

# Health **POWER!** Prevention News

Spring 2007

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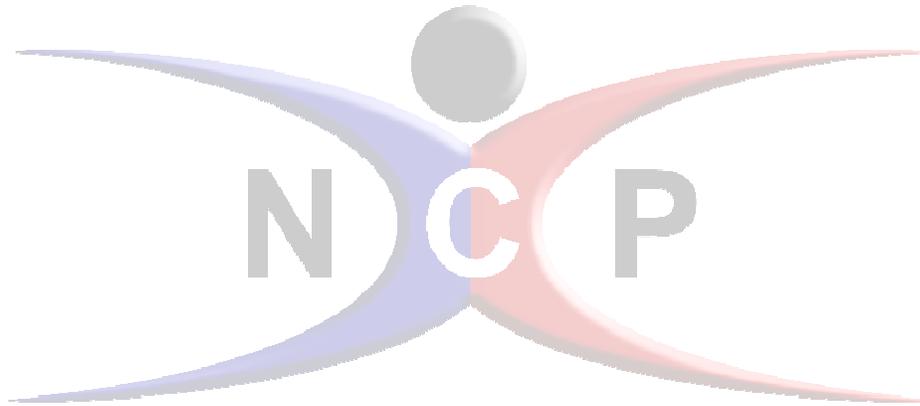
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## Calendar of Events

### April

**April 5, 2007—HUSV Meeting, Denver, CO**  
Linda Kinsinger and Pam Del Monte

**April 9-13—InfoSec 2007 Conference,**  
Jacksonville, FL  
Kraig Lawrence

### May

**May 1-2, 2007**  
***MOVE!* Coordinators Meeting**

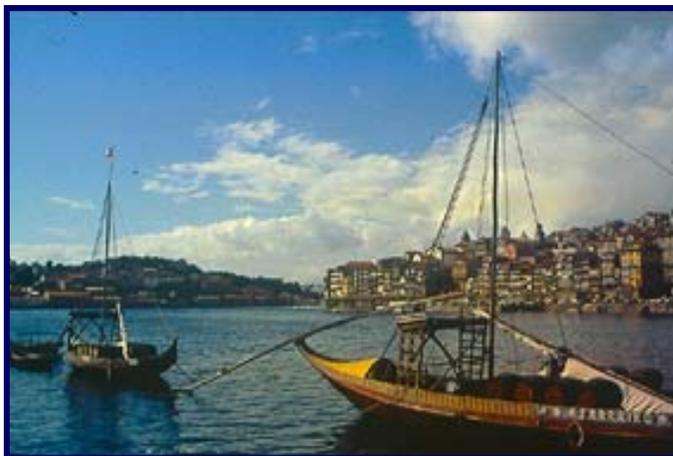
### NCP Mission Statement

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



This past January I had an opportunity to travel to Porto, Portugal, a beautiful old city in the northern part of the country, at the mouth of the Douro River as it flows into the Atlantic Ocean. Porto is the second largest city in Portugal and is most famous as the home of port wine. My husband, a general internist and preventive medicine physician and member of the US Preventive Services Task Force (USPSTF), had been invited to speak to medical students, residents, and faculty physicians at the medical school of the University of Porto on the role of prevention in addressing national health concerns and priorities. We joined residents on their work rounds and interacted with them as they presented patients to the attendings. Later in the week, we both spoke at a meeting of regional and national Portuguese health care leaders. I talked about how VA, as our country's largest integrated healthcare system, incorporates prevention into the ongoing care we provide to over 5 million American veterans. I described how our system uses a set of policies and procedures, including the electronic medical record, clinical practice guidelines, performance measures and clinical reminders, to deliver high levels of preventive care. I reviewed several recent studies, comparing VA preventive care with that delivered by other community providers, showing that VA preventive care exceeds that of other providers on most measures. It was such a privilege for me to be able to showcase VA healthcare – we can all be justly proud of what a great system we have! (And, yes, I did sample some wonderful port wine!)



