



Health **POWER!**

Prevention **News**

Fall 2006

Anniversary Edition:
*“Celebrating 10 Years of
Prevention News”*

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Calendar of Events

NCP was represented at the following meetings:

- USPSTF Meeting** — July 13-14, 2006 (Dr. Kinsinger)
- Primary Care/Preventive Medicine Conference**
(Alexandria, VA) — July 18-20, 2006 (7 NCP staff)
- DoD Weight Management IPT** - July 23-25, 2006
(Dr. Jones)
- VA Senior Management Leadership Conference**
(Las Vegas, NV) - August 28-31 (2 NCP staff)
- Health Education Meeting** (Salem, VA) - September
7, 2006 (3 NCP staff)
- SOTA Conference on Chronic Care**—September 13-
15, 2006 (Dr. Kinsinger)
- HUSV In-service and Meeting** (Washington, DC) -
September 26—27, 2006 (4 NCP staff)

Future events:

- Community Task Force** (Atlanta, GA) - October 18-
19, 2006 (Dr. Kahwati)
- NAASO**—October 20-24, 2006 (Dr. Kahwati)
- Metabolic Syndrome Conference**—October 25-27,
2006 (Dr. Jones)
- CPEN Conference** (St. Louis, MO) - October 25-27,
2006 (Dr. Pries)
- National Prevention Conference** (Washington, DC)
- October 26-27, 2006—(Dr. Kinsinger)
- HDR Summit** (Washington, DC) - November 2-3,
2006
- AMSUS** (San Antonio, TX) - November 6-8, 2006
- USPTSF Meeting**—November 13-14, 2006 (Dr.
Kinsinger)

NCP Mission Statement

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

Linda Kinsinger, MD, MPH Director, VA NCP



A Brief History of Evidence-Based Clinical Prevention and the NCP

This edition of HealthPOWER! Prevention News marks the tenth anniversary of a regular newsletter from the National Center for Health Promotion and Disease Prevention (which we informally shorten to NCP). It's a good time to stop and look back at our history to trace the beginnings of clinical prevention and the NCP.

Let's start our journey back way before there was an NCP, back about a hundred years ago to the early days of clinical prevention, that is, preventive services provided in clinical settings (as opposed to prevention in public health, which has been in practice for hundreds of years). Early in the 20th century, some physicians believed prevention was the answer for all health problems (the "evangelists"). For example, they claimed that if every person had a physical exam regularly, treatable abnormalities would be found in nearly everyone that would improve their health. The idea of the annual physical became well entrenched (and persists today).

In the 1960's and 1970's, other physicians looked closely at these claims and found that very few patients actually had clinically important abnormalities found on physical examination. These physicians doubted the effectiveness of this effort and challenged the idea of prevention at the individual level (the "skeptics").

In the latter 1970's and 1980's, prevention progressed beyond both evangelism and skepticism to become more evidence-based. First in Canada and then in the US, expert groups were established to critically evaluate preventive activities to make recommendations for medical practice. The Canadian Task Force on the Periodic Health Exam and the US Preventive Services Task Force carefully established criteria and reviewed a large body of research to make recommendations for preventive care based on the evidence. Thus, prevention

became one of the first areas of medical care to base its recommendations for practice on published evidence that activities work (or do not work).

Randomized controlled trials (RCTs) to evaluate clinical preventive services have been done for many years. The study of the Salk polio vaccine, conducted in the mid-1950s among hundreds of thousands of 1st and 2nd graders, remains the largest RCT ever done (and without informed consent, as we know it today!). The first mammography RCT began in 1963 at the Health Insurance Plan in New York and an early trial of colorectal cancer screening using fecal occult blood testing was launched in 1975. Lung cancer screening trials were started in the 1970s at several academic centers. Observational studies have also been used in prevention; one early example is the 1952 publication by Doll and Hill on the risks of smoking, based on outcomes among British physicians.

Delivery of evidence-based clinical preventive services in VA began in earnest in the 1980s. In 1983, a public law authorized VA to provide preventive health services to veterans. As a result of the legislation, VHA organized Field Advisory groups and task forces to oversee and monitor the delivery of preventive services. Facilities were required to appoint prevention coordinators. Then in 1992, Congress established a national center for prevention. The legislation specified that it would be a field-based program office of VACO, rather than located in Washington. Facilities were asked to submit proposals for the Center and the proposal from Durham was selected, so it opened there in 1995.

