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VHA's Federal Partners in Prevention

Over the past year and a half, VHA has implemented new initiatives that transformed our health care system into one that honors America's Veterans. This system has provided exceptional health care that improves Veterans' health and well-being; it is a system that emphasizes prevention and population health. VHA is not alone in this effort; other federal agencies have also focused on prevention. VHA has been working with the Department of Health and Human Services (HHS), the lead federal health agency, and other departments on two major prevention activities: Healthy People 2020 (screenshot on page 12) and the National Prevention, Health Promotion, and Public Health Council.

During the January NCP Prevention conference call, Debra Nichols, MD, MPH, Office of Disease Prevention and Health Promotion, HHS, described Healthy People 2020 as a "roadmap" for nationwide health promotion and disease prevention efforts that helps the country understand where we are now in order to take informed action to get where we want to go over a ten-year period. Healthy People 2020 includes a set of nearly 600 specific, measurable objectives that are organized within 42 topic areas with targets to be achieved over the decade. Each topic area has multiple objectives with specific targets, baseline rates, and identified data sources. The four overarching goals of Healthy People 2020 are to: 1) Attain high quality, longer lives free of preventable disease; 2) Achieve health equity and eliminate disparities; 3) Create social and physical environments that promote good health; and 4) Promote quality of life, healthy development, and healthy behaviors across life stages. The ultimate outcomes of the initiative will be healthier people, healthier communities, and a healthier nation.

Over a two-year period prior to the release of Healthy People 2020, a Federal Interagency Workgroup met regularly by conference call and in person to develop the overall plan and all the objectives and measures. A number of VA staff made important contributions to various sub-work groups on specific topic areas. I was privileged to attend the launch at The George Washington University in December. It was exciting to be part of the culmination of all the work that had gone into this plan. A new website, www.healthypeople.gov, has extensive information and resources for all the topic areas. I encourage you to bookmark the site and refer back to it often. To see Dr. Nichol's presentation, please look in the minutes of the January NCP conference call (scroll to the bottom of the NCP intranet website: **vaww.prevention.va.gov**).*

The second national prevention effort is the new National Prevention, Health Promotion, and Public Health Council, established by the Patient Protection and Affordable Care Act, passed by Congress in March 2010. The Council's role is to prioritize and align prevention efforts across the federal government and the nation. The Council is chaired by the Surgeon General, Dr. Regina Benjamin, and includes members from 17 federal departments, including VA Secretary Shinseki, who is represented on the Council by Under Secretary for Health, Dr. Robert Petzel (and I serve as his backup). The Council is charged with developing the National Prevention and Health Promotion Strategy, which will identify goals, actions, and priorities for improving the nation's health. The Prevention Strategy, to be released in March 2011, will align with Healthy People 2020 and other national prevention initiatives. The draft goals of the Strategy are to achieve significant gains in life expectancy at birth and at age 65 within a generation by creating healthy communities, empowering individuals to make healthy choices, and expanding preventive clinical and community efforts. The Strategy has four cross-cutting strategic directions—build healthy physical, social, and economic environments; eliminate health disparities; support prevention and public health capacity; and increase use of quality clinical preventive services—and six targeted strategic directions—tobacco-free living, reduced alcohol and drug abuse, healthy eating, active living, injury-free living, and mental and emotional well-being.

Note how well these targeted strategic directions line up with the nine Healthy Living messages (described on pages 3-5) that the VHA Preventive Care Program is promoting. That's not surprising, given the U.S. and Veteran population health data in the article about the messages. Improvements across a wide range of health behaviors are needed to achieve the vision of healthier people, healthier communities, and a healthier nation. Through its emphasis on health promotion and disease prevention within the VHA healthcare system and its actions with partners across the federal government, VHA is leading the way from a focus only on sickness and disease to one also based on health and prevention.

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Healthy Living Messages for Veterans

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The burden of chronic disease in the United States is large and increasing. Nearly half of the U.S. total population (including children) has one or more chronic conditions and almost half those have more than one chronic condition. The top five major chronic diseases (cardiovascular, stroke, cancer, chronic obstructive pulmonary disease, and diabetes) alone account for 75 cents out of every dollar spent on health care and two out of three deaths. Many Veterans in our VHA primary care population have chronic conditions and many have multiple diagnoses. Of this population, 52% have hypertension, 36% have obesity, 24% have diabetes, and 18% have coronary heart disease. If overweight Veterans (as defined by a BMI range of 25-30) are included, the combined prevalence of overweight and obesity is 77% of the VHA primary care population[i]. All of these chronic diseases are, at least in part, preventable. The World Health Organization estimates that at least 80% of all heart disease, stroke, and type 2 diabetes and more than 40% of cancers are preventable if people stop smoking, eat healthfully, and get into shape.

What's causing all these chronic conditions? There's good evidence to say that much of it is due to unhealthy behaviors. An analysis by the Centers for Disease Control and Prevention published in 2004 found that 18% of deaths in the U.S. were due to tobacco, 17% were due to poor diet and physical inactivity, 3% were due to alcohol consumption, and 10% were due to other preventable causes.[ii] In all, these behaviors contribute to 48% of all deaths. If people changed these unhealthy behaviors, some of these deaths could be postponed. How common are these health behaviors? The Figure below shows U.S. population data from the 2008 Behavioral Risk Factor Surveillance System[iii] and for the VA population, from various sources over different years.[iv] We don't have a good source of overall physical activity data for Veterans.