But that's not to say that we can't improve our system and our delivery of preventive services. I believe there's still much work to be done to further develop and refine our policies and procedures for prevention. Recommendations for preventive care aren't static; as new evidence comes along, old recommendations are revised and new recommendations are developed. Although VHA generally follows USPSTF recommendations, we need to apply them in a way that makes sense for our patients, providers, and system. We need to integrate those recommendations with our VA/DoD clinical practice guidelines and our performance

measures, so that we have coherent and consistent guidance about preventive services that's current and evidence-based.

NCP has begun thinking about how to do this. We're still in the very early stages of planning, but we have a general concept of what we'd like to develop over the coming months and years. We envision developing a comprehensive clinical preventive services policy that includes: a) specific recommendations for the services to be offered; b) guidance about implementation of those services in the VA healthcare system; c) patient education about those services (or a related bundle of services) to help them make informed decisions about their care; and d) staff education, resources, references, and other supportive information, as appropriate. This policy needs to be dynamic, given frequent changes and updating of recommendations. We plan to work closely with all the program offices that are involved in issuing preventive care guidance and providing preventive services, including Primary Care, Mental Health, and other Strategic Health Groups in the Office of Patient Care Services; the Office of Public Health and Environmental Hazards; and the Office of Quality and Performance. We are also beginning to work with staff in the Agency for Healthcare Research and Quality, who support the work of the USPSTF, to collaborate on this project.

In addition, we would like to partner with health services researchers to assess the impact of preventive services on the VA veteran population. Recently the National Commission on Prevention Priorities published its analysis of preventive services, ranked in order of priority, based on a combined score of clinically preventable burden (how much health impact the preventive service has on a given population) and cost effectiveness (at what price) (*Am J Prev Med* 2006;31:52-61). We think that a similar analysis could be done for the VA population and would help determine priorities for where we should put our largest efforts for prevention.

I enjoy traveling a great deal but it's always fun to come back home, inspired and ready to work to make our healthcare system an even better one in the care we provide to our nation's veterans.



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

The Veterans Health Administration has issued

Directive 2007-002 to decrease the number of patients at risk for Methicillin Resistant *Staphylococcus aureus* (MRSA) infections in VA facilities. A VHA MRSA Steering Committee leads these efforts. Members of the MRSA Patient Education Subcommittee include Henry Beneda (Seattle), Deborah Capone-Swearer (Philadelphia), Marisa Costagliola (EES), Lauren Elliott (EES), Rene Haas (Long Beach), Dr. Pam Hebert (NCP/VHEI), Dr. Barbara Leisner (VA Western NY HCS), Kathleen Risa (Pittsburgh), Joyce Seltzer (Cincinnati), Charlene Stokamer (VA NY Harbor HCS). The Subcommittee developed four educational resources to support the Directive:

- Preventing Infection—Deals with hand washing/hand cleaning to reduce infections
- Join the Battle to Prevent Infection—Addresses hand washing/hand cleaning

and other VA actions to reduce MRSA infections

- Testing for MRSA—Describes how VA will test patients for MRSA
- What to Do When You Have MRSA: In the Hospital and at Home—Covers patients at risk for MRSA; How patients acquire the MRSA infection; How patients can reduce the risk of spreading MRSA

The VHA MRSA Directive and these resources are available at <http://vaww.ees.lrn.va.gov/Site/Templates/SearchResultDetails.aspx?pid=526&query=MRSA&catalogId=23084>.

The Subcommittee is currently developing the same pamphlets with line-drawings rather than photographs to make reproduction in the field easier. Spanish translations are also planned. For more information about these resources, please contact Dr. Pam Hebert, Office of Veterans Health Education & Information in NCP at (919) 383-7874 ext 249.

