

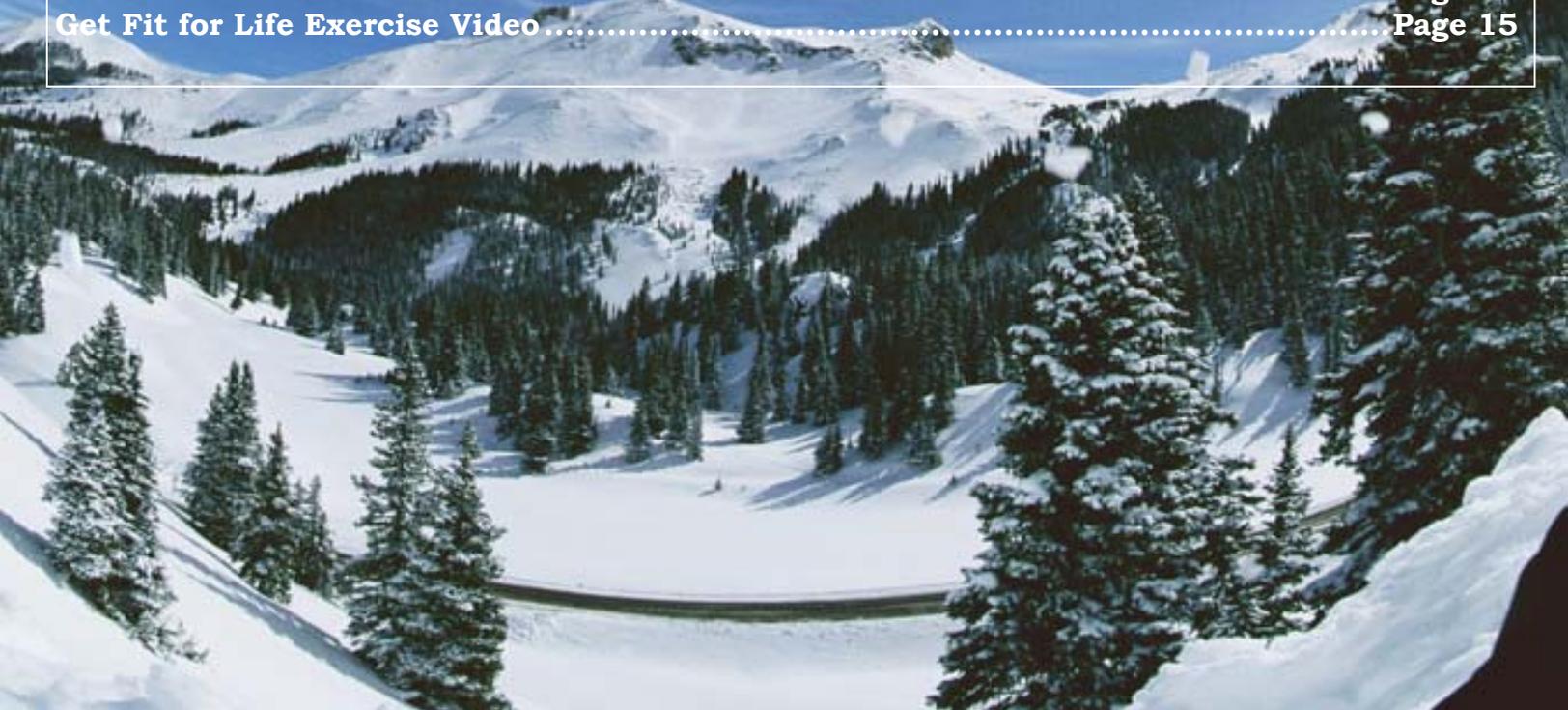
Health *POWER!* Prevention News

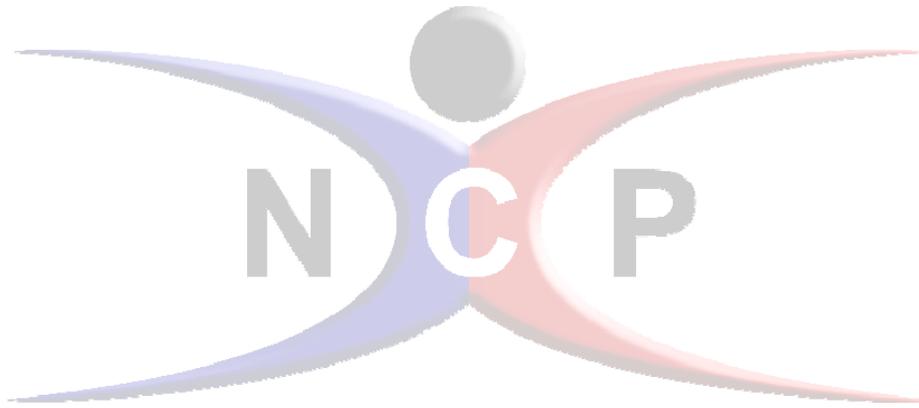
Winter 2007



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Calendar of Events:

October

October 9-12, 2007—AAHC Conference, Charleston, SC—Rose Mary Pries, Pam Hebert

October 17-18, 2007—Community Preventive Services Task Force, Atlanta, GA—Leila Kahwati

October 20-25, 2007—Obesity Society Meeting New Orleans, LA—Ken Jones

October 29-30, 2007—Carey Awards Address, Washington, DC—Richard Harvey

November

November 1-2, 2007—VISN 19 MOVE! Meeting, Denver, CO Ken Jones

November 8-9, 2007—HUSV Presentation, Orlando, FL—Linda Kinsinger

November 15 16, 2007—USPSTF Meeting, Rockville, MD—Linda Kinsinger

November 27-29, 2007—Prevention Summit, Washington, DC—Pam Del Monte

November 28 29, 2007—PMFAG, Washington, DC—Rose Mary Pries

December

No scheduled events

HAPPY HOLIDAYS!

