From the Chief Consultant

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After recently reviewing the draft content for this HealthPOWERS!, I was struck (as I am each quarter) by the breadth and depth of the success that clinicians in the Veterans Health Administration (VHA) are achieving in their ongoing transformation of preventive care for Veterans.

It also made me think of the story of General Charles D. W. Canham, a World War II leader who expressed his pride in his troops in one of the most memorable quotes in the history of the U.S. Armed Forces. After the Allied defeat of the Germans at the Battle of Brest in 1944, deputy division commander Canham entered the German headquarters to discuss their terms of surrender. He was confronted by the Germans’ commanding officer, a higher-ranking Lieutenant General, who demanded to know what Canham’s credentials were to accept the surrender. Canham turned, pointed to the group of weary but triumphant American soldiers of the 8th Infantry Division standing behind him, and calmly said, “These are my credentials.”

I think that we at the VHA National Center for Health Promotion and Disease Prevention (NCP) feel the same way about Department of Veterans Affairs (VA) clinicians as Canham did about his soldiers.

And it’s one of the reasons that we’ve featured here the great work of “bright spots” from all over VHA. We start with stories about facility leaders, Health Promotion and Disease Prevention (HPDP) Program Managers, and Health Behavior Coordinators (HBCs)—at the VA St. Louis Health Care System (HCS), and VA Medical Centers (VAMCs) in Salisbury, NC, and Walla Walla, WA, for example—who are helping to redefine how we “do” prevention in VA. We feature clinicians who are enhancing their prevention programs using creative partnerships and novel approaches, as well as resources such as Patient Education: TEACH For Success (TEACH), Motivational Interviewing (MI), and the Healthy Living Messages (HLM)

Computerized Patient Record System (CPRS) Tools. Lastly, we highlight accomplishments associated with the MOVE!* Program: a physician champion in Los Angeles and Telephone Lifestyle Coaching (TLC) staff in Reno who are helping take Veterans to the next level in meeting their health and weight goals.

Canham provided what some consider the greatest tribute ever paid to the U.S. soldier. We hope that this newsletter also provides a tribute to—and perhaps a template for—clinician successes at the local level. Our prevention “credentials” in VHA are impressive and inspirational, and we want everyone to know about them!
Cook, Eat, Learn: VA St. Louis HCS MOVE!® Program’s Local Collaboration Helps Veterans Change Their Perception of Food

The VA St. Louis HCS is collaborating with a local community partner to help improve Veterans’ perceptions of healthy eating—as well as their culinary skills—one 2-hour class at a time.

According to the HCS’ MOVE!* Coordinator Kris Jamerson, completing the 6-week cooking course that is jointly sponsored with Operation Food Search (OFS) helps Veterans “learn how to use easy, take-home recipes to transform their diet and health.” And just as Veterans are creating a new relationship with the food that they eat, the HCS is forging a new partnership with OFS, a St. Louis-based community program that is helping MOVE!® graduates see healthy food differently through hands-on cooking and learning.

Win-Win

St. Louis’ HPDP Program Manager Amy Knoblock-Hahn, who initiated the joint program through a contact at OFS, says that it has not only been a success for Veterans. “The program really highlights the value and mutual benefits of collaborating with external community partners,” she says. “It’s truly a ‘win-win’ for all of us: OFS provides the resources and expertise we need to help Veterans change the way they eat, and we help OFS fulfill their commitment to the local community, which of course includes our Veterans.”

The OFS also benefits from the high Veteran attendance associated with the series of six cooking classes, which in turn has allowed the MOVE!* team to get the increased contact with Veterans that is so important to successful weight management. For all of these reasons, the program has provided a high return-on-investment for the HCS. “Hosting these classes does not cost our program or facility anything,” says Knoblock-Hahn, “because OFS contributes so generously to the program and to participating Veterans.”

