, Reflection, Recommitment and Respect. Remembrance, honoring the victims and heroes of the September 11, 2001 attacks on the Pentagon, the Twin Towers and flight 93 over Pennsylvania; Reflection on the tragedy of that day and the events that unfolded from it; Recommitment to the ideals of Freedom that epitomize our nation and our promise to “Never Forget”; Respect and support for the many American men and women in uniform, past and present, who protect our nations freedoms. The St. Louis VA Medical Center and the St. Louis South County Chamber of Commerce co-sponsored this first Freedom River Walk. Supporting donations came from several South St. Louis County businesses and individuals in the Greater St. Louis area. The Opening Ceremonies, led by radio celebrity and Master of Ceremonies David Craig, featured prominent local, county, and state officials. Special guests were: Congressman Russ Carnahan, State Representative, Patricia Yaeger, State Representative Walt Bivins, State Representative Sue Schoemehl, Acting St. Louis VA Medical Center Director, Pete McBrady with local dignitaries including St. Louis County Executive Charlie Dooley and County Councilman Steve Stenger. Also in attendance were three Mehlville Fire Protection First

Responders; Assistant Fire Chief Steve Mossitti, Deputy Fire Chief Joe Schmidt and Fire Chief Dave Wamser who arrived at “ground zero” the day after the Twin Towers disaster. These “first responders” were honored for their bravery and dedication. Then they honored the event by leading the 2.8 mile walk with the assistance of the St. Louis County Police “Pipes and Drums” (bag pipers), playing patriotic music. All Veterans participating received a Freedom River Walk special commemorative medallion of an American Eagle perched on an American flagstaff flying over the Mississippi River. T-shirts were given to the first 250 participants and an award was presented for the most patriotic attire. This community partnership was coordinated by Martha Kratzer Chief, Nutrition and Food Service and Chair of the St. Louis VA “MOVE! Committee”. The “MOVE! Committee promotes improving Veterans health through diet and exercise. Opening ceremonies were planned by Marcena Gunter Chief, Voluntary Service/Public Relations Officer along with co-chairs Donna Abernathy-Schumann, Executive Director, St. Louis County Chamber of Commerce and Herman Lugge, Chief, Recreation Service.

### Win with YMCA

At the Plattsburgh, NY CBOC, in an effort to support MOVE!’s encouragement of patients to increase their physical activity, a partnership was created with two local businesses. This collaboration has resulted in a 6-month free trial membership for veterans enrolled in MOVE! at

either the City of Plattsburgh recreation center or the Plattsburgh YMCA. This arrangement could be a true “win-win” for all involved, as 6 months is more than ample time for a Veteran to develop a healthy physical activity habit, and perhaps choose to extend the membership beyond the free trial period, thereby supporting the local business establishment. The trend appears to be growing, as the Wellness Center at Champlain Valley Physicians Hospital is now considering joining the list of Plattsburgh community collaborators to offer services to MOVE! participants. Good health can be “infectious,” too!

The NCP MOVE! Team commends the initiative, innovation, and planning it takes to form strong community partnerships. At the heart of partnerships is the belief that facilitating positive change, while building the capacity of communities, agencies, neighborhoods, and individuals, will lead to successful, long-term, measurable outcomes. Many MOVE! initiatives highlighted in this article make use of ideas and resources in novel ways that result in strengthening communities as well as the residents and Veterans who live, work, and play there.

Here are five principles to consider when initiating the planning and development of community collaborations.<sup>1</sup>

- Focus on unmet MOVE! needs  
*Build and support programs that serve the Veterans in ways they need it most.*
- Maintain a primary prevention concentration

*Develop programs that center around keeping Vets and their families healthy.*

- Strive for a seamless continuum of care  
*Work to ensure our VHA programs and services are linked.*
- Create a capacity-building addition  
*Seek to build the capacity of available community assets.*
- Incorporate a collaborative approach  
*It can't be done alone, so whenever possible, partner with existing resources. As strong advocates for the Veterans we serve, we may tend to look only at a potential community partner from the perspective of its benefit to Veterans. The most successful partnerships, however, are mutually beneficial. Be sure that planned partnerships have a balance of give and take, and will result in a "win-win" situation for all partners.*

After consideration has been given to these five principles, the real work begins. Partnerships may start with an existing relationship or may create a new community link. No matter how the partnership is born, a number of stages, as with any project, are vital to its success.

**Forming a group:**

The most successful partnerships are as inclusive as possible. Although the idea for collaboration may start with one individual, no one person can maintain a collaborative effort alone. Do involve several people from all parts of the potential partnership.

**Objectives:**

When establishing *objectives* for the collaboration, all participants need to be open and clear about their motives for involvement. Motives may be focused on the benefits likely to be gained by one's own business, group, or Veteran, or on the perceived benefits for the community partner. Regardless of the focus, honesty and clarity of motivations and expectations are essential. Perceptions of what the

relationship is about will probably differ as partners may come from very different educational, social, economic, political, and possibly religious environments.

**Potential resources:**

Early on, consider potential human and financial resources for the partnership. This should involve a matching of objectives to available skills. Don't be overly ambitious. Start small—with a defined and attainable goal for the first step in the partnership.

**Inclusiveness:**

Once preliminary thoughts are clarified, try to disseminate ideas more widely within your VA organization and the partner community. While this may prove challenging, being inclusive will enhance the partnership, aid in sustainability, and reduce the potential for conflict and disappointment. Remember to consider that stakeholders may have differing interests in the final outcome.