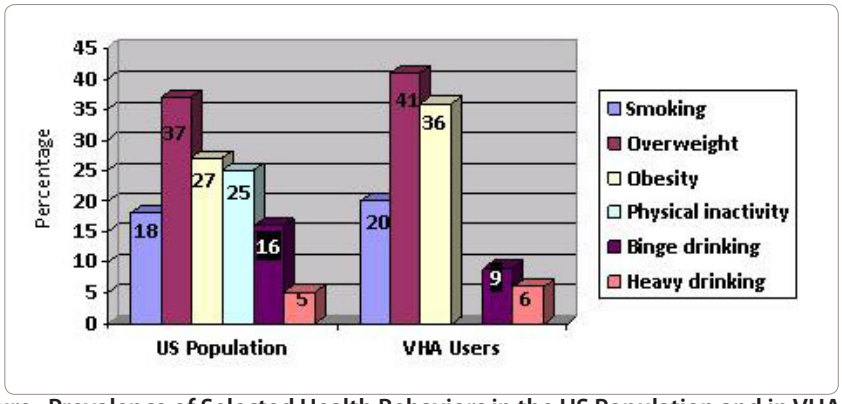

Figure. Prevalence of Selected Health Behaviors in the US Population and in VHA Users.

Can we in the healthcare system help our patients change risky behaviors? Are there behavioral interventions that work? The answers are yes, at least in part. Effective brief interventions for tobacco cessation and problem alcohol use are well known. While we have been successful with tobacco and alcohol interventions at the VA, we can help our patients achieve still greater success. Helping patients achieve

weight loss and make dietary and physical activity improvements is difficult; patients may need more intense behavioral counseling. But these interventions are effective. Review of behavioral counseling interventions for healthy diet, physical activity, or a combined lifestyle approach for cardiovascular disease reduction in those adults without existing cardiovascular disease found that moderate- to high-intensity behavioral counseling interventions resulted in small but significant improvements in the amount of salt, fat, fruits/vegetables, and calories; minutes of physical activity per week, and physiologic measures of body mass index (BMI), blood pressure and cholesterol. Even small changes across a whole population often mean substantial changes for some in that population. Not everyone benefits but some benefit greatly. However, medical care by itself is not the whole answer to treating unhealthy behaviors; health care providers need to work hand-in-hand with community groups, worksites, schools, policy makers, and others to provide the support necessary for successful behavior change.

To encourage Veterans to choose healthy behaviors, the National Center for Health Promotion and Disease Prevention (NCP) selected and developed nine key evidence-based Health Living messages to serve as the foundation to its Preventive Care Program. These messages cover core prevention areas including nutrition, physical activity, weight management, smoking, alcohol use, stress management, clinical preventive services, safety, and health care communication. These topics were chosen because of their importance for reducing chronic disease morbidity and mortality and improving quality of life. The Healthy Living messages will communicate to Veterans a better way to live.

This year, NCP will be rolling out a national campaign for Veterans and staff featuring these Healthy Living messages. As described in the Summer and Fall 2010 issues of Health POWER!, NCP is developing pocket guides for staff and a "My Health Choices" goal-setting tool for patients based on these messages. The NCP websites (both internet and intranet) are being revised to prominently display the topics and supporting information for Veterans and staff.

Here are the Healthy Living messages and suggestions for discussing them with patients:

- **Be Involved in Your Health Care**

You can help Veterans take an active role in their own health care. Suggest that Veterans plan ahead for visits by writing down questions and sharing their lists at the beginning of the visit. Encourage Veterans to provide accurate and complete information about their current health problems, concerns, past illnesses, and any hospitalizations. Also share information on current medications and over-the-counter herbals. Provide information to Veterans to assist them with making decisions about their health care. If you are a clinician, consider attending the TEACH for Success program in your facility, which offers evidenced-based communications strategies to improve partnering with patients.

- **Be Tobacco Free**

Emphasize with Veterans that quitting smoking is the single most important thing they can do to improve their health and protect the health of their family members. Smoking harms nearly every organ of the body and is the single and largest cause of preventable illness and death in the United States. Brief counseling, referral to a smoking cessation clinic, and use of nicotine replacement and/or other smoking cessation medications are evidence-based ways to assist patients to quit. If the Veteran is not willing to quit, use motivational interviewing techniques to elicit and explore the patient's ideas, beliefs, and feelings about quitting (e.g., "How important do you think it is to quit smoking?"). Reinforce and support any 'change talk' that you hear (for example, "So, you know quitting would help your breathing, and it's great that you are going to quit at the start of the New Year"). Always leave the door open by letting the patient know that when they are ready to quit, VA is ready to help them.

- **Eat Wisely**

Suggest patients eat a variety of foods including vegetables, fruits, and whole grains. Stress the importance of including fat-free or low-fat milk and dairy products and limiting total salt, fat, sugar, and alcohol. Refer them to the USDA My Pyramid food guide (**www.MyPyramid.gov**) to learn how to establish a balanced eating program. Suggest to Veterans they consume three cups per day of fat-free or low-fat milk or dairy products such as yogurt or cottage cheese. Carbohydrates can be fiber-rich vegetables, fruits, and whole grains. When selecting and preparing meat, poultry, fish, dry beans, and milk or milk products, choose lean (skinless), low-fat or fat-free varieties and don't add fat when cooking.