The Center began with a staff of three: Director Dr. Robert Sullivan and two others. A year later,

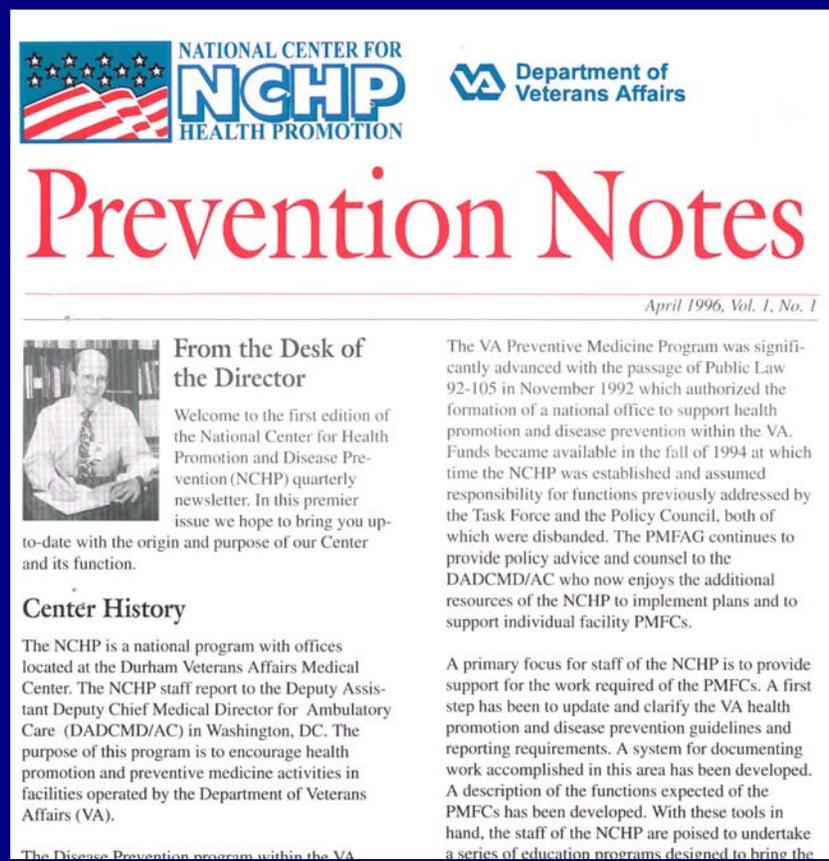
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the staff had grown to eight and the first Preventive Medicine conference was held in Las Vegas, in collaboration with patient health educators. A Handbook and Program Guide were published, along with 3 editions of a newsletter, "Prevention Notes." From 1997 to 1999, the Center conducted the Veterans Health Survey annually, a survey about receipt of preventive services by veterans. A national summit on the role of prevention in VA was held in 1998, attended by 25 nationally-known experts in the field. For several years in the late 1990's, a prevention conference was organized in conjunction with Patient Education and/or Primary Care.

A focus on weight management began in 2001, with a presentation at a primary care conference in San Diego by a panel of VA clinicians who had developed successful local weight management programs. Interest from the field for a comprehensive program generated the spark that led to the development of *MOVE!* Dr. Steve Yevich served as Director from 2001 to 2005 and built up the number of staff, from a low of 5 at the start of his term to the current level of 17.

NCP has maintained a strong interest in the broad field of evidence-based clinical prevention since its beginning. The newsletter has changed its name over time but it continues to be an attractive and informative compilation of news about NCP and prevention activities across VHA. Congratulations and Happy Birthday to HealthPOWER! Prevention News! We look forward to many more in the years to come.



**NATIONAL CENTER FOR
NCHP
HEALTH PROMOTION**

**Department of
Veterans Affairs**

Prevention Notes

April 1996, Vol. 1, No. 1

**From the Desk of
the Director**

Welcome to the first edition of the National Center for Health Promotion and Disease Prevention (NCHP) quarterly newsletter. In this premier issue we hope to bring you up-to-date with the origin and purpose of our Center and its function.

Center History

The NCHP is a national program with offices located at the Durham Veterans Affairs Medical Center. The NCHP staff report to the Deputy Assistant Deputy Chief Medical Director for Ambulatory Care (DADCMD/AC) in Washington, DC. The purpose of this program is to encourage health promotion and preventive medicine activities in facilities operated by the Department of Veterans Affairs (VA).

The VA Preventive Medicine Program was significantly advanced with the passage of Public Law 92-105 in November 1992 which authorized the formation of a national office to support health promotion and disease prevention within the VA. Funds became available in the fall of 1994 at which time the NCHP was established and assumed responsibility for functions previously addressed by the Task Force and the Policy Council, both of which were disbanded. The PMFAG continues to provide policy advice and counsel to the DADCMD/AC who now enjoys the additional resources of the NCHP to implement plans and to support individual facility PMFCs.