Changing Perceptions

Each weekly class, which is based on OFS’ Cooking Matters curriculum and typically enrolls 8-15 people, is itself a model of collaboration and teamwork. “We provide the facilities—an auditorium at HCS’ Jefferson Barracks or the kitchen of the Hope Recovery Center for homeless Veterans—and OFS provides the cooking instructor, food, equipment, and educational workbooks,” explains Jamerson. “For the first 50 minutes of class, I and other dietitians provide MOVE!*-type nutritional education, covering topics like portion control, calorie awareness, and cooking with chronic disease, and using interactive demos that involve measuring cups and NCP’s Healthy Plate placemat, for example.” Then, the dietitians hand-off to the OFS volunteer-chef, who explains the recipes and teaches the Veterans basic knife and kitchen skills, which they use to prepare and cook two or three healthy dishes.

Later, the Veterans sit down to enjoy their culinary creations, eating what they’ve made and reviewing what they’ve learned. At class end, they walk out with new ideas for healthy cooking and eating—and a bag full of non-perishable groceries, provided by OFS to make those meals at home. “The free food is important to many of our Veterans,” says Niki Morgan, who is another of St. Louis’ MOVE!* dietitians. “But the new experiences—one class, for example, is a ‘field trip’ to a grocery store to select healthy cooking and eating—and outlook, skills, and education that they get are at least as valuable.”

Survey Says

Knoblock-Hahn explains that Veterans’ lack of nutritional knowledge and kitchen skills are common barriers to better eating and a healthy lifestyle. And that’s likely one big reason why Veterans love the course, according to Jamerson and Morgan. “When we poll
the Veterans after the course,” says Jamerson,” the feedback is always really positive—and that’s probably why it always has a waiting list. The vast majority report that they are doing all the things they need to do eat healthier—trying the new recipes at home, increasing the number of nutritious foods in their diets, and reducing the amount of salty, fatty, and fried foods they eat. And for us clinicians, that’s great to see.”

**Optimism**

As the program passes its 1-year anniversary, the St. Louis team is optimistic about the long-term potential of the HCS – OFS partnership. “We’ve been able to successfully market the course to Primary Care staff and our 8-week MOVE!® program graduates,” explains Morgan, “in part because Veterans who’ve completed the course really advertise it well.” Local news exposure has helped add to the program’s visibility, too, says Knoblock-Hahn, and OFS is excited enough about continuing to help Veterans that grant funding may be in the works to help sustain the collaboration.

As dietitians, Knoblock-Hahn, Jamerson, and Morgan also think that the future is equally bright at the St. Louis facilities for more innovative, intra-VHA collaborations like their cooking course. “This program is really a testament to the synergy and benefits of a multi-disciplinary VHA team working together to creatively promote HPDP,” says Knoblock-Hahn. “And in this case, having the MOVE!® and HPDP staff programs aligned and teamed with an outside partner has reaped huge rewards in terms of clinical care and Veteran health here at the St. Louis HCS.”

**OFS/VA St. Louis HCS Feature Recipe:**

**Turkey Chili with Vegetables**

(Serves 6; prep time: 20 minutes, cook time: 25 min.)

**Ingredients:**

1. Rinse and peel onion and carrots; peel garlic.
2. Rinse pepper, remove core and seeds.
3. Dice onion, carrots, and pepper; mince garlic.
4. Drain and rinse beans in colander.
5. Heat oil in large pot over med. to high heat; add turkey and brown.
6. Add onion, carrots, pepper, and garlic to pot; cook about 5 min., until onions are soft and carrots tender.
7. Add beans, tomatoes, water, chili powder, and cumin to pot; season with salt.
8. Lower heat to med.; cook about 15 min., until flavors have blended.

Source: Share Our Strength, Cooking Matters®; http://www.strength.org; http://cookingmatters.org/
Common Vision: Nurturing Change and Pushing the Boundaries of Prevention at the Hefner VAMC

Dr. Parag Dalsania uses a graphic of two paths converging to illustrate the new approach to prevention programs that the team is taking at the W.G. Hefner VAMC located in Salisbury, North Carolina. “It represents people and ideas coming together, and it’s the approach we’ve taken to create a new, shared vision of how prevention is provided here,” says Dalsania, who is now the Interim Chief of Staff. “We’re using this vision to develop a new strategy and infrastructure to promote stability, growth, and engagement in our preventive services and programs.”