**Steering committee:**

A steering group or committee should be formed, with members from each of the partner groups, led by a strong coordinator. It is vitally important that group members be available, and remain committed, for the duration. Sensitizing the community is critical to gaining community support. Key members may act as champions for the partnership. Committee members should be matched to skills required, including, among others, finances, legal, and public relations.

MOVE! is an interdisciplinary program, by policy. We have demonstrated that with a collaborative clinical approach, patients can achieve significant successes. Included in this collaboration is, of course, the Veteran, and it follows that effective partnering in the community would serve to further enhance the delivery, reach, results, and overall success of MOVE! and

of the Veterans who participate in MOVE!

Many of our field MOVE! Team members report that they struggle with less-than-adequate space, time, staff, supplies, and equipment. Consider that some of these struggles may be surmountable by partnering with various available community resources. Plus collaboration or partnering can be done right in one's own medical center—for example, with Voluntary Services (which often serves as a gateway to the Veterans Service Organizations (in the community), or the Public Affairs Officers, for a variety of options to enhance both reach and resources.

Additionally, a great variety of possibilities exist for breaking up the monotony of the same old routine by incorporating activities like Pilates, yoga, hiking, kayaking, tai chi, meditation, sailing, tennis, table tennis, mall walking, public park fitness trails, beachcombing, or simply changing the venue for physical activity: a park, a shopping mall, the beach, the forest. In this article we have shared a few of the possibilities, and hope that by doing so we have inspired you to create your own list of possibilities for partnership and enhancing the MOVE! experience at your facility.

Leveraging our collective strength to broker partnerships in the community brings needed people to the MOVE! table to develop solutions for emerging issues or concerns, and help secure the resources to address them. In many VISNs, MOVE! is recognized as a leader in the art of collaboration and we are well known for our ability to maximize resources to achieve outcomes. Partnership is a great way to share expertise, incorporate new ideas, and keep a finger on the pulse of the issues and needs of the Veterans we serve.

*<sup>1</sup>Adapted from "Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability," developed by the Public Health Institute. ■*

# News



## 2009 MOVE! Conference

NCP, in collaboration with the Employee Education System (EES), held the second of two summer conferences titled **“MOVE! Forward Together: The Changing World of Weight Management Intervention—Current Practices and Future Possibilities”** in Denver on July 23–24, 2009, for VISN’s 11–23.

The keynote speaker, Dr. Louis Aronne, is Director of the Comprehensive Weight Control Program at New York-Presbyterian Hospital/Weill Cornell Medical Center. His keynote presentation focused on *Current and Future Trends in Weight Management and the Importance of the MOVE! Weight Management Program for Veterans*. He also made a second presentation, on *Medications and Weight*. Additional speakers included several excellent VA subject-matter experts; VISN 1–10 MOVE! and MOVEmployee! innovation panelists; and NCP Prevention and MOVE! Team members. Thanks to all of the speakers and participants for both conferences. The attention, enthusiasm, and active participation of VA staff from around the country at these meetings were truly inspiring to the team at NCP.

### Topics included:

- MOVE! 101
- MOVE! Evaluation
- Using Technology to Provide Self-Management Support
- MOVE! Intensive
- Bariatric Surgery

### Concurrent sessions were offered on:

- Nutrition and Physical Activity
- Motivational Interviewing
- Nuts & Bolts for New Facility MOVE! Coordinators
- MOVE! Cube Review

The final presentation was a motivational closing, *Moving Forward*, given by the NCP Director and VHA Chief Consultant for Preventive Medicine, Dr. Linda Kinsinger.

## Day 1 Proceedings to be Available on CD and Online

EES videotaped the first day of the Conference. They are in the process of editing this video and adding closed captioning. We expect this to be a helpful training resource. We will provide ordering/download information when it is available.

## MOVE! is now a Registered Service Mark

NCP is proud to announce that the US Office of Patents and Trademarks has granted VA registered service marks for MOVE! and MOVEmployee!. Most of us are familiar with trademarks, which are marks for durable goods. A service mark is granted for a unique service like weight management resources for Veterans. Although our MOVE! content is considered to be in the public domain, we now have the right to control the use of our program’s name. Thus, folks who wish to use our materials with our mark will be required to seek VA’s permission to use the mark. You may have noticed a small “SM” following the MOVE! logo, which is what an agency does to stake a claim while seeking the registration. Now that our service mark is registered, we will replace the SM with ®.



## UPCOMING CONFERENCE CALLS

**Facility MOVE! Coordinators and Physician Champion’s Call**  
2nd Tuesday of the first month of each quarter

3:00 pm ET

1-800-767-1750, access #59445

- October 13

**VISN MOVE! Coordinators Call**  
2nd Tuesday of the second and third month of each quarter

3:00 pm ET

1-800-767-1750, access #59445

- November 10

# News



## 2009 Prevention Forums

NCP, in collaboration with the Employee Education System (EES), held the second of two conferences, "Clinical Prevention Practice: Delivering the Best Preventive Care Anywhere," in Denver, Colorado on July 21-22, 2009. Speakers from the Agency for Healthcare Research and Quality and the Office of Disease Prevention and Health Promotion, both within the Department of Health and Human Services (HHS), and from VHA gave presentations on issues and dilemmas in clinical prevention, an overview of the US Preventive Services Task Force (USPSTF), the future directions of prevention-related performance measures, and the challenges and possibilities of delivering preventive care services in VHA primary care clinics. In the breakout sessions, smaller groups discussed specific implementation strategies for USPSTF recommendations, new national Physical Activity Guidelines, and the use of technology to educate patients on the importance of preventive services. A panel of physicians and nurses from the field presented their improvement activities in the areas of lipid management; colorectal cancer screening, diagnosis, and follow-up; and women's preventive health services. The meeting also included presentations from NCP on current and future directions in prevention for VHA. Slides from the meeting are posted at: <http://vaww.national.cmop.va.gov/ncp/prevention/Clinical%20Prevention%20Forum%202009%20Meeting%20Slides/Forms/AllItems.aspx> (intranet website available only to VA employees)