A primary focus for staff of the NCHP is to provide support for the work required of the PMFCs. A first step has been to update and clarify the VA health promotion and disease prevention guidelines and reporting requirements. A system for documenting work accomplished in this area has been developed. A description of the functions expected of the PMFCs has been developed. With these tools in hand, the staff of the NCHP are poised to undertake a series of education programs designed to bring the

*First edition of NCP's newsletter
(formerly "Prevention Notes") -
April 1996*

Pamela Del Monte, MS, RN, C Program Manager for Field Communications



The 2006 National Primary Care/Preventive Medicine Conference *Patient Centered Care in Primary Care Settings* was held July 18-20 in Alexandria, Virginia, a suburb of Washington DC.

The conference was well attended, with nearly 300 participants. Congratulations to the planning group who put together a well planned and exceptionally comprehensive program.

Tuesday's highlights included one of Dr. Perlin's last presentations as the VA Under Secretary for Health. He highlighted many of the positive changes in VA health care including *MOVE!* and Employee Wellness programs. Due to some last minute schedule changes, participants were treated to an OQP update from Lynnette Nilan. She gave a comprehensive synopsis of changes in the FY 2007 measures.

Tuesday afternoon provided several choices of concurrent sessions. The Preventive Medicine track offered 2 best practice sessions: Immunization and Colorectal Cancer Screening. A joint session on Employee Wellness programs and *MOVE!* Employee was also offered. Tuesday ended with the Poster Reception. Nearly 50 posters were displayed on a vast variety of topics. During the reception, NCP staff distributed prevention and *MOVE!* related materials. NCP distributed 1,000 "2006 Preventive Care Timeline" exam room posters from AHRQ. The 2006 edition of the Employee Wellness Digest was also available in hard copy and on CD.

Wednesday's program was wide-ranging. Plenary sessions in the morning included an update on Primary Care, Women in the Military, Poly-Trauma and Evidence-Based to Clinical Practice. Dr. Linda Kinsinger, Director NCP presented a Preventive Medicine Update. In her address, she touched the prevention related activities we in VA do well and those that we could do better. She also addressed the accomplishments of NCP. In closing, Dr. Kinsinger addressed a vision for the "ideal" preventive care system. Wednesday afternoon afforded another varied selection of concurrent sessions. The Preventive Medicine track offered *MOVE!* Overview and Problem Solving, *MOVE!* Best Practices panel discussion and



At the Primary Care/Preventive Medicine Conference:
From left to right—Dr. Linda Kinsinger, Dr. Gerald Cross,
Dr. Jonathan Perlin, Dr. Madhu Agarwal

MOVE! Data Capture.

Thursday's plenary sessions focused on Battle Mind Training, TIDES (Translating Initiatives for Depression into Effective Solutions), and Advanced Clinic Access. The closing session provided the group an in depth look into the VA's response to hurricane Katrina, which was both moving and sobering.

As always, there was too little time and so much to learn. Those that attended will probably agree, it was exhilarating and exhausting.

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HealthierUS Veterans

The HealthierUS Veterans initiative continues to gain momentum. Briefly, HealthierUS Veterans is a collaboration between the Department of Veterans Affairs and the Department of Health and Human Services, focusing on obesity and diabetes. The mission/charge of the initiative is to: Improve healthy eating and physical activity among veterans and family members to reduce the risk of obesity and diabetes. Three overall goals for the initiative have been identified. They are:

1. Integrate the HealthierUS Veterans message into VAMC activities and incorporate into policy and programs.
2. Reach out to non VA veterans and family members.
3. Promote and establish community partnerships re obesity and diabetes.

On Tuesday, September 26, 2006 the HealthierUS Veterans initiative was presented to VACO staff. Secretary R. James Nicholson addressed the group discussing the issues of overweight, obesity and diabetes in the veteran population that we serve. He emphasized the need to provide veterans with the tools, information and help they need to enjoy the freedom of being healthy. Mr.

Nicholson also highlighted one of the components of the initiative. Holding his *MOVE!* pedometer and the Prescription for Health, he gave an example of potential clinician/veteran dialogue addressing weight, BMI and increasing activity.

Following the Secretary, Dr. Linda Kinsinger presented an overview of the initiative. She addressed the obesity and diabetes epidemic in the US. She also highlighted the 5 components of the initiative: Promotion of the *MOVE!* Weight Management Program; Prescription for Health, Fitness Challenges; Partnerships with Steps to a HealthierUS and the Fit for Life Volunteer Corps.

Ellen Bosley, Director of Food and Nutrition Service then gave an overview of nutrition and exercise. There was a very informative presentation on Portion Distortion by Shari Kerns, RD (VAMHCS) and one on Ethnic Cuisine, the Healthy Way by Barbara Hartman, MS, RD (Martinsburg, WV). Lucille Lisle, RT (Washington DC) led the group in some physical activity and stretching exercises.

Later that afternoon, the co-chairs for the initiative met to review progress to date and further develop the strategic plan.

For more information about the initiative, please visit the HealthierUS Veterans website at www.healthierusveterans.va.gov.