NCP Mission Statement

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

Visit our website

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

Linda Kinsinger, MD, MPH Director, VA NCP



Fostering a Prevention Culture in VHA

Earlier this month our Center invited a management consultant team in to help us look at the culture within the office – what's it like to work here, what's the environment? This management team has worked with a number of VA medical facilities over the years and so has a good understanding of how things are typically done in VA. In our case, we weren't trying to fix an existing problem within the office; instead we wanted to understand these issues so that, as we plan for new and continuing projects and hire new staff, we're sure that we have a healthy, supportive community environment that allows us to all work together in a productive way. Fostering the right work culture is a key factor in employee satisfaction and productivity.

Fostering a culture for prevention across VHA should also be a goal for all of us. Such an environment would impact both patients and employees in positive, healthy ways. Is there a "prevention culture" in VHA? If not, what should a "prevention culture" look or feel like and how could it be created? Edgar Schein, an organizational psychologist who has written extensively about the factors that build culture within an organization, lists among the primary factors: 1) what leaders pay attention to, measure, or control; 2) what leaders deliberately role model, teach, and coach; and 3) leader criteria for recruitment, selection, and promotion. Secondary factors include: 1) organizational design and structure; 2) organizational systems, policy, and procedures; and 3) design and layout of physical space, among others. It's useful to consider these factors as we think about the extent to which there is (or isn't) a prevention culture within VHA.

Some of the factors supporting a prevention culture are already in place. Many of the performance measures that have been in place from the beginning are prevention-related – preventive services, such as cancer screening, smoking cessation counseling and immunizations, that have been shown to improve patients' health outcomes. Leaders certainly pay attention to these. Although there's much room for improvement, these measures have been instrumental in increasing the delivery of preventive services to veterans. The fact that there is a VA National Center for Prevention speaks to the factor of "organizational design and structure" that fosters a prevention culture. A number of systems, policies, and procedures are in place to promote and support the delivery of preventive care to veterans.

But could we do more to foster a prevention culture? Yes, without a doubt! Initiatives such as the current

Champions' Challenge, co-sponsored by the Veterans Canteen Service and NCP, as a part of the HealthierUS Veterans program, provide an opportunity for "leaders to deliberately role model, teach, and coach" about the value of being physically active. (I'm including all of us as "leaders" here!) Many of you have come up with incredibly creative and fun ways to put this and similar initiatives in place. Keep up the good work!

Several facilities and networks are beginning to fund full-time positions for Prevention, MOVE!, HealthierUS Veterans, and other Coordinators. Establishing those positions is a clear demonstration of the value leadership places on health promotion and disease prevention. Given the large and growing burden of chronic (but, in part, preventable) disease among our patient population, putting staff, programs, and resources into evidence-based prevention only makes sense.

Building dedicated patient education areas, providing gyms for patient and employee use for physical activity, and making stairwells attractive to encourage their use are all ways that facilities can design their layouts to say, "We care about your health and want to make it easy for you to stay well."

Management Associates, the group that visited NCP recently, talked about the visible ways organizations demonstrate their culture: through their actions, behaviors, procedures, and policies. But they noted that there are also less-visible, often unstated, ways that organizations indicate their culture: through their values, beliefs, attitudes, and assumptions. To really have a strong prevention culture within VHA, we need to be sure that these factors are aligned with prevention throughout the organization.

A healthcare system in my area used to have the advertising tag line, "Keeping you well and well informed." They no longer use that line but I think it's still a good one. We want to foster a culture of prevention within VHA that is obvious to both our veteran patients and families and our employees as soon as they walk in our doors. They should know and feel that we're here to keep them well and well informed!

NCP Personnel Changes



Greg Moore

As mentioned in the Fall edition, recruitment was initiated for the position of Deputy Director for Administration when Dave Pattillo was selected for an Associate Director position at the Augusta VAMC. We are pleased to announce that Greg Moore has been selected for this position. Greg comes to NCP from the Durham VA Medical Center where he served as the Chief, Human Resources Management Service. Greg has been in the Human Resources profession since 1985 and has served in Human Resources roles at several VA Medical Centers during his career. Additionally, from 1998 to 2002, Greg served as the Senior Consultant for Training and Development Associates, Inc., Lexington, KY, conducting leadership development programs and behavioral simulations. Greg is a certified mediator and a Certified Senior Professional in Human Resources (SPHR) by the Society for Human Resources Management (SHRM).