### VA employees in recognition of "Women and Heart Disease Day" February 2, 2007—Marlene Gush is located in first row, left



Photo  
submitted by:  
Marlene  
Gush—VAMC  
Bath, NY

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

### Getting to Know the Community Task Force on Preventive Services



Most primary care and preventive medicine clinicians are very familiar with the work of the United States Preventive Services Task Force (USPSTF), an independent body of experts supported by the Agency for Healthcare Research and Quality. Members review the evidence and issue recommendations regarding clinical preventive services delivered within healthcare settings. What many people may not know is that there is a parallel organization formed in 1996 called the Task Force on Community Preventive Services, supported by the Centers for Disease Control and Prevention. This independent group of experts reviews the evidence and issues recommendations in support of public health or healthcare system-level interventions. These two task forces share similar processes and methods and their work provides a complementary set of recommendations for population health practice. A very nice article describing the relationship between the two task forces appears in the March 2007 issue of the *American Journal of Preventive Medicine*. (1)

I have had the pleasure of serving as the VA liaison to the "Community Task Force" since 2004 and have recently become more involved as a member of the Obesity Review Team. This has helped me gain a better appreciation for the process that the Task Force uses to arrive at their recommendations and helps me better understand the limits of the evidence behind the recommendations. The Task Force meetings, which I attend three times a year, afford me the opportunity to provide a VA perspective to Task Force members and CDC staff who support the Task Force. Along with input from other federal and non-federal liaisons, this improves the relevance and utility of their recommendations and helps with dissemination of their findings to end-users, such as clinical and public-health practitioners and policy-makers.

Like the USPSTF, the Community Task Forces use an explicit systematic review process to find and review the evidence for a particular intervention. They start with an analytic framework or conceptual model to organize the key research questions to be reviewed. They next conduct a comprehensive search of the

literature to identify studies that address the key questions. Finally, they synthesize the evidence in order to draw a conclusion which either results in a recommendation for or against the intervention, or which results in a statement of "insufficient evidence" on which to draw a conclusion. As with the evaluation of individual clinical preventive services, attention to both the benefits AND harms of the intervention are considered, as well as considerations of applicability to broader populations and cost and value. The myriad interventions and study designs often used to evaluate public health interventions make these systematic reviews quite complex to digest. On the front page of every meeting binder is the following statement which humorously sums up the job before the Task Force:

*"It is important that the evidence was collected, that there were debates on the possibilities of interpreting the evidence, and that finally those involved reached an imperfect consensus."*

The "Community Guide to Preventive Services" is a family of products issued by the Task Force and CDC and includes their systematic reviews of the evidence, recommendation statements based on the evidence, and related information provided in a variety of formats (hard copy, on-line, etc.) The Community Guide products are typically published in the peer-reviewed literature in journals such as MMWR or the *American Journal of Preventive Medicine*. They are also available at no charge from the Community Guide website ([www.thecommunityguide.org](http://www.thecommunityguide.org)). This website is a one-stop shop for Community Task Force-related information and products.

Although not all Community Task Force reviews and recommendations are directly applicable to the VHA, many are. Consider the following examples of recommendations that already are or could be applied within the VHA for our patients and /or employees:

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### Interventions to Promote Physical Activity

- Point-of-decision prompts to encourage people to use the stairs
- Individually adapted health behavior change (similar to the approach being used in the *MOVE!* Weight Management Program)
- Social support provided in community settings (e.g., buddy systems, walking groups, connecting people with others)
- Creating or improving access to places for physical activity

### Interventions to Address Obesity

- Multicomponent interventions in worksite settings that focus on diet, physical activity, and cognitive change

### Interventions to Increase Cancer Screening (specifically breast, colorectal, cervical)

- Provider reminders and recalls
- Provider assessment and feedback
- Patient (client) reminders
- Other types of interventions have mixed recommendations depending on the type of cancer

### Mental Health Interventions

- Collaborative care for treatment of adults 18 years of age or older, with major depression

### Diabetes Interventions

- Disease management
- Case management
- Diabetes self-management education in community settings

### Interventions to Increase Tobacco Cessation

- Reducing patient (client) out-of-pocket costs for effective cessation therapies
- Multicomponent interventions that include patient (client) telephone support
- Mass media education campaigns when combined with other interventions

- Healthcare provider reminder systems
- Smoking bans and restrictions
- Increasing the unit price for tobacco products

### Interventions to Increase the Use of Effective Vaccines

- Patient (client) reminder/recall
- Multicomponent interventions that include education
- Reducing out-of-pocket costs
- Multicomponent interventions that include enhancing access within healthcare facilities
- Home visits
- Provider reminders/recall
- Provider assessment and feedback
- Standing orders for vaccination for adults

The Task Force has an exciting agenda of new topics on the horizon (health fairs, use of health risk appraisals at worksites) along with updates of current topics (obesity programs based in the worksite and programs based in healthcare settings). The work of both the Clinical and Community Task Forces provides today's prevention practitioner with access to a well-synthesized evidence base for both individual clinical AND public health/system-level interventions.