- **Be Physically Active**

Encourage Veterans to avoid inactivity – some activity is better than none. Suggest they aim for at least 2½ hours of moderate-intensity aerobic activity each week. Every 10 minute session counts. They should do strengthening activities at least two days each week. Remind Veterans that less than half of U.S. adults get the amount of physical activity recommended in the 2008 Physical Activity Guidelines for Americans. Physical activity is safe for almost everyone, and the health benefits

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of physical activity far outweigh the risks. NCP is developing an optional clinical reminder/template to support discussions and goal-setting for physical activity and healthy eating.

- **Strive for a Healthy Weight**

When meeting with your patients, let them know that a healthy weight means balancing the number of calories they eat with the number of calories their body uses. By maintaining their weight, they are "in balance" and are eating close to the same number of calories that their bodies are using. For patients who are overweight or obese and want to lose weight, consider offering a referral to the MOVE! Weight Management Program.

- **Limit Alcohol**

There are many health risks associated with alcohol abuse. Binge drinking can lead to higher risk of health problems such as liver damage or injuries. There are a variety of means to help Veterans learn about alcohol dependence and effective treatments such as individual counseling, group treatments, medications to reduce craving or prevent relapse. Let the patient know the VA has resources that can help.

- **Get Recommended Screening Tests and Immunizations**

Provide screening for certain cancers, problem drinking/alcohol abuse, depression, high blood pressure, HIV, military sexual trauma, obesity, Post Traumatic Stress Disorder (PTSD), and tobacco use. Recommend Veterans receive a flu shot every year and other immunizations, as appropriate. Recommend to women that they update their immunizations before they become pregnant. For a list of specific recommendations for patients based on their age, gender, health status, and family history, refer to the following websites to see which preventive services are best for each Veteran: **www.uspreventiveservicestaskforce.org** and **www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm**. The 2011 version of the Adult Immunization Schedule will be available in February. NCP is developing a website that will provide specific VA recommendations for clinical preventive services by patient age, gender, and smoking status.

- **Manage Stress**

Stress is a normal human experience, though too much stress over a long period of time can put Veterans' health at risk. However, we can help Veterans to develop skills and strategies to manage or reduce the physical and emotional effects of too much stress. Suggest stress management options such as physical activity, problem solving, relaxation training, expressing thoughts and feelings, time management, positive thinking or finding a pleasant activity, or referral to a facility stress management class or program. Some people who report being stressed may be experiencing more serious psychological or mental health conditions, including depression and PTSD. Follow facility protocols for screening for depression and/or PTSD or obtaining consultation from Primary Care-Mental Health Integration staff.

- **Be Safe**

Although there are many topics that could be included under "Be Safe," the VHA Preventive Care Program has chosen the following three areas for prevention efforts: Sexually transmitted infections (STI), falls, and motor vehicle collisions. Let patients know the best way to fully protect themselves from STIs is to abstain from sex or to wait until the patient is in a relationship with only one person in which both have been tested for STIs. Persons at high risk for sexually transmitted infections should receive or be referred for intensive behavioral counseling. When talking about injuries, let older Veterans know that falls are the leading cause of injury deaths and about half of all falls happen at home. Also motor vehicle crashes are the leading cause of death among Veterans in the early years after returning from a deployment.

By talking with our patients about these key health topics and encouraging those who are motivated to take small steps toward healthier living, we can work with them to improve their health. It's a better way to live.

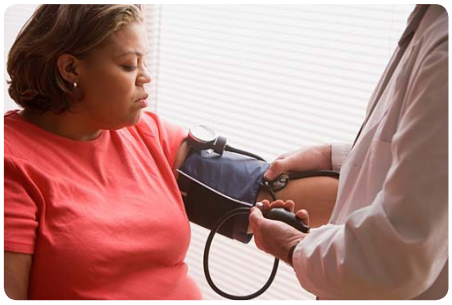
REFERENCES:

*i. Primary Care Almanac, VHA Support Service Center, 2010. Available at: **http://vssc.med.va.gov/*** Accessed 4/5/2010.*

ii. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004;291(10):1238-45.

*iii. Centers for Disease Control and Prevention. Surveillance for certain health behaviors among states and selected local areas — United States, 2008. MMWR 2010;59(No. SS10):1-222. Available at: **http://www.cdc.gov/mmwr/pdf/ss/ss5910.pdf***

*iv. Smoking prevalence data in VHA 2008 Survey of Veteran Enrollees' Health and Reliance upon VA (available at: **http://vaww4.va.gov/vhaopp/report01/SOE/2008_SoE_Report.pdf**).* Alcohol prevalence data from AUDIT-C items in SHEP FY04-07 from OQP (results shown are for men, women's results are lower).*



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Aligning FY 11 Facility HPDP Program Goals with National HPDP Program Goals and VHA Vision

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The current Veterans Health Administration (VHA) Vision Statement highlights disease prevention and population health as key components of VHA-delivered care. The VHA Preventive Care Program, a sub-initiative of the Secretary's New Models of Healthcare transformational initiative, supports the VHA vision as follows: The Veteran will experience health promotion and disease prevention (HPDP) clinical interventions that are seamlessly integrated across the continuum of their health care and are delivered in a variety of modalities matched to the Veteran's needs and preferences. VHA clinicians and clinical support staff will value and participate in the delivery of HPDP interventions for patients as appropriate to each Veteran's priorities and overall plan of care.