Brenda Tuttle was recently selected for the position of Staff Assistant. She came to NCP in October from USDA with over 20 years of civil service. She moved to North Carolina with her husband (Bob) over two years ago. Brenda has worked with various agencies in the states and overseas areas and have seen the multicultural and diversity during her civil service years. She says that she has gained a wealth of knowledge and experience working with the government and enjoys learning from them. Brenda comments, "I am thankful for the opportunity to work with NCP and hope to learn more about the agency."

Miami VA Medical Center's 100 Mile Club: Have you walked your mile today?

By Sophia Hurley, MSPT



Congratulations to the more than 180 employees and veterans who have registered for the 100 Mile Club (Champions Challenge) thus far. There is still time to register! The deadline is November 30, 2007. Visit the Patient Education/Employee Wellness office at A-901 and pick up registration packet OR the Website for the Champions Challenge and register on-line at <http://www.move.va.gov/challenge.asp>

Log your daily miles and bring your log sheet to the Patient Education/Employee Wellness office at milestones of 25, 50, and 75 miles to receive your VCS Scratch off ticket and then again at 100 miles to register your completion, get a scratch off and register for the national raffle contest. Pedometers are still available to help you track your steps/miles. You will want to shoot for about 3000 steps per day or 20 minutes of moderately fast walking to reach a mile. You can walk/roll at work or at home. For questions or more information contact Patient Education/Employee Wellness office at extension 4377.

Champions Challenge—VAMC Miami, FL



Champions
Challenge
Kickoff
Clarksburg, WV



Champions
Challenge
Kickoff
Hampton, VA

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



The Evidence on Pedometers

Pedometer use has exploded over the last decade, thanks to increased attention to the health benefits of regular physical activity, including walking. They have become a frequent giveaway at health fairs, health promotion events, and health professional organization meetings. I personally accumulated 3 different pedometers over the past year, and that doesn't even count the pedometers that I regularly end up with during the course of my work here at NCP. A Google™ search on the term "pedometer" turned up 5,800,000 hits. Many of these are commercial sites selling the latest pedometer gizmo, but others discuss the benefits of using pedometers along with walking tips and other more general information about physical activity. So, it might be surprising to hear that the evidence on the benefits of using pedometers hasn't been well-synthesized.

Despite the numerous websites that extol pedometer benefits, fundamental questions exist:

Do pedometers result in increased physical activity (as compared to just physical activity advice, counseling, or nothing)?

If patients use a pedometer, do they have to aim for 10,000 steps per day? What is so special about this threshold?

Who benefits most from using pedometers?

Fortunately, a new systematic review that appeared in the November 21, 2007 issue of JAMA provides answers to these questions.

The authors conducted this systematic review to assess whether pedometer use was associated with increases in physical activity and improvements in health among adult outpatients. This review:

- included 26 studies (20 conducted in the US or Canada, and 2 each conducted in Europe, Japan, and Australia)
- involved 2,767 participants (mean age 49, 15% men, 93% white)
- included both RCTs and observational study designs
- included only studies evaluating pedometers in adult outpatients (as opposed to community

dwelling adults); some included studies targeted only patients with diabetes, obesity, or other chronic conditions for which physical activity is beneficial.

The 26 included studies varied with respect to their intervention characteristics. Many included step goal-setting (either individualized or target-based, like 10,000 steps/day), the use of a step log or diary, and some provided activity counseling. Five of the 26 studies were conducted in the workplace. Intervention duration was highly variable with a mean intervention length of 18 weeks (range 3 - 104).

The review findings are as follows:

- The activity level of participants at baseline was 7,473 (sd 1385) steps per day. This is a level considered as "low active" (sedentary is typically defined as < 5,000 steps/day).
- Pedometer use increased physical activity by a little over 2,000 steps per day. This is equivalent to about 1 mile per day. *[Summary effect estimates from RCTs is an increase of 2004 steps/day (95% CI 878, 3129), the estimate from observational studies is an increase of 2183 steps/d (95% CI 1571,2796)]*
- Pedometer use resulted in the following changes in health outcomes:
 - Reduction in BMI of 0.38 kg/m² (95% CI -0.02, -0.72)
 - Reduction in BMI was not associated with change in steps/day
 - Reduction in systolic blood pressure of 3.8 mmHg (95% CI -1.7, -5.9)
 - No significant changes in cholesterol, triglycerides, or fasting glucose
- Participant and intervention characteristics that were significantly associated with increased physical activity included the following:

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- Use of step goal setting
- Use of a step log or diary
- Intervention in a setting other than the workplace
- Younger age
- Lower baseline level of activity
- Participant and intervention characteristics that were not significantly associated with increased physical activity included the following:
 - Sex, race/ethnicity, baseline BMI
 - Intervention duration
 - Use of physical activity counseling

This review has one major limitation in that the outcomes reported represent outcomes measured immediately after the intervention, and the long-term durability of these increases in activity and improvements in health remain unknown. In terms of generalizability to our VA population, the review population was younger, predominantly female, and probably had a higher baseline level of activity to begin as compared to our population. We may not find similar results in our population.

How do these findings help to answer my original questions?

Do pedometers result in increased physical activity (as compared to physical activity advice or nothing)?