For additional information, please visit the Community Guide website at [www.thecommunityguide.org](http://www.thecommunityguide.org).

(1) [Ockene JK, Edgerton EA, Teutsch SM, et al. Integrating evidence-based clinical and community strategies to improve health. Am J Prev Med 2007; 32:244-252.](#)

Dr. Kahwati's second article continues on the next page



## VA Health Services Research & Development National Meeting February 21-23, 2007—Leila Kahwati

In February, Dr. Kinsinger and I attended the 25<sup>th</sup> National VA Health Services Research & Development Meeting held in Crystal City, VA. The theme of the conference was "Managing Recovery and Health through the Continuum of Care". One of the plenary session highlights was a presentation by Captain, US Army (retired) Jonathan Pruden who was seriously wounded in Iraq and now serves as an advocate for wounded OEF/OIF veterans. His remarks were a reminder of what our mission in the VA is all about.

Some of the best VA health services research was showcased at this meeting and we had the opportunity to meet and talk with many VA researchers from all over the country. We hosted an obesity research interest group meeting during one of the breakfast sessions and learned about a number of *MOVE!*-related research projects either in process or under development. We also had the opportunity to meet face-to-face with some of the VA health services researchers who are contributing their time and expertise to the *MOVE!* evaluation.

Some of the most interesting papers are highlighted below. You can find complete abstracts at the HSRD meeting website: (<http://www.hsrd.research.va.gov/meetings/2007/>).

### *Group Medical Visits to Improve Hypertension Chronic Disease Management (#1002 Goldstein et al.)*

This study demonstrates that group medical visits can be an effective model for treating hypertension in the VHA and that patients are very satisfied with this type of care.

### *Identifying Organizational Characteristics in Facilitating the Implementation of Evidence-Based Practices in VAMCs (#1016 Chou et al.)*

The results of this study suggest a framework to better understand the organizational characteristics that enhance implementation of evidence-based practices in support of quality

improvement activities at VA facilities. The authors identified the following domains as important facilitators of implementation: flexible culture, structured implementation process with monitoring of progress, leadership commitment, resources, and buy-in from staff.

### *Tele-Health Care Management of High-Utilizing Veterans (#1058 Rupper et al.)*

This study used a HealthBuddy® intervention with a sample of the highest utilizing veterans at the VA Salt Lake facility. ER visits, hospitalizations, pharmacy costs, and total costs all fell for the group of patients who enrolled and remained enrolled in the intervention. The authors plan additional analyses to compare these outcomes to a control group of similar patients who received usual care.

### *Developments in Information Health Technology: Integrating and Evaluating IT to Improve Management of Complexity in Chronic Care (#2001 Bonner et al.)*

This workshop profiled examples of the use of IT to support quality improvement for chronic illness care. The examples discussed included: decision support for hypertension care, IT development for collaborative depression care, IT development for behavioral health assessment. The session concluded with presentation of a few of the MyHealtheVet patient tools in development.

Successful translation of research into practice is a two-way street. We should continue to let VA researchers know what operationally-relevant research questions we need answered to help us make decisions about policy, programs, and systems to support the delivery of good patient care.

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



**a**s you read this, the 2007 HealthierFeds Physical Activity Challenge will be drawing to a close. More than 2,600 VA employees registered and participated, making the Department of Veterans Affairs one of the agencies with the most participants. Results will be published in the summer edition of *HealthPOWER!* The President's Challenge encourages all Americans to make being active part of their everyday lives. The Challenge offers two programs – Active Lifestyle and Presidential Champions. You choose the one that suits you, your current level of physical activity and your physical activity goals. If you are just getting started, the Active Lifestyle program, which promotes at least 30 minutes of physical activity five or more days a week, may suit you. If you are already active, the Presidential Champions program challenges you to see just how high you can raise your activity level. Nearly 100 different activities are listed from which you can choose. Log your activity at least once every two weeks and watch your goals become a reality. You can access the President's Challenge via HealthierUS Veterans website ([www.healthierusveterans.va.gov](http://www.healthierusveterans.va.gov)).