And it’s already paying off for many of the Veterans who are served by the facility and its three Community-Based Outpatient Clinics (CBOCs), which cover a 24-county area. The team of Dalsania, HPDP Program Manager Jennifer Terndrup, and HBC Dr. Marc Castellani is leading the effort to empower Veterans to take a more active role in their preventive health, and also demonstrating how collaboration and multi-disciplinary teamwork can help “change the discussion from illness to wellness.”

Complementary

Terndrup and Castellani, whose differing clinical backgrounds complement Dalsania’s holistic training and expertise in geriatric medicine, have been the “legs” for the ongoing enhancements to the Prevention Program. After Dalsania, as Associate Chief of Staff (ACOS) of Primary Care, provided the vision to recast the overarching framework of prevention services based on the T21 initiatives, NCP guidance, facility goals, and the concepts of Veteran-centered care, Terndrup and Castellani began using their varied skills to make that vision a reality.

Together, they’re changing how prevention is practiced at the VAMC. And it’s working because the change is encouraging healthy partnerships, proactive communication, personal excellence and ownership, and meaningful experiences and outcomes for Veterans in North Carolina’s central piedmont.

Re-Design

Creating a new environment for prevention to flourish at the facility has in part relied on simple logistics. Terndrup, whose experience in the operating room and public health has given her an appreciation of the value of preventive health care, says that they started the “re-design” with an inventory of the facility’s resources and programs. “One important thing we’re doing is updating our teaching rooms by replacing furniture and monitors,” she explains. “These upgrades make the rooms more conducive to learning, for example, for both staff and Veterans.”

One of Dalsania’s initial changes was equally fundamental: housing the personnel involved in prevention—staff from occupational health, rural health, and Telehealth, for example—all under Primary Care. “Having these folks all in one building has both created and strengthened relationships,” he says. “And it’s promoted more communication as equals and partners.”

The result of these and other changes is that staff members now have a more supportive setting to try new things, play to their strengths, and follow their passions in efforts to enhance prevention. They have the freedom to rework, expand, and strengthen existing programs and services, as well as initiate new ones. “We’re trusting people to take charge and ‘do’ in the context of a dynamic process of growth,” Dalsania explains. “Having this flexibility gives them a platform to make meaningful and successful changes to better the Prevention Program. And that ultimately benefits staff and patients.”

Reworked, Improved

Several programs have already benefited from the team’s new mind set and approach. Terndrup cites the VAMC’s revamped tobacco cessation program as an excellent example of how the team’s vision and efforts have fostered successful change. She and Castellani moved the program under the auspices of the Prevention Program, and the now reworked, robust program is receiving kudos from Veterans because it’s empowering them to change.
“Change comes from the individual Veteran, but he or she is often not sure how to get there,” says Terndrup. “Our new approach is helping us do prevention ‘right’—teaming up with patients when they’re ready, to provide them Veteran-centered care through the Patient-Aligned Care Teams (PACTs).”

This enhanced quit smoking program also has empowered employee participants. “One of the early groups really got into it,” says Terndrup. “Post-program, they formed their own support group and continue to be strong advocates—so it’s been a clear success for us and them because they’ve remained smoke-free and inspired.”

Other health promotion activities for employees, such as MOVE!® and a “virtual walk,” also have the team excited. “The several hundred employees and Veterans who got pedometers and took part in the 3-month walk in 2011 responded so overwhelmingly that we had to lengthen the route,” remarks Castellani. “We started walking across the country and ended up walking around the world!”

Terndrup and Dalsania explain that Salisbury’s new “wellness clinic” also is validating their new approach, which relies heavily on telehealth technology. “Clinical Video Telehealth (CVT) is a powerful tool, and we’ve used it to expand our services to more Veterans, cover the distance gap with clinics, and offer multiple programs more efficiently,” says Terndrup. “We’re delivering live MOVE!® and smoking cessation classes remotely to patients at the Charlotte and Hickory CBOCs, for example. It’s helping us meet a goal of moving from one-on-one to group-based clinical interactions, which we think is the future.”