Pedometers used with step goal setting and step logs or diaries can result in increased physical activity, at least in the short term. The key here is that the gadget alone is not enough but must be coupled with self-monitoring (step diary) and goal-setting, which we already know are key strategies for successful health behavior change.

Pedometer use is also associated with some improved health outcomes, mainly BMI and systolic blood pressure. While the reductions in systolic blood pressure were modest (~ 4 mmHg), recall that, at the population level, every 2 mmHg reduction translates to a 10% reduction in stroke mortality. Since the decrease in BMI was not associated with an increase in steps per day, the causal pathway is not entirely clear. It could be that pedometer users either increased non-walking types of physical activity, reduced caloric intake, or both.

If patients use a pedometer, do they have to aim for 10,000 steps per day? What is so special about this threshold?

This study suggests that the actual step goal used doesn't matter. Individualized goals worked just as well as target-based goals like universal 10,000 steps per day (~ 5 miles). The 10,000 steps/day goal historically derives from Japanese walking clubs of 30 years ago and is not a goal that was derived from studies that evaluated health benefit associated with this goal. While more recent studies have found that 10,000 steps per day is probably a reasonable target for classifying individuals as "active", its use as a universal goal probably underestimates the activity needs of children and probably overestimates what is a reasonable activity target for the elderly, very sedentary, and those with multiple, limiting, chronic conditions. Research suggests that setting smaller, more achievable goals is more likely to lead to success and that relative increases in activity are at least as beneficial as attainment of any absolute target.

Who benefits most from using pedometers?

Younger patients and those who are more sedentary seem to have the greatest benefit from using pedometers.

Much of the pedometer literature to date has been conducted in young, community-dwelling adults with limited applicability to clinic patients. This high-quality review conducted using studies that only included outpatients and which used analytic techniques to ensure robustness of findings and minimize bias provides solid evidence to support the use of pedometers to increase physical activity in clinic as well as community settings.

Here are some resources to help you recommend the use of pedometers to increase physical activity for patients able to walk.

Prescription for Health Rx pads for use in helping patients set step goals:

Available from the VA Supply Depot (VA Form # P96164) through your local facility forms officer. Also available at the [HealthierUS Veteran Website](http://www.healthierusveterans.va.gov/PrescriptionForHealth/PrescriptionForHealthPedometer.pdf): <http://www.healthierusveterans.va.gov/PrescriptionForHealth/PrescriptionForHealthPedometer.pdf>

Patient Guide To Using Your Pedometer available at the MOVE website: http://www.move.va.gov/download/Resources/Brochure_MOVE_Pedometer.pdf

VHA Prosthetic Clinical Management Program (PCMP) Clinical Practice Recommendations for Pedometers (<http://www.move.va.gov/download/Resources/CPRFinalPedometers.pdf>)

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



Healthy People

Healthy People is an expansive disease prevention and health promotion initiative led by the US Department of Health and Human Services that gives the country clear health promotion and disease prevention objectives. It is written in such a way that groups can come together, combine efforts and work as a team to achieve health objectives. Healthy People 2010 builds on Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (1979), which provided some initial national guidelines for reducing premature deaths and preserving independence for older adults. In 1980, Promoting Health/Preventing Disease: Objectives for the Nation established 226 targeted health objectives for the Nation to achieve over the next 10 years. Healthy People 2000 (1990) provided 319 specific objectives for the nation. The Healthy People 2010 initiative provides guidance and goals to improve health from 2000 to 2010.

The development of Healthy People is a collaborative effort. Input from scientists and public health experts from the government, academia and the private sector, state health, mental health, substance abuse and environmental organizations and agencies was part of the development process. The draft was shared in national meetings, regional meetings, and via an interactive website and feedback solicited.

Healthy People is a systematic plan to improve the health of individuals and communities. It provides a comprehensive picture of the nation's health, identifies threats to our health, establishes goals and measures progress. There are two overarching goals in Healthy People 2010. Goal 1 is to increase the quality and years of healthy life, to help all individuals of all ages to increase life expectancy and improve quality of life. Years of healthy life is defined as the estimated average amount of time spent in optimal health. Quality of life reflects a general sense of happiness and satisfaction with our lives and environment. Goal 2 is to eliminate health disparities among different segments of the

population. Health disparities are defined as health differences based on age, gender, ethnicity, income, education, geographic location, disability and sexual orientation. Progress in achieving these goals is measured via 467 objectives in 28 focus areas, ranging from access to quality health services, environmental health, immunizations, physical activity, and tobacco use, to name but a few.

National, state, local and private sector programs support Healthy People. HealthierUS, Steps to a HealthierUS, and the Guide to Clinical Preventive Services are some of the national programs that support Healthy People. Many states have state Steps programs and other state public health initiatives that seek to improve the health of constituents.

Midway through each decade, there is an assessment of the status of the objectives. The primary purpose of this review is to identify significant trends and gaps and to determine whether objectives are moving toward or away from targets. In 2005, the midcourse review revealed 158 objectives that could not be assessed, 28 objectives dropped and 281 with data. Of those, 29 objectives met or exceeded the target, 138 moved toward the target, 17 had no change, 40 had mixed progress and 57 moved away from the target.