## US Preventive Services Task Force/ Agency for Healthcare Research and Quality

**Updated syphilis infection screening recommendations from the US Preventive Services Task Force (USPSTF):** The USPSTF recommends that all pregnant women be screened for syphilis infection. This is a reaffirmation of the recommendation made in 2004. This recommendation was published in the May 19, 2009 *Annals of Internal Medicine*. <http://www.annals.org/cgi/content/full/150/10/705>

**Screening for Impaired Visual Acuity in Older Adults:** U.S. Preventive Services Task Force Recommendation Statement, U.S. Preventive Services Task Force, *Ann Intern Med* 2009;151:37-43. Update of the 1996 U.S. Preventive Services Task Force (USPSTF) recommendation statement on screening for visual impairment. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for visual acuity for the improvement of outcomes in older adults (**I statement**). <http://www.annals.org/cgi/content/full/151/1/37>

## US Food and Drug Administration (FDA)

On July 22, 2009, the FDA released the findings of their laboratory analysis that found that electronic cigarettes "contain carcinogens and toxic chemicals such as diethylene glycol, an ingredient used in antifreeze." The FDA release is available at: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173222.htm>

## UPCOMING CONFERENCE CALLS

### NCP Conference Call

2nd Tuesday of the month

1:00 pm ET

1-800-767-1750, access #18987

October 13, November 10,  
December 8

For additional information on the FDA analyses and the full report, please go to: <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm>

## Centers for Disease Control and Prevention (CDC)

### Seasonal Flu Update

The CDC published "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009" on July 24, 2009. The full document is available at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0724a1.htm?s\\_cid=rr58e0724a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0724a1.htm?s_cid=rr58e0724a1_e)

Here is an excerpt from the document:

"The 2009 recommendations include three principal changes or updates:

- Annual vaccination of all children aged 6 months–18 years should begin as soon as the 2009–10 influenza vaccine is available. Annual vaccination of all children aged 6 months–4 years (59 months) and



older children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.

- The 2009–10 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane/60/2008-like antigens.
- Most seasonal influenza A (H1N1) virus strains tested from the United States and other countries are now resistant to oseltamivir. Recommendations for influenza diagnosis and antiviral use will be published later in 2009. CDC issued interim recommendations for antiviral treatment and chemoprophylaxis of influenza in December 2008, and these should be consulted for guidance pending recommendations from the ACIP.”

### 2009 Novel Influenza H1N1 Update

The CDC has recently updated its Novel H1N1 Web Section with FAQs, information about vaccine development, and more. CDC is the main federal website for information about novel H1N1 Influenza. Go to: <http://www.cdc.gov/h1n1flu/>

**Epidemiology and Prevention of Vaccine-Preventable Diseases, 11th Edition, (The Pink Book):** The Pink Book provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with the most comprehensive information on vaccine-preventable diseases. The 2009 edition, published by the National Immunization Program, is available online. <http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

### Meet David Halpern, MD—UNC Preventive Medicine Residency Program

Our newest resident, Dr. David Halpern, is a second-year preventive medicine resident at the University of North Carolina. Originally from New York, he received his undergraduate degree in English from Yale University and attended medical school at Cornell University. He completed his residency training in internal medicine and primary care at the University of Pennsylvania and a fellowship in geriatrics at UNC—Chapel Hill. He is currently completing his Masters of Public Health in the Health Care and Prevention division of the Public Health Leadership program at UNC. His professional interests include health literacy, Medicare policy, and community prevention. He is also the proud father of a 3-month old daughter named Isabel.



### NCP Conference Call

In response to concerns about having too many separate NCP conference calls, a single monthly NCP Conference Call will take the place of the former Prevention, HealthierUS Veterans, and General Employee Wellness calls. Topics related to these areas will be rotated, and information related to weight management and MOVE! will be included as well.

The NCP Conference Call will be held on the second Tuesday of each month at 1:00 Eastern time. The call-in number is 1-800-767-1750, code 18987#. Be sure to join us on these stimulating calls!

## Diabetes Prevention Program: Transition to the Community

Contributed by

Leila C. Kahwati, MD, MPH

Deputy Chief Consultant for  
Preventive Medicine

The VA and other healthcare systems are gradually shifting from delivery models primarily based on acute, episodic care to models that provide a continuum of longitudinal care that includes health promotion, disease prevention, and control of chronic conditions. Patients spend far more of their time outside of the healthcare delivery system than they do in it, and evidence is starting to accumulate that social determinants of health (education, income, class, neighborhood, macro-environments) are as important as genetic or biologic factors in determining who suffers from modern-day afflictions such as obesity, diabetes, vascular conditions, substance abuse, and cancer. Thus, an integrated approach that involves both clinical and community-level strategies likely holds the greatest promise to continue to improve the health of the population.<sup>1</sup> The establishment of partnerships between health care systems and community organizations is an example of this kind of integration, but are these kinds of partnerships effective? The rest of this article describes one example that has been studied.