To achieve the VHA vision, evidence-based HPDP services will focus around nine Healthy Living Messages. These messages will be robustly integrated into clinical care delivery throughout all medical centers and affiliated community-based outpatient clinics (CBOCs). These nine Healthy Living Messages will serve as the framework for focusing HPDP efforts at the facility level in FY 11 and beyond. The nine Healthy Living Messages are listed below:

- Be Tobacco Free
- Be Physically Active
- Eat Wisely
- Strive for a Healthy Weight
- Be Safe
- Manage Stress
- Limit Alcohol
- Get Recommended Screening Tests and Immunizations
- Be Involved in Your Health Care

Moving Forward

To date, over 75 percent of VA medical facilities have hired HPDP Program Managers and Health Behavior Coordinators. In the Fall 2010 edition of HealthPOWER! we described what we're doing to support this new field of HPDP program leaders. Additionally, VHA National Center for Health Promotion and Disease Prevention (NCP) has defined FY 11 HPDP program goals to assist facility executive leadership and the new HPDP program leaders to move the VHA Preventive Care Program forward and to develop local spend plans that align local goals with national HPDP program goals and VHA Vision. In FY 11, the local HPDP Programs will focus on the following goals:

FY 11 Facility HPDP Program Goals

1. Establish a facility HPDP program committee or sub-committee structure with identified leaders.
   A. One or more HPDP program leaders will complete the VACO-directed HPDP Program Manager orientation.
   B. One or more leaders will complete the VACO-directed Health Behavior Coordinator orientation.
   C. Facility HPDP program committee will include broad staff representation. At a minimum, representatives will be from MOVE! Weight Management Program, Veterans Health Education, Smoking Cessation Lead Clinician, and Patient Aligned Care Teams (PACT). (See sample facility HPDP Program Committee Charter at the website: **http://vaww.prevention.va.gov/VHA_Preventive_Care_Program.asp**.)*
   D. Two or more HPDP program committee staff members will complete TEACH for Success Facilitator Training.
   E. One or more HPDP program committee staff members will complete intensive Motivational Interviewing Training.
2. Conduct an environmental scan of internal and external HPDP resources and develop a process to routinely update the scan and communicate these resources to facility staff (including all CBOCs).
3. Integrate National and VISN HPDP program goals and objectives into Facility and PACT strategic plans.
4. Launch a communication campaign centered on the nine Healthy Living

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Messages and incorporate these messages into new patient and new staff orientation.

5. Provide TEACH for Success training to PACT staff. FY 11 target is 20 percent of all clinical PACT teamlet staff (i.e., MD, RN, and LPN).
6. Provide Motivational Interviewing training to PACT RN Care Managers. FY 11 target is 25 percent of all PACT RN Care Managers.
7. Establish a process to assess and monitor competency of PACT staff HPDP communication with Veterans.
8. Ensure that relevant Clinical Reminders for Clinical Preventive Services (screening, immunization, brief behavior counseling, and preventive medication) align with VHA Clinical Guidance Statements for Preventive Services. (See the following website for more information. **http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp**)*
9. System redesign or quality improvement teams are engaged for addressing performance gaps on External Peer Review Package (EPRP) prevention or health behavior-related measures.

Facility and VISN HPDP program leaders have been encouraged to go through the FY 11 HPDP program goals one-by-one, and discuss what they will need to do/buy/use etc., to accomplish the proposed goals. They have also been advised to share this information with their facility leadership to inform the prevention component of their facility spend plans related to funding received from the Office of Healthcare Transformation. The training provided by NCP will equip program leaders with information and tools to offer local training and support related to TEACH and Motivational Interviewing. NCP will provide additional guidance, tools, and resources to support the completion of a HPDP-related environmental scan and a communication campaign for the nine Healthy Living Messages.

Measuring Success

The Deputy Secretary's Operational Management Review team will use the following metrics to measure the progress and impact of the Preventive Care Program sub-initiative;

- Established HPDP committee or subcommittee structure in place and leaders identified as evidenced by:
  a) One or more staff member who has completed VACO-directed Health Promotion Disease Prevention Program Manager Orientation AND
  b) One or more staff member who has completed VACO-directed Health Behavior Coordinator Orientation
  - FY 11 Goal: 100 percent
- Established Facility HPDP program
  - Whether or not a facility is considered established is determined by whether or not a facility has met six of the nine FY 11 Facility HPDP program goals outlined above.
  - FY 11 Goal: 85 percent of facilities will have established HPDP programs.
- Percentage of patients who respond "usually" or "always" on item (#6) from the SHEP/CAHPS survey: "In the last 12 months, how often did you and a VA doctor or other health provider talk about specific things you could do to prevent illness?"
  - FY 10 National Baseline: 66 percent
  - FY 11 National Goal: 67 percent
  - Facility-level data available at the Office of Quality and Performance (OQP) website. The visual instructions, with screen shots, demonstrate how to access facility-level data and they are found at the

Veterans Health Administration (VHA) Vision Statement

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement.