The Leading Health Indicators are to measure the health of the nation. Each of the 10 Leading Health Indicators has one or more objectives from Healthy People 2010 associated with it. The Leading Health Indicators are overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, access to health care. These overlap with VHA performance measures.

Several VHA initiatives and programs are in place that dovetail and support the Healthy People 2010 Objectives. I'll mention just a few.

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HealthierUS Veterans is a joint initiative of the Department of Health and Human Services and the Department of Veterans Affairs. Its aim is to educate veterans, their families and their communities about the health risks of physical inactivity and overweight/obesity. To increase physical activity, HealthierUS Veterans developed and is disseminating the Get Fit for Life physical activity DVD for veterans. At present more than 35,000 veterans, employees and others are activity participating in the 100-day Champions' Challenge. Activities for Employee Health and Fitness Day and VA's participation in the 2007 HealthierFeds Challenge promoted and encouraged physical activity.

MOVE! Weight Management Program for Veterans is an evidence-based, patient-centered weight management program with a comprehensive focus on behavior, nutrition, and physical activity. *MOVE!* is in place in every medical center and many community-based outpatient clinics. Many facilities have *MOVEmployee* programs in place for employees.

VA has a long history of counseling and treating veterans for tobacco use cessation. As was presented on December's Prevention call, the number of veterans who use tobacco continues to decrease.

Vaccines are among the greatest achievements of the 20th century. Each of us in the clinical and prevention arena is very familiar with the VA's immunization

efforts. As you read this issue of HealthPOWER, VA is in the midst of the 2007-2008 Seasonal Influenza Campaign.

The development and writing of Healthy People 2020 has already started. Healthy People 2020 marks the 4th time the Department of Health and Human Services has developed 10-year health objectives. There are 2 focus areas. The primary focus is on risk factors and determinants of health. The secondary focus is on diseases and disorders. There will be an emphasis on public health priorities including health information technology, preparedness and prevention. The current work focus is on the framework and objectives development. The Healthy People 2020 objectives will be finalized in 2010. If you are interested in learning more about Healthy People 2020, you can subscribe to the listserv at: <http://www.healthypeople.gov/Contact>. For information about Healthy People 2010, visit <http://www.healthypeople.gov/>.

Healthy People provides opportunities for individuals to make healthy lifestyle choices for themselves and their families. It challenges us as clinicians to put prevention into our practice. It challenges communities and businesses to support health-promoting policies in schools, worksites and other settings.



Champions Challenge—Danville, IL



Champions Challenge—Indianapolis, IN

Welcome Home Celebration—VAMC Durham, NC November 3, 2007

The VA Medical Center in Durham, North Carolina, hosted a special Welcome Home Event for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans and their families. Booths and exhibits were set up in various locations at the hospital. Health benefit information, health screenings, and flu shots were offered to visitors. In addition, community and educational resources, employment opportunities, and children's activities were among the features of the program.

The Welcome Home Celebration began at 9:00am. From 1:00pm—2:00pm, lunch was provided. Activities came to a conclusion with a musical concert performed by the Durham Community Concert Band.

VA NCP was invited to set up a booth and display table to share some of our activities and resources

related to the HealthierUS Veterans Initiative and the MOVE! Weight Management Program. We provided a "Welcome Home" kit that included brochures, a lanyard, exercise band, hand wipes, refrigerator magnet, grocery list pad and pedometer. In addition, other items such as MOVE! calendars, one-page fact sheets, and booklets on healthy eating were also provided.

This event provided an opportunity to learn about the different services we (and our veteran service providers) offer for our newest veteran population.

More than 150 visitors attended this event, in addition to the many VA employees who volunteered their time and effort in order to make this event successful. We look forward to participation in future events.



NCP Booth



Linda Kinsinger



Pam Hebert with VAMC
Durham staff member

***MOVE!* Update**

Ken Jones, PhD

Program Manager for *MOVE!*



As 2007 winds down and 2008 begins, it is a good time to take stock of where we are with *MOVE!*

Where we have been: In 2000, NCP was asked to develop effective weight management interventions for use in primary care. A survey at that time indicated that only 40 of the 200 or so medical centers reported having weight management programs. The NIH *Clinical Guidelines for the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults* were used to tailor a program for implementation in VA. Patients and staff at 17 VA facilities piloted the use of the materials and gave us key feedback in revising the materials. In 2005, VISNs 2, 8, and 23; several of the pilot sites; and a number of individual medical centers agreed to launch *MOVE!* early. Again, we responded to key feedback from the field in revising our tools. In 2006, *MOVE!* was launched nationally and supported by toolkits, web-based tools, the *MOVE!23* to assess and individually tailor care, and on line training. The provision of weight management care, consistent with the *MOVE!* model, is now mandatory at all VA facilities in accordance with VHA Handbook 1101.1.

Where we are now: To date, over 80,000 patients have received *MOVE!*-related care. To achieve this level of participation, we estimate that 1.2-1.6 million veterans have received weight-related risk counseling and offered participation in *MOVE!*. The culture of VA is changing in positive ways to support *MOVE!*. For example, body mass index (BMI) is now in the vital signs, the vast majority of patient records show data on measured height and weight (this was not the case just a few years ago), and many facilities or VISNs have begun to designate FTEEs in support of *MOVE!*. Two new Supporting Indicators for *MOVE!* are now in place. The first one assesses whether patients are being screened for obesity on the basis of BMI and offered *MOVE!* if appropriate. The second Supporting Indicator examines the percentage of patients receiving *MOVE!* care from among those who are eligible for

MOVE! care.