Primary Care/Preventive Medicine Conference



Secretary Nicholson presents HealthierUS Initiative

Prevention Calls

A quick reminder – the monthly Prevention Conference Calls are scheduled for the 2nd Tuesday of the month @ 1PM Eastern. The next call is scheduled for Tuesday, October 10th. The main focus of the call will be an update on the 2007 Performance Measures. If there are topics you'd like to see featured on the calls, please contact Pam Del Monte at Pamela.DelMonte@va.gov.

Need a fun way to increase or maintain your physical activity?

How about a Fitness Challenge? It's easy and can help keep you motivated. For those that are active or not active, fit or not as fit as we could be, the President's Challenge can help. HealthierUS Veterans has partnered with the President's Council on Physical Fitness and Sports in promoting the President's Challenge. Challenge yourself and others. Think about forming a group to challenge another group for example, Clinic A vs. Clinic B or clinicians vs. administration.

Registration and participation is easy. Click here to begin the registration <http://www.healthierusveterans.va.gov/FitnessChallenges/Default.asp>.

Mary Burdick, RN, PhD, transitions to new role in PCS

On August 10, 2006, NCP staff recognized the contributions of Mary Burdick, RN, PhD, with a certificate of appreciation and commemorative obelisk as she began transitioning to her new role in PCS. Dr. Burdick began working with Stanlie Daniels in the Strategic Planning and Measurement Office, just after the Prevention/Primary Care conference in July.

Dr. Burdick is one of three "almost-original" NCP staff members. She joined NCP in 1997 and served as Chief of Staff for 3 years (2002-2005). While at NCP, she worked with 3 different Center Directors, and witnessed as many, if not more, VACO leadership changes.

Dr. Burdick has always had a "passion for prevention" and was able to put that passion to good use during her tenure here at NCP. Her initial role was as Field Liaison, where she worked closely with Prevention Coordinators and participated in many prevention

practice and education endeavors. She has helped shape Prevention policy, interpreted USPSTF recommendations into VA practice, and served as the primary prevention contact with the field. She has maintained a guiding hand in Wellness, coordinated and published (in NCP's newsletter) several surveys determining the numbers and types of such programs in place throughout VA, and guided the Center in formation of the Wellness Advisory Council.



In addition to coordinating the prevention aspects of the joint conference mentioned above as one of her final NCP duties, Dr. Burdick, as the "senior statesperson", also pulled together key historical facts detailing the history and evolution of NCP. That document served as the source document for the Director's recap of the 10th anniversary of HealthPOWER!

Although her roles/duties have changed, Dr. Burdick will continue to "reside" at NCP and her contact information remains the same.

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



NCP Offers Two New Health Promotion Products!

The NCP strives to provide useful health promotion and prevention tools to clinicians and others throughout the VHA. We are pleased to present two exciting new tools posted on the VA intranet NCP website. The *MOVEmployee!* implementation manual is now posted under the Employee Wellness Resources tab, as well as the Wellness Toolkit. Similar versions will appear on the NCP internet website as well.

The *MOVEmployee!* implementation manual describes recommended strategies for starting and conducting a *MOVE!* program for employees. The *MOVEmployee!* program represents an organized way of adapting the *MOVE!* program materials and protocols for the benefit of employees.

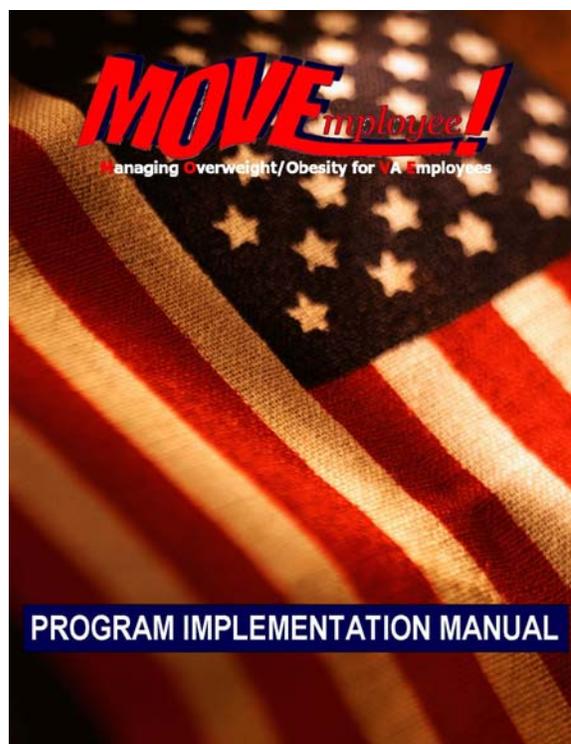
Although interest in starting such a program has been strong, many concerns have been expressed about the lack of available employee time and resources necessary for doing so. Accordingly, the manual describes a variety of possible formats for providing weight management assistance to employees. These range from simply making employees aware of the availability of *MOVE!* materials for their own self-management use, to actually conducting formal treatment in either group or individual formats, or both.