It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

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following website (and are only accessible within a VA environment). **http://vaww.infoshare.va.gov/sites/prevention/HPDP_Facility_Programs/Shared%20Documents/CAHPS_Survey_Q6_Prevent_Illness.pdf***

- Percentage of patients who are routinely assessed and provided with interventions for health behavior change or disease management. Existing measures will be used to report this metric; however, some additional data sources will be explored to provide a robust and comprehensive picture. Currently, there are no mandatory national-level targets associated with these measures that are consistent with FY 11 Executive Career Field (ECF) Performance Plans.
  - Existing Measures:
    - SMG8 (Percentage of smokers who have been provided with brief smoking cessation advice).
    - SMG9 (Percentage of smokers who have been referred to smoking cessation treatment).
    - SMG10 (Percentage of smokers who have been offered smoking cessation medication).
    - MOV5 (Percentage of patients who have been screened for obesity and offered treatment).
    - MOV6 (Percentage of patients who have participated in MOVE!).
    - SA7 (Percentage of patients who have been screened for problem alcohol use).
    - SA17 (Percentage of patients who have screened positive for problem alcohol use and who have been referred to counseling in a timely fashion).
    - Percentage of increase in prescriptions for nicotine replacement therapy and tobacco cessation services (based on visits/utilization).
  - Pilot/Exploratory Measures:
    - Percentage of patients who have demonstrated an interest in increasing healthy eating habits and/or physical activity behaviors.
    - Percentage of increase in prescriptions dispensed for nicotine replacement therapy.
    - Visits/workload for tobacco cessation services.
    - Self-reported health behaviors or services received (from SHEP/CAHPS survey), which include the following:
      - pneumococcal vaccination (Q#46)
      - influenza vaccination (Q#43)
      - smoking prevalence (Q#47)
      - received advice to quit smoking (Q#48)
      - received advice to use medication to quit smoking (Q#49)
      - offered non-medication methods to quit smoking (Q#50)
      - Self-reported take aspirin daily (Q#51)
      - Self-reported health problem that makes it unsafe to take aspirin (Q#52)
      - Self-reported provider discussed the risks and benefits of taking aspirin to prevent heart attack or stroke (Q#53)

Conclusion

To operationalize the VHA Preventive Care Program Vision and thus contribute to the overall VHA Vision, local facility HPDP program goals must align with national HPDP Program goals and vision. NCP will continue to support facility HPDP program leaders with training, tools, and resources to build strong, evidence-based facility HPDP programs.

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MOVE! Program Evaluation Findings Released

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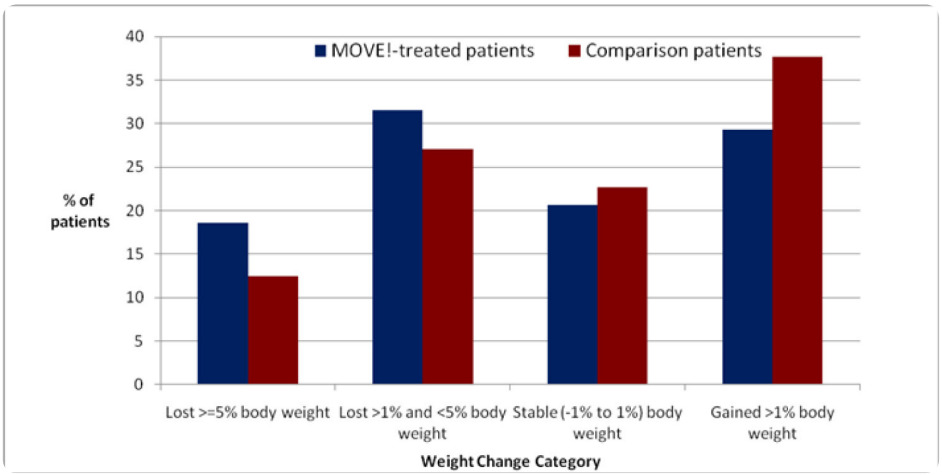
Two recent evaluations of the MOVE! Weight Management Program for Veterans were made available on the MOVE! Intranet website (access limited to VA staff at: **http://vaww.move.med.va.gov/nationalEvaluations.asp**).* VISN MOVE! Leaders, Chief Medical Officers, and MOVE! Facility Coordinators have been briefed on these findings.

The *MOVE! Best Practices Evaluation* used case studies at 22 sites to identify "best practices" related to achieving larger patient weight loss outcomes. We identified the use of a standard curriculum and group-based care delivery as key best practices. In addition, we identified four other combinations of practices that were associated with larger patient weight loss outcomes. A two-page summary, the full report, and a PowerPoint presentation are available at the intranet website (listed above).

The *MOVE! Facility-Level Patient Outcomes* evaluation compared patient weight loss outcomes for patients treated with at least 2 MOVE! visits compared to a group of similar, but non-treated patients at each facility (including CBOCs). The figure depicts weight change categories for MOVE! treated and untreated patients aggregated nationally.

The table provides additional findings. We found similar findings across all facility complexity levels and CBOC clinic sizes. A two-page summary, the full report, and a PowerPoint presentation are also available at the intranet website. Individual facility level results are also available at the intranet site.