MOVE! has benefited from the promotion of the HealthierUS Veterans (HUSV) Initiative, through which the Under Secretary of Health and Secretary have very actively promoted *MOVE!*. In collaboration with the Veterans Canteen Service, over 40,000 pedometers were distributed and 35,000 patients and staff signed up for the 100 Mile Champions' Challenge this fall. New bariatric surgery centers are actively preparing to seek accreditation and begin treating patients. *MOVE!* received the President's Circle Nutrition Education Award from the American Dietetics Association Foundation. A new VA/Department of Defense (DoD) Clinical Practice Guideline (CPG) for the identification and management of overweight and obesity was released, and the team developing a toolkit to support the CPG primarily used tools developed to implement *MOVE!*. The DoD further adopted *MOVE!* as the obesity treatment model for military treatment facilities that are not yet offering weight management care. These are strong endorsements of *MOVE!* that followed intensive scrutiny on the empirical basis of the program. During the last year, the *MOVE!* team has developed new handouts and revised some older handouts. Our support materials for group treatment have been greatly enhanced, and we integrated these with content from the Diabetes Prevention Project.

Where we are going: Despite remarkable progress in just a few years, a large challenge lies ahead. Estimates now show that over 70% of the heroes we serve are overweight or obese. This places a large segment of our patient population at risk for early death, weight-related diseases such as diabetes, and impaired quality of life. While we have made great strides, we are still serving only a fraction of patients who could benefit from *MOVE!*. Over the next year, the *MOVE!* team will be contributing to training activities to enhance healthcare providers' skills in communications regarding weight. Clinical research shows that

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communication training can assist in increasing the numbers of patients who agree to enter care, complete program modules, and successfully make changes that reduce risk. These are not easy treatments for obesity, but patients typically know they are overweight or obese. Patients also know what they need to do to get their weight under control. Where we can help is assisting patients in setting goals, monitoring their progress, and enhancing their skills in problem-solving. We can also serve a critical role as touchstones to assist patients in staying engaged in their self-management programs.

To support the demands of providing adequate levels of ongoing contact, the *MOVE!* team at NCP will be working to develop regional call centers that can efficiently and effectively support care. We will be exploring options for online tracking and support in conjunction with contact from the healthcare team. Our team has developed *MOVE!* content for integration with the home messaging devices developed by the Office of Care Coordination and an

expert panel from across VA has reviewed and improved this content. After obtaining feedback from patients on these materials, we will work with OCC to make these tools available for patients with metabolic syndrome or recently diagnosed diabetes.

Healthcare providers asked us to develop *MOVE!* several years ago in response to a growing awareness that they were treating patients for disorders like diabetes, hypertension, lower extremity joint disorders, and sleep apnea that were clearly secondary to obesity. We now have an evidence-based program with many resources to guide clinicians in this process. The *MOVE!* team will continue to explore and expand resources to facilitate the support for our patients who are obese or overweight. We also encourage all providers to actively participate in inviting patients to work on their weight through *MOVE!*, to support patients in their efforts, and to serve as models for our own self-management of weight and fitness. To quote an old naval term, this requires an "all hands on deck" effort.



Melanie Erskine, VA Pittsburgh *MOVE!* Coordinator/HUSV POC/VISN 4 HUSV POC/lead with Ron Connelly, Director of Allegheny County Veterans Affairs at first WALKATHON, held on October 20. Approximately 100 attendees: veterans, veteran families, employees, employee families, and a representative from Congressman Altmire's office (PA04).

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



In the fall of 2007, VHEI collaborated with the Employee Education System on the purchase of books on health education for VAMC libraries. To guide your reading selections, here is a brief summary of each book. If you know of other references that might be of interest to staff involved in patient/health education, please contact VHEI by notifying Dr. Pam Hebert, (919) 383-7874 ext 249 or pam.hebert@va.gov.

Health Behavior and Health Education: Theory, Research and Practice (3rd edition). This text is a major resource for more in-depth knowledge in the theory, research and practice in the field of health education. Theories related to individual behavior change and factors internal to individuals that influence their response to health promotion and disease prevention programs are reviewed. The strength of this book is its ability to translate theory into practice. Also included in this book are examples of how theory is incorporated into program design, implementation and evaluation.

The Silent World of Doctor & Patient. Jay Katz offers compelling stories about the need for a more open doctor-patient relationship regarding the shared decision-making process. Patients need to be actively involved in decisions regarding their treatment preferences. Physicians should present cogent information not only to encourage dialogue but to help patients make better decisions. The book explores historical, institutional, and psychological barriers to the doctor-patient relationship. Because of medical advances and sophisticated technology, Katz highlights the need for even more dialogue between patients and their health care providers.