The manual also presents some of the pros and cons for administrative alternatives, along with possible solutions for each. Tasks for the coordinating committee are described, as well as recommended program components, marketing strategies and other useful information. Feedback on the *MOVEmployee!* manual is welcome; please address your comments to richard.harvey3@va.gov.

The Wellness Toolkit has as its core a "VHA Employee Wellness Program Start-Up Guide" which was prepared by the NCP Employee

Wellness Advisory Council with primary authorship by Brenda Burdette, assisted by Pam Chester. In a fashion similar to the *MOVEmployee!* manual, this Guide describes effective strategies and processes for starting and maintaining an employee wellness program. It details the steps involved, the necessary organization, the establishment of a Wellness Coordinator and a team, recommended program components, program evaluation, and much more. It should prove to be a valuable resource to those interested in employee wellness.

Further, the Toolkit includes numerous addendums such as a list of ideas for employee wellness activities, a library of wellness messages, a health fair planning guide, samples including a wellness proposal, policy, and strategic plan, numerous templates, and a wellness resource list. A number of additions to this toolkit are planned and will be posted as they become available. Feedback on the toolkit and suggestions are welcome as well, addressed to richard.harvey3@va.gov.



Office of Veterans Health Education & Information

VA Patient and family focus groups identified information and education as components of high quality healthcare. Informed, educated patients are also critical from a clinician perspective. This function is also a key element of patient-centered care and Eight for Excellence Initiatives 1.2, 3.1 and 8.1.

The Institute of Medicine report, *Health Literacy—A Prescription to End Confusion* notes modern health systems, complicated treatment regimens and the need for patient self-management all place complex demands on patients. Patients often don't understand their health situation, treatment and discharge plans and medications. Informed and educated patients are better able to participate in their care, actively self-monitor and self-manage and share in healthcare decision making. This is especially important for patients with chronic diseases. It offers enhanced quality of life and the likelihood of improved health outcomes.

As Principal Deputy Under Secretary of Health, Dr. Michael Kussman established a Health Education and Information (HEI) Task Force under the aegis of the Office of Patient Care Services. The HEI Task Force:

- Assessed current HEI programs and services in VHA
- Identified areas of improvement, and
- Recommended actions to address identified needs

It determined certain needs would only be addressed via greater coordination to enhance efficiency, cost-effectiveness and clinical outcomes. This would permit VHA to improve service to veterans, capitalize on its leadership in quality healthcare and current investment in health education and information. Patient readiness to learn is a familiar concept. VHA's level of interest, staffing and resource commitment to health education demonstrate organizational readiness to take a systems-approach to HEI.

In response to Task Force recommendations, the Office of Patient Care Services recently formed the Office of Veterans Health Education (VHEI). The close relationship between health education and health promotion made placing VHEI in the National Center for Health Promotion and Disease Prevention (NCP) in Durham, NC a natural choice. VHEI will:

- Identify opportunities to strengthen and improve health education services for veterans and their caregivers
- Set VHA priorities for health education and information based on identified needs & high prevalence or costly conditions with input from the Secretary and Under Secretary for Health, VACO Offices, VISNs and VAMCs
- Promote health education services in the context of patient-centered care throughout the VHA healthcare continuum (access, prevention, primary/ambulatory care, acute care, self-monitoring and self-management in the home, long-term care and referral to community resources)
- Identify and promote innovative, evidence-based models to deliver effective health education services
- Collaborate with other VACO offices to assess, develop, and implement policies, guidance, and programs
- Assist VAMCs and clinicians with the tools and strategies to more easily meet JCAHO and other community standards of care, for example, the American Diabetes Association Education Recognition Program
- Promote system supports to deliver effective, efficient health education services and ensure they are realistic and compatible with VHA healthcare delivery
- Encourage a healthcare delivery environment that welcomes & supports a more engaged patient

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- Collaborate with the VACO Office of Research Health Services Research and Development section to study various approaches for providing state-of-the-art health education to our veteran patients as well as to understand and support "best practices."

VHEI will couple products and resources with evidence-based educational strategies and communication techniques. Patients want consistent health education resources which can be tailored to their needs and contain specific information regarding both their health care teams and facilities. Tailoring to VISN and VAMC adoption strategies is also important. VHEI will develop efficient distribution mechanisms to meet field needs. To encourage therapeutic relationships and shared decision-making in time-limited encounters, clinicians need resources that are appropriate for veterans and easily available.

Health education and information is an integral component of VHA healthcare delivery. Creation of the Office of Veterans Health Education and Information permits VHA to build on its leadership in quality improvement and use of the electronic medical record. VHEI will be able to demonstrate how health education and information can promote the therapeutic relationship between patients and clinicians, facilitate access, improve healthcare delivery and enhance both patient and clinician satisfaction.