The example involves the delivery of the Diabetes Prevention Program through a familiar community partner, the YMCA.

The original Diabetes Prevention Program (DPP) was a multi-site, randomized control trial to reduce the incidence of diabetes among patients at-high risk for diabetes.<sup>2</sup> The study evaluated the use of metformin medication versus intensive 16-week individual lifestyle counseling, to lose weight, eat healthy, and be physically active, and found that lifestyle counseling was more effective than metformin in reducing the incidence of diabetes over an average follow-up of 2.8 years. Compared to placebo, lifestyle counseling reduced the incidence of diabetes by 58% (95% confidence interval, 48% to 66%, number needed to treat over 3 years of 6.9) compared to 31% (95% CI, 17% to 43%, number needed to treat over 3 years of 13.9) for metformin. Although the cost-effectiveness data from the DPP suggest that intensive lifestyle counseling is a good value relative to other preventive and/or treatment-related services provided to patients (societal cost per quality adjusted life year \$8,800<sup>3</sup>), the costs (\$2,269 per participant over 3 years from health care system perspective<sup>4</sup>) and logistics of implementing such programs within health care systems are challenging.

Researchers from the Indiana University School of Medicine published results of their DEPLOY pilot study in the October 2008 issue of the *American Journal of Preventive Medicine*.<sup>5</sup> The DEPLOY (Diabetes Education & Prevention with a Lifestyle Intervention Offered at the YMCA) study adapted the original 16-week DPP curriculum to make it more suitable for delivery in a group format by YMCA staff. The “lay” YMCA group leaders were selected on the basis of good communication skills and prior

*An integrated approach that involves both clinical and community-level strategies likely holds the greatest promise to continue to improve the health of the population.*

group programming experiences, and were provided structured training that included a certification process. The pilot study randomized two YMCAs: one was trained to implement the group-based intensive lifestyle program and the other served as a control site. Participants were recruited through random mailings to households within 5 miles of the participating YMCAs. Interested participants were invited to a YMCA-hosted screening session to further identify participants at high risk for diabetes. Study participants at control sites received limited access to and information about YMCA wellness activities, brief counseling for lifestyle change, and National Diabetes Education Program materials. Participants at the intervention site received the modified DPP lifestyle counseling intervention. This curriculum was delivered over 16–20 weeks by a YMCA staff leader, with each session lasting 60–90 minutes. Participants were encouraged to work toward the goal of losing 5%–7% body weight and participate in a minimum of 150 minutes of moderate intensity physical activity weekly. Following the 16–20 week curriculum, monthly “maintenance” group sessions were offered. Of the 46 participants in the intervention arm, 35 (76%) participated in at least 1 of the group sessions. Of these 35 participants, the average attendance over all 16 sessions was 75%. Results from the study were as follows:

### Results from the DEPLOY feasibility trial<sup>5</sup>

Outcome	Control Group	Modified DPP Group	<i>p-value</i>
4-6 months	<i>n</i> =38	<i>n</i> =39	<i>p-value</i>
Weight (% reduction)	-2.0%	-6.0%	<0.001
Change SBP (mmHg)	-2.3	-1.9	0.88
Change A1c (%)	-0.1	-0.1	0.96
Change TChol (mg/dL)	+6.0	-21.6	<0.001
Change HDL (mg/dL)	+2.1	+1.1	0.68
12-14 months	<i>n</i> =33	<i>n</i> =29	<i>p-value</i>
Weight (% reduction)	-1.8%	-6.0%	0.008
Change SBP (mmHg)	-2.7	-1.6	0.78
Change A1c (%)	0.0	-0.1	0.28
Change TChol (mg/dL)	+11.8	-13.5	0.002
Change HDL (mg/dL)	-1.4	+1.9	0.10

These results are encouraging, particularly in the context of less-than-full attendance at sessions by about 75% of the participants allocated to the intervention. Although this study involved a small number of participants at only two YMCA facilities, it offers a promising strategy for bridging the divide between clinical health care systems and the community. Dr. David Marrero, one of the original DPP Principal Investigators and a co-investigator on the DEPLOY Pilot Study, gave a presentation during the July 2009 national monthly VHA Prevention Conference Call, discussing these DEPLOY study findings in more detail.

During this call, Dr. Marrero discussed some of the reasons the YMCA was selected for translation of the DPP into the community. The YMCA is located throughout the nation with over 2,686 independently owned/operated branches, and nearly 64 million households are located within 3 miles of one of those branches.<sup>6</sup> Further, the YMCA has a history of health promotion programming including work in the areas of physical activity for arthritis and smoking cessation and involvement in the CDC’s Steps to a HealthierUS Program. Dr. Marrero also discussed the more than 5-fold cost savings when DPP was delivered in a group-based format in the YMCA setting.

*Per capita cost comparison between original DPP and DEPLOY trial<sup>7</sup>*

Cost Category	Original DPP	YMCA-led Group DPP
Personnel	\$794	\$151
Supplies	\$ 11	\$ 10
Incentives	\$123	\$ 10
Overhead	\$548	\$ 34
<b>Total</b>	<b>\$1,476</b>	<b>\$205</b>

Please refer to the minutes from this call at our intranet website for Dr. Marrero’s presentation on the DEPLOY study ([http://vaww.prevention.va.gov/Facility\\_Prevention\\_Coordinators.asp](http://vaww.prevention.va.gov/Facility_Prevention_Coordinators.asp)).