Figure—Weight Change Category



Table—6 Month Outcomes

6 Month* Outcomes

Outcome	MOVE!-Treated Patients (N=31,854)	Non-MOVE! Treated Patients (N=71,725)
Mean Weight Change (lbs)	-3.6 (95% CI -3.9, -3.3)	-1.0 (95% CI -1.1, -0.9)
Mean Percent Body Weight Change	-1.5% (95% CI -1.5, -1.3)	-0.4% (95% CI -0.4, -0.4)†
Mean BMI change (kg/m^2)	-0.5 (95% CI -0.5, -0.5)†	-0.2 (95% CI -0.2, -0.2)†

*Baseline weight was the weight recorded in the medical record closest to the MOVE!-treated patient's first MOVE! visit date within +/- 30 days. Six month follow-up weight was the weight recorded in the medical record closest to 6 months after the MOVE!-treated patient's first MOVE! visit date within a window of +/- 60 days.

† Rounded to one decimal place.

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The Veterans Health Library

As a part of the National Center for Health Promotion and Disease Prevention's (NCP) Preventive Care Program, the Office of Veterans Health Education and Information (VHEI), has begun the preliminary work on the Veterans Health Library (VHL). KramesStaywell has been selected as the vendor to provide VHL content. The VHL will be integrated into the My HealtheVet portal, and the topics within the library will span the continuum of VHA health care delivery. The VHL will be available to Veterans and their family members in the community and in all VHA health care delivery settings regardless of the facility at which a Veteran receives care. Because the VHL will be available to family members, the information within will enable family members to support the Veterans' involvement in their own health care, to reinforce the behaviors required to promote health, and to help Veterans manage chronic and acute conditions.

The VHL will be available to Veterans and their family members in the community and in all VHA health care delivery settings regardless of the facility at which a Veteran receives care.

The VHL will provide Veterans and their family members with health education and information to help them:

- Promote their health and well-being.
- Prepare for clinical encounters.
- Understand their conditions and treatment plans.
- Communicate effectively with their health care team members.
- Partner with their providers and health care team members.
- Share in health care decision making.
- Self-monitor their conditions and guide their self-management.
- Prepare for transitions in care.

Krames offers a wide array of educational tools for patients and consumers as well as communication and teaching aids for caregivers. Krames robust library includes over 1,500 printed booklets and brochures, 3,300 factual HealthSheets, 400 patient education videos, and more than 2,000 drug information sheets, mostly available in both English and Spanish. The Library will also incorporate VHA-specific content. To begin the process of including VHA-specific content, we are currently surveying VACO clinical program offices regarding their existing health education content. In addition to offering offices the opportunity to include or link their existing content to the VHL, we will also help them develop new VHA-specific content in their specialty area via collaboration with Krames. The collaboration will help the offices to easily develop content that accommodates the health literacy and health numeracy needs of veterans and family members.

We are beginning the process of reviewing Krames existing content. This review will serve the following two purposes:

- To ensure the content is in accord with VA-DoD Clinical Practice Guidelines, NCP's Clinical Preventive Services Guidance Statements, and other VHA clinical policies and guidelines.
- To identify any gaps in content so that

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the resulting VHL will be comprehensive and cover the continuum of VHA healthcare delivery.

Initial announcements concerning the VHL resulted in a number of questions from the field. Although we are preparing a formal Frequently Asked Questions (FAQ), we are providing a summary of the issues raised and the responses to these issues.

What content will the VHL provide and how can we access the content?

KramesStaywell will provide a comprehensive, multimedia Veterans Health Library that will be part of the My HealtheVet portal. Once implemented, the VHL will be available to Veterans, family members, and VHA clinicians via My HealtheVet or the internet. The Veterans Health Library from KramesStaywell includes:

- 7,315 Health and Medication Information Sheets
- 434 Patient education videos
- 10 Multimedia, Interactive Online Disease Management workbooks called Go-to-Guides
- 148 Flash-based digital booklets featuring intuitive, page-turning functionality
- Interactive calculators and assessment tools

Most of this content will be available in English and Spanish.

The KramesStaywell content in VHL will be read only, meaning the content is fixed, such as one finds on a consumer health website. The VHL will also include exclusive content created specifically for Veterans that VHA subject-matter experts will develop in partnership with KramesStaywell.

Will Krames On-Demand (KOD) be included in the VHA contract with KramesStaywell?

VHL complements KOD, but VHL will not function as its replacement. KOD enables providers to select, personalize, print, and dispense targeted education for a patient at the point of care relevant to specific moments in care. KOD has functionalities that facilitate provider-driven information therapy and enhance clinician efficiency. A few of these functions include:

- Adding a patient's name to the education
- Adding patient-specific notes to the education
- Creating folders
- Creating custom documents in Custom Content Builder

Although the VHL shares many of the content assets of KOD, the VHL will be accessible by clinicians via My HealtheVet for patient counseling. The VHL is a tool that supports the clinicians' and Veterans' immediate needs for information as they define those needs. Local VAMCs should make decisions regarding their information need to contract for KOD at the point of care in addition to the VHL.

Many facilities' contract for Krames On-line (KOL), what are the differences between the VHL and KOL?