VHEI will soon form a Coordinating Committee composed of VACO Programs and Offices, VISN and VAMC staff as an on-going advisory group.

VHEI staff include Rose Mary Pries, DrPH, as Program Manager (extension 250), and Pam Hebert, DrPH, as Health Education Coordinator (extension 249). Please contact them at (919) 383-7874 to discuss your ideas and suggestions.



Rose Mary Pries, DrPH
Program Manager



Pam Hebert, DrPH
Health Education Coordinator

***MOVE!* Update**

Ken Jones, PhD

Program Manager for *MOVE!*



At the time of writing this update, over 27,000 veterans have asked to receive *MOVE!*-related care. The hard work of VA staff in providing this support for weight self-management is readily apparent.

Toolkit Evaluation. Thanks to the many of the *MOVE!* Facility Coordinators for completing our survey on the *MOVE!* Toolkit. The survey was conducted six months following the release of the toolkit, at a point where most facilities would have already used the Toolkit in launching the program. Over 90% of respondents reported the Toolkit as being helpful in launching the program. The vast majority of respondents reported the Toolkit as having a "Wow" factor.

Coordinators reported that they would like to have additional Patient Starter Packets, a revised *MOVE!* Calendar, patient certificates, color *MOVE!* brochures and posters and *MOVE!* ink pens. The vendor who produced our Toolkit has attempted to place some of these items in the GSA Catalogue, but this effort has not been successful to date. We do have these resources on our website for local reproduction.

In support of *MOVE!*, NCP is producing a revised *MOVE!* Calendar for 2007. We will mail out 100 calendars to each VAMC in late November or early December. The vendor for this product will also produce locally tailored versions, if local funding is available. Contact our office if you want this information.

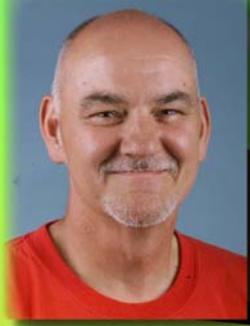
***MOVE!*23 Revision.** Shortly after press time for this HealthPOWER!, the *MOVE!* team will have launched a revision of the intranet version of the *MOVE!*23. This revision is designed to significantly decrease the amount of information that staff need to type by: abstracting more information from CPRS or the internet version of the *MOVE!*23; streamlining the process; improving the instructions; and adding an option to send reports to CPRS as historical notes so that they do not require the entry of encounter information.

Annual Report. The *MOVE!* handbook specifies that Facility Coordinators will report on *MOVE!*-related activity annually by October 31. The formal prompting to complete the summary will come from VISN leadership. Guidance on completing the report is available from NCP.

***MOVE!* Co-payment Waiver.** Approximately one year ago, Patient Care Services, at the recommendation of NCP, initiated a process to change the federal regulation so that co-payments for *MOVE!* related individual and group visits could be waived. After extensive review by VHA, Dr. Perlin, then Under Secretary of Health, signed a recommendation to waive the co-payment. The regulatory amendment has been drafted and has been forwarded to the Secretary for review. The proposed amendment includes text that will make this rule effective on an interim basis at the date of publication in the Federal Register rather than following a period of review.

***MOVE!* Team Staffing Changes:** Tracey Bates, RD, MPH, LD, has completed her appointment with *MOVE!*. The *MOVE!* program has benefited from her expertise in Communication and Marketing as well as her knowledge as a dietitian. In October, Karen Crotty, PhD will be rejoining the team and we welcome Sejal Dave, formerly a Tampa VAMC dietitian, to the *MOVE!* Team.

A Veteran Marine *MOVES*



My name is Charlie [redacted] and at age 53 I've learned that you can indeed teach an old dog new tricks... my doctor told me of a program they were starting to help overweight veterans called Motivate (Managing) Overweight Veterans Everywhere and asked if I'd be interested in learning more about it... I registered in at 222 lbs...

"A Veteran Marine *MOVES* Along His Road to Success"

Excerpts from written testimony by Charlie [redacted] former Marine
Author: Tammy Anthony, MD, MOVE Coordinator, Syracuse VA Medical Center, Syracuse, New York
Presenter: Margaret Dundon, Ph.D., VISN 2 MOVE Coordinator
July 2006



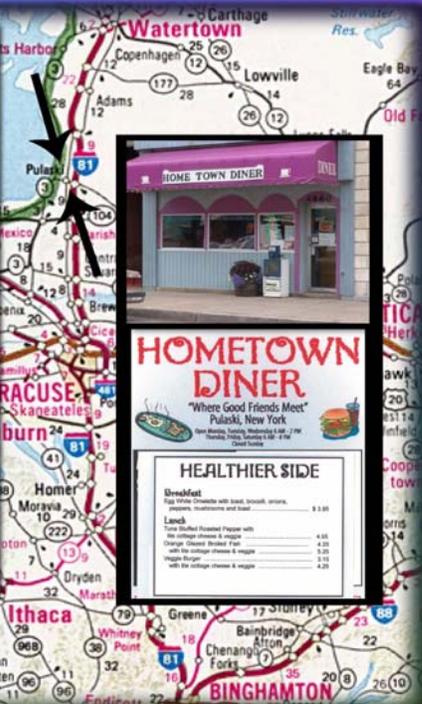
...one of my Marine buddies nicknamed me "Tubby"...