### Prevention Awards

In 2006, NCP gave seven Prevention Awards. Each of the winners will be highlighted in the coming issues. Once again, we saw an array of creativity and programs. Award winners included both individuals and teams.

One of the team awards (Prevention Champion Team) went to the "Movers and Shapers" program. This program was developed and presented as a Goal

Sharing 2005 team initiative in support of the VA Gulf Coast Veterans Health Care System's FY05 Strategic Initiative No. 3 - "Begin a multi-year initiative to develop and implement a comprehensive program of wellness and rehabilitation for patients and employees."

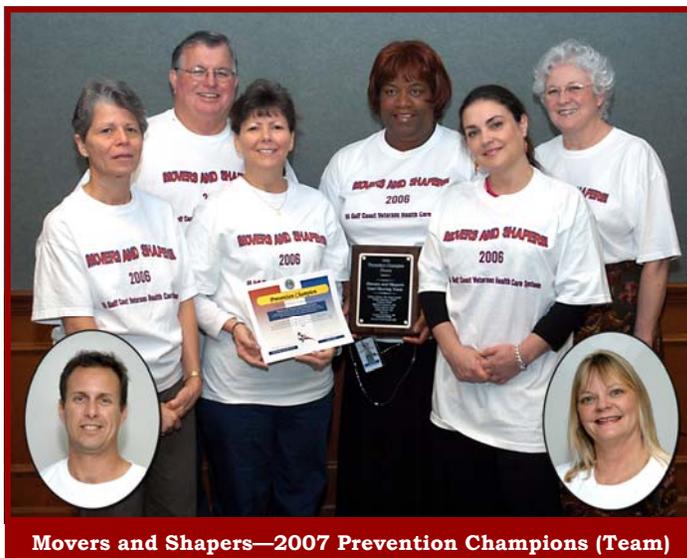
The team of 10 employees included an MD, NP, three RNs, RD, two program assistants, a carpenter, and a social worker. A "Blast Off!" event was held. Baseline weights, waist circumferences were measured, and the Body Mass Index was calculated.

Participants signed personal contracts committing to the 12-week program of healthy eating, increased exercise and weekly weigh-ins. A '3 Strikes and You're Out!' rule was established. The employee was no longer enrolled in the program but was allowed to continue weigh-ins and to receive the weekly on-line information via Outlook. The information was selected primarily from the Managing Overweight/Obesity for Veterans Everywhere (*MOVE!*) program literature. Additional information regarding healthy lifestyles from other governmental agencies was also provided. Initial information packets were prepared, listing community walking paths and recreational facilities throughout the Gulf Coast area. Weekly weigh-ins

were conducted by the Movers and Shapers multidisciplinary team members at all medical center and CBOC locations.

The program goal was to maintain at least 45% of participants in the program. Sixty-three percent of the participants completed the 12-week program. Collectively, they lost nearly 900 pounds and 85.5 inches from their

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**Movers and Shapers—2007 Prevention Champions (Team)**

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waists. Those completing the program were awarded pedometers.

Nearly all rated the overall program as very good to excellent. Plans are to present this program at least annually and to offer more weigh-in times weekly.

### NCP Intranet

Plans are underway to revise the NCP intranet website, including a new address. Information to be added to the new site includes: call summaries for the Prevention calls, the VISN Preventive Medicine Leader calls, Wellness calls and Wellness Advisory calls. New sections to be added include

Success Strategies for Prevention and Wellness activities, and a section to pose questions to the NCP team. If there is information that you would like to see on the NCP intranet website, please contact [Pamela.DelMonte@va.gov](mailto:Pamela.DelMonte@va.gov).

### Monthly Prevention Calls

The monthly Prevention Conference calls are the 2<sup>nd</sup> Tuesday of the month @ 1PM Eastern. The dial-in number is 1-800-767-1750, access code 18987. The focus of April's call is HIV/AIDS with guest speaker Dr. David Ross, Director of the Clinical Public Health Program. The focus on May's call is hypertension with guest speaker Dr. William Cushman. If there are topics you would like to see addressed on the calls, please let Pam know.