KOL and VHL are both consumer facing applications, and they both share many of the same content assets. However, the VHL includes additional features that are not present within KOL including:

- Veteran specific content developed exclusively for VHL that will not be in KOL.
- An interactive tool set including quizzes, calculators, and assessment that are not part of KOL.
- An advanced information architecture that, as noted above, will present content in a fashion that will enable Veterans to:
  - Prepare for clinical encounters
  - Understand their conditions and treatment plans
  - Communicate effectively with their health care team members
  - Actively partner with their provider and health care team members
  - Share in health care decision making
  - Self-monitor and self-manage chronic conditions
  - Prepare for transition to other areas of care

The VHL information design will offer a richer user experience than the alphabetical presentation of KOL.

Keep in mind; there may be reasons at the local level that the VAMC or VISN may choose to provide access to KOL for the Veterans they serve locally in addition to providing a link to the VHL via My HealtheVet from their local website. This decision will be a VAMC or VISN purchasing decision.

What will be done about existing facility or VISN contracts with Krames Staywell?

Permitting a facility or VISN to get out of an existing contract with KramesStaywell is a business decision KramesStaywell will have to make. KramesStaywell may not be in a position to simply forgive contracts. Local VA contracting staff are essential resources and should be the first points of contact regarding any discussions or

issues regarding existing contracts. Contact your local contracting staff prior to any discussion with KramesStaywell regarding existing contracts.

What is the anticipated VHL Launch Date?

VHL is scheduled to launch by the end of September 2011.

Will the Krames Patient Consent package be included in the VHA contract for the VHL?

The VHL will not include Krames Patient Consent content. VHA has previously made iMed Consent available to all facilities to facilitate and document the informed consent process.

Will the VHL make use of current social media?

VHA is committed to meet Veteran and family member needs for health information using a variety of delivery modalities. With that in mind, VHL's educational resources will be available in print, electronic, and multimedia formats as well as VHA-approved social media (such as texting, blogging, Twitter) and other emerging technologies. Library content will be developed and formatted to meet Veterans' health literacy needs and will also accommodate Veterans with physical and visual impairments.

Screenshot of Healthy People 2020 Website

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News

TEACH for Success

Since July 2010, the number of TEACH facilitators in VHA has grown from 145 to 400. Four TEACH Facilitator Training Programs were held in 2010, and another program will be held February 9 -11, 2011 in Dallas, TX.

Patient Education: TEACH for Success is a course for VA clinical staff that concentrates on face-to-face interaction between clinicians and patients. Classroom sessions use simulated patients and case scenarios to practice strategies and techniques designed for educating and coaching patients in brief encounters. The course's content is drawn from research studies on the most effective health education interventions. Within VHA, the TEACH program has been recognized as a major vehicle to provide training to PACT teams in patient-centered communication, health education, and health coaching skills.

Patient education is an essential component of health care delivery across the whole continuum of care (access, prevention, primary care, diagnosis, treatment, self-management, acute care, rehabilitation and long term-care). TEACH stresses applications in a variety of clinical settings.

Because all clinicians who provide care have patient education responsibilities, TEACH is designed as an interdisciplinary learning experience.

Veterans Health Education Coordinators (VHECs) are the lead facilitators and program managers for the TEACH course in each facility. Health Behavior Coordinators (HBCs) are co-facilitators of the TEACH course, and Health Promotion/Disease Prevention Program Managers (HPDP PMs) are also being trained as TEACH facilitators in order to provide support and serve as a resource for PACT team participation in TEACH. It is expected that 20% of all PACT teams will receive TEACH training in FY11.

Patient Education: TEACH for Success was created by the Office of Veterans Health Education and Information. It is co-sponsored with the Employee Education System which provides accreditation for the course, produces the instructional materials, and hosts facilitator training programs.

New NCP Staff

The VHA National Center for Health Promotion and Disease Prevention (NCP) is pleased to announce the appointment of **Margaret ("Peg") Dundon, PhD** as National Program Manager for Health Behavior, effective January 16, 2011. Peg is a Health Psychologist with many years of experience working in integrated primary care/mental health settings within the VA. Peg transferred to NCP from the VA Western New York Healthcare System in Buffalo, where she had been Director of Clinical Operations for the Center for Integrated Healthcare (CIH), one of the VA's Centers of Excellence. The CIH is dedicated to innovative delivery of behavioral health services through integration with primary care teams. In this role, Peg developed policies and procedures and helped to conduct systematic reviews of PC-MH integration efforts. Peg also was responsible for the VISN 2 Tobacco Use Cessation Program and was formerly VISN 2 MOVE! Coordinator. Peg collaborated with NCP to collect outcome data for MOVE! and also helped to develop web-based MOVE! training and the Tele-MOVE! initiative. She also co-led NCP-supported MI Training for MOVE! staff in national and regional meetings and developed a Tobacco Use Cessation Training Manual for Primary Care Providers that was disseminated by the VHA Office of Public Health Policy and Prevention. As National Program Manager for Health Behavior at NCP, Peg will play a key role in supporting Health Behavior Coordinators (HBCs), particularly in their efforts to provide MI training to PACT clinical staff. Peg will also work closely with other NCP staff to support aspects of the Prevention Program, one of the New Models of Health Care Transformational Sub-Initiatives. We are excited to have Peg on board in this key role. We also would like to take this opportunity to again thank Richard Harvey, PhD, who previously held this role at NCP and who is now serving in the role of HBC in Denver, CO, and also Ken Jones, PhD, NCP's National Program Director for Weight Management/MOVE!, who temporarily led the duties of the Program Manager for Health Behavior in August, 2010.