Along His Road to Success



I drive a truck for a living and my wife is a co-owner of The Hometown Diner in Pulaski, N.Y. Patrons of the diner noticed changes in my size and shape and began inquiring what they could do. In an effort to help them, my wife incorporated some of our style of eating to the menu. Selections such as egg white omelets stuffed with veggies and whole-wheat toast. Don't like eggs, try some old fashioned rolled oats with fruit and nuts. Perhaps you arrive at lunch and rather have a grilled chicken salad or tuna stuffed roasted pepper or tomato. Please don't turn up your nose at our broiled orange glazed haddock until you try it. Try replacing that fat laden burger with one of the best veggie burgers you'll find. Still aren't satisfied, try a nice chicken wrap, all items made before your eyes.



I registered in at 222 lbs and as of date, I'm 181 lbs!

You can change your eating habits. Through education obtained in the program, my blood pressure is down, and my cholesterol level is lower without medications than it was with it. MOVE works for me and if you will be honest with yourself, it will work for you. Move to me has been better than sliced bread-whole wheat of course- and peanut butter-natural that is.

The entire program is based on a gradual lifetime reform and education, not some fad diet that fades away in a few months at best. Setting goals for ourselves is one way we keep ourselves on track, but goals must become a purpose.



Through the encouragement of the MOVE staff and by the grace of God, I've been able to regain my life both physically and mentally. Search out the nearest MOVE program in your area and ask God for the strength and participate with an open mind and next time I'll read your testimony.

Semper Fi,
Charlie



52 Proven Stress Reducers

1. Get up fifteen minutes earlier in the morning. The inevitable morning mishaps will be less stressful.
2. Prepare for the morning the evening before. Set the breakfast table, make lunches, put out the clothes you plan to wear, etc.
3. Don't rely on your memory. Write down appointment times, when to pick up the laundry, when library books are due, etc. ("The palest ink is better than the most retentive memory." – Old Chinese Proverb)
4. Do nothing which, after being done, leads you to tell a lie.
5. Make duplicates of all keys. Bury a house key in a secret spot in the garden and carry a duplicate car key in your wallet, apart from your key ring.
6. Practice preventive maintenance. Your car, appliances, home and relationships will be less likely to break down/fall apart "at the worst possible moment."
7. Eliminate (or restrict) the amount of caffeine in your diet.
8. Procrastination is stressful. Whatever you want to do tomorrow, do *today*; whatever you want to do today, do it *now*.
9. Plan ahead. Don't let the gas tank get below one-quarter full, keep a well-stocked "emergency shelf" of home staples, don't wait until you're down to your last bus token or postage stamp to buy more, etc.
10. Don't put up with something that doesn't work right. If your alarm clock, wallet, shoe laces, windshield wipers – whatever – are a constant aggravation, get them fixed or get new ones.
11. Allow 15 minutes of extra time to get to appointments. Plan to arrive at an airport one hour before domestic departures.
12. Be prepared to wait. A paperback can make a wait in a post office line almost pleasant.
13. Always set up contingency plans, "just in case." (If for some reason either of us is delayed, here's what we'll do..." kind of thing. Or, "If we get split up in the shopping center, here's where we'll meet.")
14. Relax your standards. The world will not end if the grass doesn't get mowed this weekend, if the sheets to be changed on Sunday instead of Saturday, etc.
15. Pollyanna Power! For every one thing that goes wrong, there are probably 10 or 50 or 100 blessings. Count 'em!
16. Ask questions. Taking a few moments to repeat back directions, what someone expects of you, etc. can save *hours*. (The old "the hurrieder I go, the behinder I get," idea.)
17. Say "No!" Saying no to extra projects, social activities, and invitations you know you don't have the time or