Although these early results demonstrate that the DPP program can be effectively delivered in a YMCA-like setting, questions still remain about how best to identify potential candidates for such programs, and how to enhance reach and further engage participants to bolster effectiveness and sustain long-term weight loss maintenance.

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7. Data presented 14 July 2009 on monthly VHA National Prevention Conference Call by David Marrero, PhD (DPP and DEPLOY investigator). Reprinted with permission.



Contributed by

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Chief, Library Service and Chair,  
VHA's Consumer Health Library Panel  
James A Haley Veterans' Hospital

*Collaborative relationships between providers and VHA librarians offer a win-win situation for all.*

## Librarians: Partners in Health Literacy and Education

Clinicians today have a wealth of information resources from which to find patient education materials. Yet with all they have to accomplish during a clinical encounter, do clinicians have the time and proficiency to ascertain which of the myriad sources (pamphlets, websites, databases, videos, etc.) meet the information and learning needs of each patient? Does the patient want just the basics, more specific information, or everything she can get? Would he rather watch a movie than receive a handout? What reading level is best? And for the clinician, how can he or she squeeze out the necessary time to conduct an evaluation of both the patient's needs and the material's suitability?

Enter your hospital librarians. They receive queries from physicians, nurses, therapists, and other staff as well as patients and family members, all with varying degrees of information needs. And, consciously or not, they evaluate each information seeker during the reference interview for the level and type of information desired. The information packets hospital librarians can provide are tailored to fit the patron, from the intellectually complex to the most basic level. Most librarians are familiar with the issues of health literacy, how to subtly identify low literate individuals, and are aware of alternative resources (easy-to-read,

multimedia, or interactive modules) for their clientele.

Because of their unique skills, librarians are in an ideal position to assist patients and staff in the hospital setting with health literacy issues. Many VA librarians are active participants in the arena, educating hospital staff on the topic and emphasizing their professional expertise in matching and tailoring materials to patients' needs. They assist local authors in writing or evaluating patient education materials, attending to such critical factors as reading levels, grammar and sentence structure, passive and active sentences, visual elements such as graphics, and even the amount of white space included. They can also aid clinicians and facilitate the provision of appropriate resources to patients. They are experts in material selection, are already engaged in consumer health information services in support of patient education activities, and are well-versed in providing evidence-based, reading-appropriate materials to patients and their families.

Librarians also support electronic access to patient education materials through allocation of their budgets. Although electronic access varies from station to station, **all** VA staff members have Intranet access to the "AAFP (American Academy of Family Practitioners) Conditions A to Z" through Stat Ref's ACP Pier Plus. This e-book, which provides 2- to 4-page handouts on a variety of conditions, allows staff to print topics in English or Spanish. (Note: Although the product states that reading levels are between 6th and 8th grade, some are not; each topic must be evaluated individually.) VHA's national

Library Program Office has purchased a national subscription to ACP Pier Plus to ensure clinician access to an evidence-based resource; ask your local VA librarian for other resources available at your hospital, with both Veteran and clinical focus.

Information therapy, described as the “prescription of specific evidence-based medical information to specific patients at just the right time to help them make specific health decisions or behavior changes,” is provided by many librarians in collaboration with healthcare providers. Patients have self-referred to VA Libraries since the libraries came into existence; the advent of shared decision making and other information sharing initiatives has increased the demand for consumer health information in those libraries. Some clinicians routinely refer their patients to a VA or even a public library for health information. The advantage of formalizing the process through a prescription or referral system is twofold:

1. It can enhance the communication process. At the James A. Haley Veterans Hospital in Tampa, Florida, patients

have told librarians that they felt the referrals gave them a greater sense of empowerment and showed concern on the part of their providers. Clinicians have voiced the opinion that the process saved time during visits, since they spent less time in finding appropriate materials and their patients were better prepared for discussion after receiving the information. Some librarians document in the electronic record, noting what materials were given, concerns or questions voiced by the patient, and any pertinent observations by the librarian during the encounter. This information can then be used by the clinician as a platform for discussion.

2. It ensures that the patients are receiving evidence-based information specific to their health conditions in a fashion that meets their learning needs and preferences. Patients are increasingly looking up their own information, often from dubious sources. They may not remember the correct names or spellings of their health conditions, leading to misinterpretations that take clinical time to

rectify and can result in a diminishment of trust of the provider. By sending a formal request to the librarian that notes the exact need for information—by giving the patient a “prescription” or through an email, phone call, or alert in CPRS—the clinician can be assured that the patient will receive the correct information.

Collaborative relationships between providers and VHA librarians offer a win-win situation for all. Providers may increase the flow of quality information to their patients and save time during the clinical visit. Patients may be empowered to learn more about their health and be more satisfied with their providers and the organization. Patient education materials can be better utilized, providing a better return on investment for the funds spent on them. And VHA’s partners in health care, the librarians, fulfill their mission to ensure that providers and patients get the right (evidence-based) information in the right place and at the right time. ■



Contributed by  
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Education and Information

*Don't be afraid to  
engage with the  
community; look for  
win-win opportunities.*

## Community Partnerships to Offer Health Education Programs and Services

With fiscal, staff, and time constraints, it is important to leverage resources to maximize health education services for Veterans and their family members. This article features creative partnerships with community groups to offer health education programs and services that the VISN, VA facility, and their communities would be unable to offer alone. The partners included VA academic affiliates, voluntary health organizations, community consortia, and state Departments of Health and Aging. The programs resulting from these partnerships include chronic disease self-management, tobacco cessation, cancer and diabetes care, and screening for diabetes and kidney disease.