Jay Shiffler, is a Communications Specialist with the National Center for Health Promotion and Disease Prevention. His duties include assisting and advising staff at NCP on communications matters to include print, web and message refinement. He will manage communication activities for NCP and in support of T21. He joined NCP in October 2010 after finishing a 20-year career with the US Army as an Armor and Public Affairs Officer (PAO). Jay also served at Army Advertising where he assisted in the launch of the "Army of One" campaign which involved the integration of web, print and national television communication strategies. He directly supervised several award

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winning newspapers and magazines. In May of 2006, Jay deployed to Kuwait and later on to Iraq as a PAO and served as the principal communications advisor to generals and senior commanders.

CDC Study Finds Seat Belt Use Up to 85 Percent Nationally - Still, 1 in 7 adults do not wear a seat belt on every trip

http://www.cdc.gov/media/releases/2011/p0104_vitalsigns.html

Almost 6 out of 7 U.S. drivers surveyed report that they always wear a seat belt when driving or riding in a motor vehicle, according to a study released today by the Centers for Disease Control and Prevention. Seat belt use has become the national norm in most states, though rates of self-reported seat belt use vary widely from state to state, with a high of 94 percent (Oregon) and a low of 59 percent (North Dakota).

Still, every 14 seconds, an adult in the United States is treated in an emergency department for crash-related injuries.

"A simple step that most drivers and passengers in the United States already take—buckling their seat belts—cuts in half the chance of being seriously injured or killed in a crash," said CDC Director Thomas R. Frieden, MD, MPH. "Yet, about 1 in 7 adults do not wear a seat belt on every trip. If everyone in the vehicle buckled up every time, we could further reduce one of the leading causes of death."

VA Office Developing Innovative Patient-Centered Model of Care for Veterans---Dr. Tracy Williams Gaudet to Lead Office

http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=2034

WASHINGTON -- The Department of Veterans Affairs (VA) is creating a new office to develop personal, patient-centered models of care for Veterans who receive health care services at VA's more than 1,000 points of care across the nation. "VA has become one of the nation's leaders in quality health care and is increasingly cited as the standard to emulate," said VA Under Secretary for Health Dr. Robert A. Petzel. "However, we must always continue to find ways to deliver more with our systems to the incredible patients we are honored to serve. We need to be data-driven, providing the treatments and therapies with the best clinical evidence, and we need to be patient-centered, never losing sight that we have been given the noble mission to care for our nation's Veterans, families and survivors."

The new VA Office of Patient Centered Care and Cultural Transformation began operations on Jan. 17 and is based in Arlington, Va.

The office's director, Dr. Tracy Williams Gaudet, comes to VA from Duke University Medical Center where she has served as the executive director of Duke Integrated Medicine since 2001. Dr. Gaudet received her Bachelor of Arts and medical degrees from Duke University.

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News

Celebrating Five Years of MOVE!

January 2011 marks the fifth anniversary of the MOVE! Weight Management Program for Veterans. Over the past five years, more than 300,000 Veterans have participated in MOVE! to lose weight, become more physically active and improve their health. Developed in 2005 by the VHA National Center for Health Promotion and Disease Prevention (NCP), in collaboration with staff in the field, MOVE! is an evidence-based weight self-management program that has rapidly become the largest weight management program offered by an integrated health care system. Annually, 95% of targeted Veteran outpatients have been screened and offered MOVE! if needed. Looking at the reportable weight loss numbers, it is estimated that MOVE! participants have lost a total of more than 300 tons of weight, which is roughly equal to the weight of 90 Hummer H2 vehicles or 3 US Navy Nimitz class aircraft carriers!

MOVE! promotes self-management support, empowering motivated Veterans to take an active role in managing their weight and improving their health. Fundamental features of self-management support include: (1) an emphasis on the Veteran's role in managing his or her own health, (2) the use of effective strategies (such as assessment, goal-setting, action-planning, problem-solving, and follow-up), and (3) connection of Veterans to resources within and outside the VA. MOVE! also provides effective tools to help Veterans manage their weight and reduce their risk for weight-related illness.

To celebrate the fifth anniversary of MOVE!, the national MOVE! team has created a press release, posted messages on the MOVE! and NCP websites, and will be recognizing all who have played a role in MOVE! over the past five years.

We are grateful to all who have contributed to the success of MOVE! and we invite others to join us in celebrating five years of MOVE!

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CALENDAR *of* EVENTS

NCP Conference Call
2nd Tuesday of the month
1:00pm ET
1-800-767-1750, access #18987
• Upcoming calls—February 8, March 8

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
•Upcoming calls—February 8, March 8

Veterans Health Education Hotline Call
4th Tuesday of the month
1:00pm ET
1-800-767-1750, Access Code 16261
• Upcoming calls—February 22, March 22

Health Promotion/Disease Prevention Conference Call
1st Tuesday of the month
1:00pm ET
1-800-767-1750 access code 35202
• Upcoming calls—February 1, March 1

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
• Upcoming calls—April 12

VHA National Center for Health Promotion and Disease Prevention (NCP)
Office of Patient Care Services
Suite 200, 3022 Croasdaile Drive Durham, NC 27705

NCP MISSION

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

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www.prevention.va.gov

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