## Stacey Lutz-McCain—Prevention Champion

**M**s. Lutz-McCain, CRNP is a dynamic young professional who enjoys her profession. She provides comprehensive patient care to a panel of patients and since January, 2004, has been providing a wonderful service for veterans via the Shared Medical Appointments.

She has received many awards for her outstanding service to veterans, who rate the "group appointment" clinic as exceptional. This forum has been used to provide much education, mostly from the participants who learn from each other, as well as the facilitators. This year she has incorporated the *MOVE!* program into the group sessions and has a social worker present topics such as advance directives, stress relief, depression and exercise. She currently provides these group appointments 10 times per month and will most likely increase this year.

As one of the provider champions for the MOVE program, she helped initiate the program at this facility with the help of a registered dietician. She successfully incorporated the program into the Shared Medical Appointment Clinics. Ms Lutz-McCain is a strong proponent of preventive healthcare and volunteered to pilot/distribute the VISN Self Care Manuals and Health



Pictured from left to right:  
Dr. Michael Adelman, MD, Medical Center Director;  
Stacey Lutz-McCain, CRNP; James McCain.

and Wellness Calendars to patients in her Shared Medical Appointments. Through surveys and patient declarations, these initiatives were a huge success. They have been documented to decrease patient phone calls to the medical center and access appointments, as well as increasing patient satisfaction.

The focus of her Public Health Grant was obesity. She purchased therapeutic exercise bands and used her Group Medical Appointments to distribute the bands and educate participants in their use. She also purchased a 'fat vest' that could be used to demonstrate the addition/subtraction of 20 pounds.

She chairs the Preventive Medicine and Patient Education Committee, co-chairs the Nurse Professional Standards Boards Committee, and is an active member of the Peer Review Committee. She has established a tele-diabetes clinic once a month with the endocrinologist at Pittsburgh VA to discuss complex patients, thus allowing the patients to travel to Pittsburgh. Through the Patient Education and Preventive Medicine Committee, she implemented positive changes in improving nursing notes, especially patients with diabetes and hypertension. She is highly motivated and continually seeks ways to improve the healthcare of veterans and staff.



## ***MOVE!* Update** **Ken Jones, PhD** **Program Manager for *MOVE!***

The number of patients receiving care in *MOVE!* continues to climb at a steady pace. To date, just under 50,000 veterans have agreed to work on their weight through *MOVE!*.

### **Training session for VISN *MOVE!* Coordinators:**

Prior to the national launch of *MOVE!*, the National Center held a training conference for VISN *MOVE!* Coordinators in the summer of 2005. We felt that this face-to-face meeting played a key role in the very rapid implementation of *MOVE!* across our system. We will be holding a new training conference this May to share new developments in the program, review the needs of VISNs and facilities, and to keep the enthusiasm for *MOVE!* going. We have heard that Medical Center/HCS *MOVE!* Coordinators are interested in similar training and we are exploring ways to expand the audience for future sessions.

### **A new tool to support the HealthierUS Veterans initiative:**

The HealthierUS Veterans (HUSV) initiative is targeted to all veterans (enrolled and not enrolled) and their family members. HUSV encourages healthy eating and maintaining a physically active lifestyle to preserve fitness and to prevent diabetes and other weight-related health problems. Although we cannot treat non-enrolled individuals in *MOVE!*, there are several educational items from *MOVE!* that non-enrollees can use, including the *MOVE!23* Questionnaire and the related handouts on our [www.move.va.gov](http://www.move.va.gov) site. Previously, the *MOVE!23* Questionnaire produced only a Patient Report on the internet. To support HUSV, the *MOVE!* team has developed a Healthcare Provider Report that is similar to the *MOVE!23* Staff Report used within CPRS. The Healthcare Provider Report summarizes the individual's personal issues with weight management in an anonymous format for non-VA healthcare providers. As you all know, anyone considering a new program of weight management should discuss this with their doctor; the new Healthcare Provider report should facilitate

this discussion. Note that this report also serves as a tool for VA staff to discuss weight issues with their own healthcare providers.