A number of VA facilities offer the evidence-based Chronic Disease Self-Management Program (CDSMP) from Stanford University Patient Education Resource Center. This program is held once a week for six weeks, and generally led by either laypersons or healthcare professionals who themselves have chronic diseases. CDSMP helps those with chronic diseases:

- Exercise appropriately to maintain flexibility, endurance, and strength;
- Maintain good nutrition;
- Use medications appropriately;
- Deal with the frustrations, pain, isolation, and fatigue which can accompany chronic disease;

- Communicate well with healthcare team members, family, and friends; and
- Evaluate new treatments.

Brad Foley, RN, MSN, Patient Health Education Manager, Minneapolis VA Medical Center and Chair of the VISN 23 Patient Education Task Force, reports that VISN 23 facilities and their affiliated clinics are not always geographically accessible for the six-week CDSMP. To institute this program VISN-wide, the VISN Patient Education Committee adopted the goal of following the lead of Iowa and Minnesota to establish partnerships within all five states in the VISN, thus making the CDSMP program more accessible to Veterans.

This partnership is most fully developed in Iowa, where VA Central Iowa Health Care System (HCS)–Des Moines Division's Patient Health Education Coordinator, Hank Wood, MEd, works with the Iowa Department of Aging to present CDSMP at several locations. The Department of Aging received two grants with VA Central Iowa HCS as a partner. CDSMP is now offered in 33 of Iowa's 99 counties; the grant requires that the program be offered in 70 counties within two years. Veteran graduates of CDSMP help satisfy the grant requirement to serve men aged 60 and older, as well as rural and Hispanic populations.

In Minnesota, a meeting of representatives from the Minnesota Department of Health and the Minneapolis VAMC Education Service Line resulted in the formation of a Twin Cities CDSMP Consortium. Representatives from private health delivery organizations, neighborhood clinics, and foundations are

working together to make arrangements to assure greater access for Veterans. The Minneapolis VA Medical Center offers classes eight times each year. Medical Center volunteers staff a display about the program near the cafeteria Tuesday through Thursdays. Consortium members run continuous classes at the Native American Clinic and hold special classes for the hearing impaired and people over 60 years of age, which also attract Veterans. As a result of this partnership, VA and non-VA facilitators are beginning work together to offer CDSMP more conveniently for Veterans at VA and non-VA locations. It permits groups of 10–20 Veterans and non-veterans (including caregivers) to take greater control of their own health.

René Stell, Patient Education Specialist at the Portland VAMC, described VISN 20's recognition of the need to help Veterans manage chronic illness. VISN 20, the Pacific Northwest, comprises 920,000 square miles or 26% of the nation's land mass. Although the Portland VAMC had offered group classes on specific chronic diseases, they experienced very low attendance due to the distance some Veterans must travel to reach services. This situation encouraged the VAMC to pursue a different kind of partnership. They joined a state-wide consortium consisting of the Oregon Department of Health and Human Services (DHHS); Indian Health Services; health care companies and insurers such as Kaiser, Providence, and Blue Cross; the Oregon Health Sciences University Hospital; rural provider alliances; African American Health coalitions; parish nurses; senior services and support centers; county health departments; Loaves and Fishes; community support groups such as Central City Concern; state prisons; and even some farming co-ops. This consortium offers two significant benefits: wide availability of CDSMP and sharing the weight of the program if

funding is reduced. DHHS created marketing materials and staffs a central phone number that connects people to CDSMP in their area.

Jacqueline Tatum, RN, MSN, Patient Health Education Coordinator, Durham VAMC, has embarked on a partnership with one of the VAMC's academic affiliates, the Duke University School of Nursing and the Duke Community and Family Medicine. This Durham Health Innovations project includes key community partners: Lincoln Community Health Center, the Durham County Health and Social Service Departments, and El Centro Hispano, an advocacy group for healthcare, education, and workforce development for the Hispanic community. This partnership responded to a request for proposal (RFP), "Partnership IMPACTS Diabetes Outcomes" and has been invited to submit a full proposal. The partnership has submitted a proposal to help the community understand and treat patients with diabetes using evidence-based treatment and education. If funded, the grant will permit the partners to reshape the way diabetes care is delivered in Durham to support comprehensive evidence-based diabetes care and education. This effort recognizes that Veterans with diabetes live in the community and integrates the Durham VAMC's programs with community efforts on diabetes treatment and education.