18. Unplug your phone. Want to take a long bath, meditate, sleep or read without interruption? Drum up the courage to temporarily disconnect. (The possibility of there being a terrible emergency in the next hour or so is almost nil.)
19. Turn "needs" into *preferences*. Our basic physical needs translate into food and water, and keeping warm. Everything else is a preference. Don't get attached to preferences.
20. Simplify, simplify, simplify.
21. Make friends with nonworriers. Nothing can get you into the habit of worrying faster than associating with chronic worrywarts.
22. Take a hot bath or shower (or a cool one, in summertime) to relieve tension.
23. Wear earplugs. If you need to find quiet at home but junior must practice piano, pop in some earplugs (available in any drugstore) and smile.
24. Get enough sleep. If necessary, use an alarm clock to remind you to *go* to bed.
25. Create order out of chaos. Organize your home and workplace so that you always know exactly where things are. Put things away where they belong and you won't have to go through the stress of losing things.
26. When feeling stressed, most people tend to breathe in short, shallow breaths. When you breathe like this, stale air is not expelled, oxidation of the tissues is incomplete, and muscle tension frequently results. Check your breathing throughout the day, and *before*, *during*, and *after* high-pressure situations. If you find your stomach muscles are knotted and your breathing is shallow, relax all your muscles and take several deep slow breaths. Note how, when you're relaxed, *both* your abdomen and chest expand when you breathe.
27. Writing your thoughts and feelings down (in a journal, or on paper to be thrown away) can help you clarify things and can give you a renewed perspective.
28. Try the following yoga technique whenever you feel the need to relax: inhale deeply through your nose to the count of eight. Then, with lips puckered, exhale very slowly through your mouth to the count of 16, or for as long as you can. Concentrate on the long sighing sound and feel the tension dissolve. Repeat 10 times.
29. Inoculate yourself against a feared event. Just as a vaccine containing a virus can protect you from illness,



if you expose yourself to one or more of the dreaded aspects of an experience beforehand, you often can mitigate your fears.

Example: before speaking in public, take time to go over *every* part of the experience in your mind. Imagine what you'll wear, what the audience will look like, how you will present your talk, what the questions will be and how you will answer them, etc. Visualize the experience the way you would have it be.

You'll likely find that when the time comes to make the actual presentation, it will be "old hat" and much of your anxiety will have fled.

30. When the stress of having to get a job done gets in the way of getting the job done, diversion – a voluntary change in activity and/or environment – may be just what you need.
31. Get up and stretch periodically if your job requires that you sit for extended periods.
32. One of the most obvious ways to avoid unnecessary stress is to select an environment (work, home, leisure) which is in line with your personal needs and desires. If you hate desk jobs, don't accept a job which requires that you sit at a desk all day. If you hate to talk politics, don't associate with people who love to talk politics, etc.
33. Learn to live one day at a time.
34. Everyday, do something you really enjoy.
35. Add an ounce of love to everything you do.
36. Talk it out. Discussing your problems with a trusted friend can help clear your mind of confusion so you can concentrate on problem solving.
37. Do something for somebody else.
38. Focus on understanding rather than on being understood, on loving rather than on being loved.
39. Do something that will improve your appearance. Looking better can help you feel better.
40. Schedule a realistic day. Avoid the tendency to schedule back-to-back appointments; allow time between appointments for a breathing spell.
41. Become more flexible. Some things are worth *not* doing perfectly and some issues are well to compromise upon.
42. Eliminate destructive self-talk: "I'm too old to...," "I'm too fat to...," etc.
43. Use your weekend time for a change of pace. If your work week is slow and patterned, make sure there is action and time for spontaneity built into your weekends. If your work week is fast-paced and full of people and deadlines, seek peace and solitude during your days off. Feel as if you aren't accomplishing anything tangible at work? Tackle a job on the weekend which you can finish to your satisfaction.
44. "Worry about the pennies and the dollars will take care of themselves." That's another way of saying: take care of the today's as best you can and the yesterdays and the tomorrows will take care of themselves.
45. Do one thing at a time. When you are with someone, be with that person and with no one or nothing else. When you are busy with a project, concentrate on doing *that* project and forget about everything else you have to do.
46. Allow yourself time – everyday – for privacy, quiet, and introspection.
47. If an especially "unpleasant" task faces you, do it early in the day and get it over with. Then the rest of your day will be free of anxiety.
48. Learn to delegate responsibility to capable others.
49. Don't forget to take a lunch break. Try to get away from your desk or work area in body *and* mind, even if it's just for 15 or 20 minutes.
50. Forget about counting to 10. Count to 1,000 before doing something or saying anything that could make matters worse.
51. Have a forgiving view of events and people. Accept the fact that we live in an imperfect world.
52. Have an optimistic view of the world. Believe that most people are doing the best they can.

The source of "52 Proven Ways to Reduce Stress" is unknown. These statements are not personal recommendations from NCP—if you are experiencing health problems, please consult your health care professional.

The National VHA Social Work committees developed a document entitled, "Military Facts for Non-Military Social Workers" The same committee decided that additional information on the National Guard and Reserves was needed; therefore, this resource document is also available for use. Both documents are available of the EES webpage.



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