Managing Health Education and Promotion Programs: Leadership Skills for the 21st Century. This dynamic text explores the skills needed to manage health promotion programs in the current complex environment of healthcare. The basic skills of budgeting, fiscal accountability and planning are reviewed. The book also emphasizes the need for marketing plans to assure the effective launch of health promotion programs. One of the more unique features of this book includes the focus on technology and its relationship to current health issues. Incorporating information management and telecommunications as critical components of program development is crucial for success. This book also contains case studies, in-basket

exercises, and discussion questions to promote self-directed learning in management and leadership.

Cultural Competence in Healthcare. Research continues to link health and illness behavior to culture. Culture manifests itself in all aspects of patient-hood:

- How disease is perceived,
- What causes it,
- How it is experienced,
- What is communicated about it to family and health care providers, and
- What interventions are acceptable.

While this book is written with a Canadian flair, its foundations are applicable to systems like our own. Chapter 1 lays the foundation for exploring definitions and dimensions of cultural competence. Chapter 2 reviews the theoretical perspectives of culture and examines everyday misconceptions and myths about culture. Chapters 3 & 4 develop the Culture Care Framework to assist healthcare providers bridge the gap across cultures to become more patient-centered. This book also contains a series of practical suggestions for learning more about this subject thru the use of discussion boxes entitled, "Cultural Competence in Action." These learning prompts are very helpful and easy to locate in the book.

Making the Patient Your Partner. This book provides clinicians with an opportunity to improve their communication skills with patients. Many diseases or conditions today are chronic, requiring patients to assume an even greater role in managing their health. Along with the physical demands of taking care of themselves, the patient and his or her family member often ride a roller coaster of emotions. Patients expect and want members of their health care team to: respect, trust and support them no matter where they are in their illness.

Care-giving involves more than listening. This book describes how a "Relationship Model" can enhance and improve the therapeutic relationship. Several chapters of this book concentrate on meeting the needs of patients with chronic and life-threatening illness.

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Other topics of interest include:

- Conflict resolution,
- Exploring the meaning of disease,
- Helping patients cope, and
- Communicating with patients who have a terminal illness.

While some of the topics in this book may be familiar to health care providers, it helps to have them reviewed or refreshed in an effort to reach an even higher level of skill in communicating with patients.

How Doctors Think. In a story-telling manner, Dr. Jerome Groopman tackles a very sensitive subject- how stereotypical thinking, quick judgments, and inattention to what the patient is saying can lead to incorrect diagnosis and thus inappropriate treatment. This book offers insight to both physicians and patients on how to “heal” the rift that occurs when either party is not in tune with the other. An important addition to this book is that

Groopman provides patients with questions they can use to assist their physician in making a more accurate diagnosis. These techniques can also be implemented to improve the quality of the interaction between patients and their physicians, thus leading to increased satisfaction on behalf of both parties.

Promoting Treatment Adherence. One of the key ingredients in the treatment process is the cooperation of the patient with prescribed medical regimens. This handbook reviews current research in this field and offers practical techniques for promoting adherence. Health care providers will find this book helpful in developing a better understanding of the critical issues surrounding treatment adherence as well as techniques to use with patients to promote cooperation with medical treatment. Case studies are presented in the book to elucidate how theory can be applied to clinical practice. The authors reinforce the findings that merely giving information to patients may not be sufficient to produce behavioral change.



Champions Challenge—Prescott, AZ

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



Stress—The Hidden Risk Factor

The stress associated with the holidays may be over and gone now, but that doesn't lessen the impact of excessive stress on our health and well-being. Stressful environments and constant demands upon us seem to be ubiquitous in our busy lives. Although short periods of stress don't appear to have any major impact on our health, they make us uncomfortable and do have an impact on our feelings of well-being. Excessive stress that continues on a long term basis, however, has been shown to be associated with a variety of adverse health and related outcomes. These include cardiovascular disease, susceptibility to infectious disease through lowered immunity, poorer wound healing, digestive disturbances, headaches, backaches, fatigue, anxiety, depression, and post traumatic stress disorder, among others. Stress exacerbates the effects of other risk factors, and may lead to overeating, excessive alcohol consumption, and smoking, for example. There is an increasing body of evidence that points to long term stress as a primary risk factor as well as a secondary or contributing factor. Some reports have indicated that up to 60%-70% of visits to a primary care physician are for stress-related maladies.

Excessive stress interferes with clear thinking, memory, concentration, and creativity, and may affect relationships with others. Stress at work is a common complaint. Stress is known to lower productivity and morale in work settings, lead to longer periods of disability, and to higher absenteeism. The National Institute for Occupational Health and Safety has helpful information about work stress available at http://www.cdc.gov/niosh/blog/nsb120307_stress.html.

Given all of these deleterious outcomes on health, well-being, work, and overall functioning, why isn't stress more readily acknowledged as a risk to health and well-being? One reason is that

stress is "hidden". Although people may complain to each other about their stress, they don't often mention to their physicians. Many people are simply not aware of the relationship between stress and health, even if they do know that it affects their well-being in various ways. Stress is difficult to measure because it is subjective, which also makes it hidden. There are no reliable lab tests to detect long term stress. Long term stress is not simple to treat, and many health care providers do not know how to treat it and certainly do not have sufficient time to do so even if they did know how. As a result, it is not often acknowledged in health care settings.