Linda Daninger, APRN-BC, MSN, Health Promotion and Disease Prevention Coordinator/Tobacco Treatment Specialist, Minneapolis VAMC partners with the Minnesota and Wisconsin Quitlines and VAMC Fit for Life volunteers to help Veterans become tobacco-free. The Minneapolis VAMC and its seven community-based outpatient clinics (CBOCs) serve 16,000 smokers. Veterans who wish to participate in this program must want to quit within 30 days, sign a consent form, and be willing to be

coached. Linda faxes their consents to the Quitlines, which offer coaching from nurses who have four-year or Master's degrees. The same Quitline nurse coaches the patient throughout the program. Linda and her VA team—including a primary care physician, pharmacist, and two behavioral psychologists for patients with spinal cord injury or addictive disorders—offer Veteran participants follow-up coaching. Although medications are available from the Quitlines, Veterans who want medications receive theirs from the VA. Fit for Life volunteers who are former smokers check in with Veterans. The program is marketed to Veterans at health fairs, and through hotlines on the counter at all VA primary, specialty care, and mental health clinics. Marketing efforts are made by all employees and social workers, during personal visits to each CBOC. Bedside coaching is possible for inpatients. The VAMC will begin drop-in classes in January, 2010.

Partnerships at the Hampton VAMC and VA Connecticut Health Care System offer enhanced educational services to cancer patients and survivors. Jacquelyn Wolf, MSN, RN, CDE, has partnered with the American Cancer Society and the Connecticut Chapter of the Lymphoma and Leukemia Society. These services include the VA Connecticut's Cancer Survivor Day, prostate cancer classes, and cancer education classes and support groups. In addition to being integral members of the planning committees for these educational offerings, the partners provide staff, funds, services, and educational materials. Partners also provide marketing support and publicity for these programs via their websites and newsletters, permitting Veterans who do not receive care at the VA to learn about these educational programs. The VA Connecticut Health Care System also refers Veterans to cancer education offered in the community, making Veterans' access to these needed services easier.

Sharon Durio, MSED, Patient Health Education Coordinator, Hampton VAMC, partnered with the American Cancer Society (ACS) to enhance the VAMC's Cancer Prevention and Treatment Health Education Programs. The partnership strengthens Hampton's Reach to Recovery; Look Good...Feel Better; and Road to Recovery Programs. This partnership ensures that patients receive comprehensive educational resources; can access teleconferences for caregivers, important information about clinical trials, and the ACS helpline which is staffed 24/7; and receive assistance with transportation to and from cancer treatments such as chemotherapy and radiation therapy appointments. The partnership extends from health fairs and cancer screening activities to hospice and end-of-life care benefitting Veterans, cancer patients, survivors, and their families. This win-win situation benefits the ACS and the Hampton VAMC. It helps the ACS achieve their requirement to enhance outreach to the community. It has

helped the VAMC maintain its cancer program accreditation status, join a network of Hampton Roads health care agencies to create "Colon Cancer Free Zones" (a program originating in California), and participate in the African American Men's Health Forum, which was well-attended by Veterans. In September, the American Cancer Society will assist the VAMC by sponsoring their first Prostate Cancer Awareness Workshop.

Alfreda Rhodes, MSN, RN, Patient Education Contact and Mental Health Nurse Educator, shared information about the efforts of VA North Chicago VAMC's Diabetes Educators—Tony Colon, RN, CDE, Janine Stoll, RN, CDE, and Rosemary Trotta, RN, MS, FNP-BC—to partner with the National Kidney Foundation of Illinois for a World Kidney Day Education Event hosted in Waukegan, Illinois on March 12, 2009. During the event, they distributed patient education brochures to community members to educate them about diabetes and

kidney disease. The Diabetes Educators also participated in health screening for visitors. Partnering for this event achieved their goal of identifying people at risk for diabetes and kidney disease.

VA staff members who have partnered with the community to enhance Veterans' access to health education programs and services are extremely positive about their experiences. They offer this advice for those considering a partnership with the community:

- Don't be afraid to engage with the community; look for win-win opportunities.
- Use partnerships with the community to gain new perspectives about VA and community health education efforts.
- Get to know your community and its facilities (e.g., YMCA) and meet with community leaders (mayor, Chamber of Commerce, etc).
- If you're willing to fail, even several times, when you do succeed, it will be even sweeter.■



# News



## Selection of Barbara Snyder as Health Education Coordinator

Barbara Snyder has been selected as Health Education Coordinator for the Office of Veterans Health Education and Information (VHEI). Barbara had previously been the VHEI Health Educator. In her new position, Barbara will coordinate the Veterans Health Education Network, so please contact her for consultation, advice or to update the name of your facility's Veterans Health Education Coordinator. Barbara received her Masters in Public Health from the University of Michigan School of Public Health. She has extensive experience working in VHA Health Education. She originally served as the Patient Health Education Coordinator for Medical District 5 based in Washington, DC. The Medical Districts were the precursors to the Veterans Integrated Service Networks. With the expansion of the VHA Patient Health Education Program to the Regional Medical Education Centers (RMECs were precursors to the Employee Education System), she became the Patient Health Education Coordinator for the Cleveland RMEC. While in this position, Barbara consulted with VAMCs in the mid-Atlantic region to help facilities develop local patient education programs and services and the infrastructure needed to support them. She also developed regional and national continuing education programs to support patient education. Barbara served as a planning committee member and as master faculty for Enhancing Patient Education Skills, and later, for Patient Education: TEACH for Success. She led VHEI's recent efforts to revise and update TEACH. Barbara is currently chairing the committee to plan the VHA-wide New Patient Orientation Program. You can reach Barbara at (919) 383-7874 ext 248, or [barbara.snyder2@va.gov](mailto:barbara.snyder2@va.gov).

## Upcoming VHEI Conference Calls

For FY10, which begins on October 1, we will make a slight change in the Veterans Health Education (VHE) Hotlines and Conference Calls schedule. To respect your time and availability for calls, we will discontinue the VHEI Conference Calls which were previously held the 4th Fridays of October, January, April and July. VHE Hotlines will continue to be held on the 1st Tuesdays of each month, (800) 767-1750, Access Code 16261.