### **Additional guidance, clinical tools, and programs to support *MOVE!*:**

The *MOVE!* team here at NCP is working on additional guidance and clinical materials to assist patients who have been refractory to the basic *MOVE!* program. We are surveying centers that have innovative programs and we plan to offer a range of programs that a facility or VISN may utilize in assisting refractory patients. Although still in development, we are working on clinical pathways and administrative support materials for medically intensive *MOVE!* brief residential or day-treatment programs for the seriously obese patients who do not benefit from basic *MOVE!*. We anticipate that these would be regional programs. Sue Benware, NP, from the Durham VAMC, is coordinating this development for her doctoral capstone project with Rush Medical University.

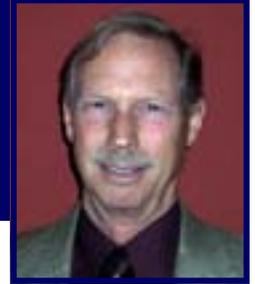
While we know that the amount of contact with patients is a key factor in patients successfully managing their weight, we also understand that it is difficult to gather the resources to provide adequate telephone support. We are partnering with Care Coordination to develop *MOVE!* tools for use on their home messaging devices. We are preparing a disease management protocol that would initially target a small sub-group of at-risk *MOVE!* patients (metabolic syndrome and new-onset diabetes patients). We believe that, once these home telehealth tools are developed, we can begin exploring additional formats for providing self-management support to a broader group of *MOVE!* participants using technologies other than telephone or home messaging devices.

### **Let us know about your questions/needs:**

We look forward to seeing your VISN *MOVE!* Coordinators in May. Please let them know about issues you would like us to address. The *MOVE!*

*(Continued next page)*

## Richard Harvey, Ph.D. Program Manager for Health Promotion Wellness Matters



**N**CP is preparing a list of suggestions for ways to make VHA meetings a healthy environment for participants. It is undergoing final review at this time and should be available soon. Some of the suggestions are:

- Have the meeting at a hotel that is completely smoke-free.
- Have the meeting where there are safe places to walk, run, or roll.
- Have an organized walk/run/roll or other physical activity event each morning.
- Have reminders to stand and stretch in place in-between speakers/presentations.
- Encourage participants to take a brief walk in-between sessions if possible.
- Have a physical activity specialist lead the group in brief in-place stretching and physical activities.
- Have healthy food available for all meals and breaks.
- Plan session lengths to minimize fatigue.
- Schedule ample opportunities for interactive small group sessions to allow meeting participants to be actively engaged.
- Encourage brainstorming and creative thinking during the small group sessions.
- Encourage a "business casual" dress code.
- Provide printed wellness materials with the registration packet.
- Schedule an optional relaxation session each day if possible.
- Encourage the use of humor, attractive graphics, and other stimulating features in the presentations, while also making the slides simple and uncluttered.

Look for this document soon!

With regard to our employee wellness programs, we can learn some things from successful corporate wellness programs. Corporate programs are almost universally using a computerized health risk appraisal as the basis to encourage employees to adopt healthier habits. Combining that with education regarding identified health risks and how to adopt new habits has been effective in changing employees' behavior. Corporate programs are also using incentives to strongly encourage participation in their offerings, as well as ongoing telephone health coaching for employees. Although there is an emphasis on reducing identified health risks and keeping those with risks from getting worse, there is an equal focus on keeping the already healthy employees healthy. In the coming months I will be asking wellness program leaders to think creatively about how we might incorporate some of these features in our own VHA employee wellness programs.

*Celebrate  
National Employee Health  
and Fitness Day and  
HealthierUS Veterans  
May 16, 2007*

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team is here to assist you. You can call our hotline at 1-866-979-MOVE or email us at [move@va.gov](mailto:move@va.gov). We are also in the processes of revising our web site ([vawww.move.med.va.gov/](http://vawww.move.med.va.gov/)) so that you can find what you need more quickly.



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**Office of Patient Care Services**

**Putting Prevention Into Practice in the VA**