Feeling stressed comes from complex physiological, psychological, and emotional reactions to "stressors" that make physical and psychological demands on a person. Reactions to stressors are highly individualized. Although there is no evidence that platitudes such as "Do everything with a sense of joy" are effective in reducing stress over the long run, more intense work on stress reduction can be very effective. One major approach is to eliminate as many of the stressors in the daily environment as possible. At work, changes in noise, lighting, or ergonomics may be helpful, as well as needed changes in task demands, work schedules, or supervisory practices. Similarly, stress-producing interactions between and among family members may be improved through clearer communication, understanding, and compromise, with or without the assistance of family/marital counseling.

The other major approach is to teach people stress reduction skills, which virtually all require frequent and sustained practice. A primary skill is learning to become deeply relaxed on demand. This skill is easily taught, and becomes automatic with frequent practice. A relaxation recording is available at <http://www.prevention.va.gov/W.asp>. Increased physical activity reduces stress and should be strongly encouraged. Stress-provoking thoughts, beliefs, and

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attitudes are common sources for stress reactions and can be neutralized by learning to recognize them and substitute more adaptive thoughts. Stress related to time demands can often be attenuated through time management techniques. Interpersonal stress is often the result of ineffective communication. Training (and practice!) in assertive communication skills addresses this source of stress, and often improves peoples' self confidence, self-efficacy, and social functioning. Others skills include those related to improving sleep ("sleep hygiene"), finding ways to experience more pleasure in life ("pleasuring skills"), and learning how to more effectively solve life problems ("problem-solving skills").

Stress control is a critical part of wellness. We should endeavor to include substantive stress reduction components in all our employee wellness programs.

HealthierUS Veterans Initiative Get Fit for Life Exercise DVD

The HealthierUS Veterans "Get Fit for Life" exercise DVD is now a reality. The project started with a concept a little more than a year ago and was completed this autumn. The Get Fit for Life DVD features a full exercise program and more. The format allows participants to choose from chapters for a complete and personalized workout. The exercise portion of the DVD starts with a warm-up and progresses to aerobic activity, strength and balance for beginners, intermediate strength training, stretching and cool-down. Additional chapters include introductions by former Secretary R. James Nicholson and fitness expert Denise Austin; myths, tips and facts and chapter introductions by Heather French Henry, Miss America 2000; a demonstration of how to get onto and up off the floor; and information regarding using the DVD and getting started with physical activity. Inspirational stories from veterans who have positive health gains from increased physical activity conclude the DVD. With its easy to follow instructions and demonstrations, clinicians and veterans can use the DVD in a group or veterans can use it in the comfort and privacy of their home. Accompanying the DVD is a 20-page companion booklet with supplementary information about the health benefits of physical activity and an activity log for use.

The Get Fit for Life DVD is the result of collaborative efforts of the Office of Veterans Communication, the National Center for Health

Promotion and Disease Prevention, the Employee Education System and numerous dedicated VA clinicians who participated with script writing and provided oversight of the taping.

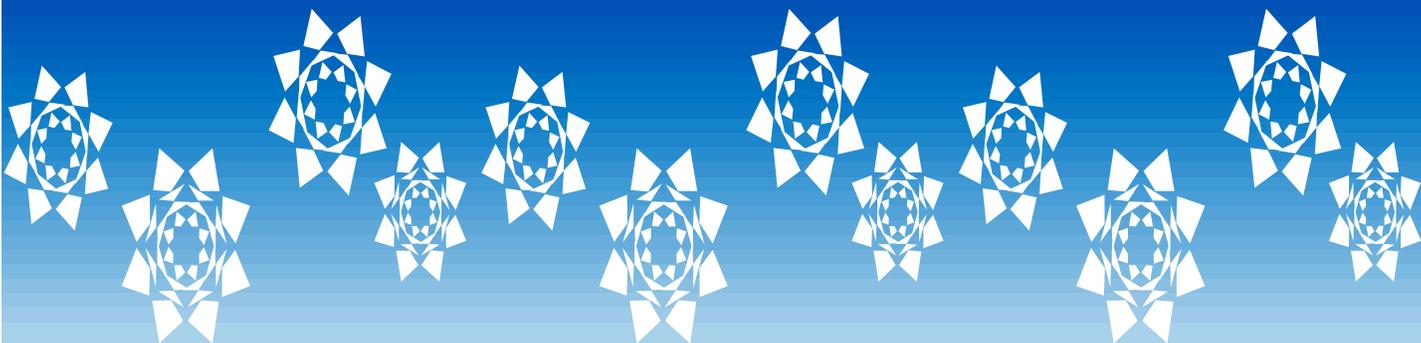
Nearly 100,000 copies of the DVD were printed. Get Fit for Life is being shipped to Facility *MOVE!* Coordinators and to HealthierUS Veterans VISN points of contacts. Some copies have already been delivered and the remainder is scheduled for delivery in early January. Additional copies are to be stocked at the Hines Distribution Center.



Pictured: VAMC Boston *MOVE!* staff wearing Boston Steps T-Shirts at their Champions Challenge Kick-Off. Photo submitted by Linda Cameron, VISN 1 Chief Operations Officer



Seasons'
Greetings



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Office of Patient Care Services

Putting Prevention Into Practice in the VA