## UPCOMING CONFERENCE CALLS

### VHEI Patient Education Hotline 1st Tuesday of the month

1:00 pm ET

1-800-767-1750, access #16261

- July 7, August 4, September 1

## Employee Wellness Partnerships

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

The “Partnerships” theme of this issue of the HealthPOWER! newsletter reminds us of the opportunity to use resources from our communities for our wellness activities. Clearly, enthusiasm and resources related to wellness for employees and others isn’t confined to the VA. Wellness programs are becoming part of local and national businesses, community medical centers, public health departments, municipalities, YMCAs, universities, and numerous other entities. The media have given abundant attention to the rise of wellness programs for employees in all but the smallest companies. There is no need for us to stay so isolated. Let’s bring VA into the community, and the community into the VA!

Here are examples of just some VA–community wellness partnerships:

- Cynthia Tomczak in Minneapolis reports that their employee wellness program partnered with Hennepin County on a walking program, and also won a “Wellness by Design” award for promoting a healthy working environment.
- Curtis Ivins in Salt Lake City coordinated with the local chapter of the American Cancer Society on their Active for Life program for a 10-week employee wellness challenge utilizing their web-based program.
- For the second year in a row, reports Kara Merendo, The Wellness Committee in Albany recently participated in Albany’s GHI (Group Health Incorporated) Workforce Team Challenge on May 21, which is a very large running event. Albany VA employees formed a diverse team that included Medical Center Director Mary-Ellen Piché, as well as managers, other employees, and interns.
- Lisa Kimbrell described an annual partnership with the Amarillo College School of Nursing in which the nursing students participate in an annual health fair featuring screenings, displays, and flu shots. The students receive academic credit for participating.
- The wellness program at the Miami VAMC partners with the University of Miami Wellness Center, according to Janet Dapprich.
- In Canandaigua, AFGE President Colleen Combs is partnering with the Finger Lakes Workforce Investment Board for Health Care and Human Services Consortium. This group endeavors to improve employee retention in the community by focusing on employee and family wellness initiatives. Also in Canandaigua according to Pam Chester, Debbie Brahm partnered with the Ontario Cooperative Extension to establish a thriving farmers’ market at the VA, and to increase awareness of education opportunities, such as learning how to can vegetables.
- In Prescott, Beth Brehio works closely with the Yavapai County Community Health Services. They provide wellness classes and activity programs, and always participate in the VA Wellness Fair.
- Barry Murphy at the North Florida/South Georgia HCS describes partnering with Leadership Gainesville on a 5K walk/run each year, as well as with the American Heart Association on their annual Heart Walk. In October, a partnership will begin with the Suwannee River Health Education Center, for Smoking Cessation classes which will enable employees to receive free

*Wellness programs are becoming part of local and national businesses, community medical centers... and numerous other entities.*

cessation aids. In December, the Gainesville VAMC will host a send-off for the Ride2Recovery Program. This is a bicycling event promoting Veterans' physical and mental rehabilitation, and is a joint effort of VA/DOD/Wounded Warrior, Veterans' organizations, local municipalities, and the University of Florida. Finally, numerous community organizations and wellness-related businesses participate in the VA Wellness Fairs.

- In Houston, Kay Ivey reports that

the VA is involved with the City of Houston basketball, softball, and volleyball leagues, and co-sponsoring a "3-on-3" basketball tournament at a city gym in August. They are also considering hosting a similar basketball tournament on the VA grounds for community and VA participants in the spring of 2010.

- In Tampa, Brenda Burdette's employee wellness program utilizes occupational health resident physicians from the university program to

administer a health risk appraisal and conduct a wellness review for employees in the VA Employee Health Clinic.

There are doubtless numerous other examples of similar partnerships between VA wellness programs and community organizations. We have a great deal to offer the community, and the community has a great deal to offer us. Let's get out there and find out what's possible! ■

# News



On our August wellness call Ms. Lucy Polk from the US Office of Personnel Management (OPM) described all the exciting things happening in employee wellness at the federal government employee level. President Obama has strongly endorsed the idea of wellness programs for federal employees and directed OPM and the US Office of Management and Budget to explore current wellness activities and develop plans for more widespread implementation. Read the details in the minutes from that call by clicking on the August 25 link at [http://vaww.prevention.va.gov/Wellness\\_Conference\\_Calls.asp](http://vaww.prevention.va.gov/Wellness_Conference_Calls.asp) (intranet website available only to VA employees).

## UPCOMING CONFERENCE CALLS

### NCP Conference Call

2nd Tuesday of the month

1:00 pm ET

1-800-767-1750, access #18987

October 13, November 10,

December 8

# CALENDAR *of* EVENTS

## COMMUNITY TASK FORCE MEETING (CDC)

October 14–15 in Atlanta, GA

## TBI MEETING

October 14–15 in Washington, DC

## VA/DOD EBPW MEETING; OQP

October 19–20 in Washington, DC

## ACIP MEETING (CDC)

October 22–24 in Atlanta, GA

## HEALTH GUIDEBOOK MEETING

November 2–3 in Washington, DC

## US PREVENTIVE SERVICES TASK FORCE MEETING

November 5–6 in Rockville, MD

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

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Office of Patient Care Services  
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### 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.