Castellani, who is a clinical psychologist and clinical champion for patient-centered care through the office of Patient-Centered Care & Cultural Transformation, mentions the chronic pain school as another program that’s benefiting from telehealth and intra-disciplinary collaboration. “We provide a behavioral approach to pain management through a shared medical appointment (SMA) that involves a clinical pharmacist and kinesiologist,” he explains. “CBOCs in Charlotte and Winston-Salem get the live broadcast via CVT, and we’re also beginning to evaluate patient outcomes with pre- and post-course assessments.”

Challenges Overcome

The team is excited about the progress they’ve made, especially in light of the challenges overcome. “We all wear so many hats in VHA that can be hard to meet all of the demands and goals. Defining and understanding each of our roles can be difficult initially,” says Dalsania. “Things like facility space and equipment can be limitations, too, as can technology. And just measuring the impact and value of prevention is often hard.”

But Dalsania thinks that having great HBCs and HPDP Program Managers like Castellani and Terndrup is critical to overcoming these obstacles, as well as transforming VHA care. “Change is hard for everyone, and we’re in the midst of difficult, maybe even monumental, change in VA,” he explains. “Having HBCs and HPDP Program Managers has been revolutionary because they provide the critical support to promote and sustain that transformation.”

Pushing Boundaries

Castellani believes that Salisbury’s success in enhancing the Prevention Program is also due in large part to facility leaders’ understanding of the value of prevention and willingness to support change. “Having the backing of facility leaders like Parag is so important. He’s given us the freedom to draw on our skills, be creative, see if something works, then try to make it even better,” he explains. “Parag has provided great vision, then let us make things happen…without micromanagement.”

Terndrup agrees, and thinks that VA is really “doing prevention the right way—what we and others are doing at the local level really supports that approach.” But she thinks that they’ve only scratched the surface in terms of what health promotion and disease prevention can do for Veterans. Adds Castellani, “Here and all over VHA, staff and facility leaders are pushing the boundaries of prevention, and it’s exciting to be a part of that and see the positive impact it’s having on Veteran care and health.”
Foundations for Success:
How TEACH, MI, and the HLM CPRS Tools are Enhancing Veteran-Centered Care at the Wainwright VAMC

HPD Program Manager, Lead Tobacco Cessation Clinician, and Interim HBC Patrick Smart says that a “three-legged stool”—TEACH, MI, and the HLM CPRS Tools—is helping improve Veteran-centered care and staff coaching skills at the Jonathan M. Wainwright Memorial VAMC in Walla Walla, Washington. “We’ve made TEACH and MI the foundations for developing our providers’ skills, and are using the Tools to help support those skills,” he explains. “And that’s facilitated better health coaching, improved patient outcomes, and increased Veteran and staff satisfaction.”

The Right Questions
Smart believes that this “new approach” is fundamentally changing the way clinicians practice and think about clinical care in the VAMC, which is located in southeastern Washington. “The providers are ‘quick studies’—they’ve been fast to pick up and understand the patient-centered, evidence-based, data-driven aspects of TEACH and MI,” he says. “They’re asking all the right questions like, ‘where’s the research on that?’ And because it’s working so well for them, clinicians also are asking, ‘why didn’t we have these tools earlier?’”

Nursing staff members, in particular, have embraced the HLM CPRS Tools as a “vehicle” to gain confidence in their clinical skills and coaching. “We’ve made an effort to promote the Tools with our clinicians and PACT staff, and they’re providing great feedback,” Smart says. “It’s helping them tailor messages, set goals, and discuss healthy living with Veterans, as well as optimize the charting process.”

Motivator
Smart says that the practical value of TEACH and MI is exemplified in the Veterans Integrated Service Network (VISN) 20 High Five Program for high-risk Veterans. These skills have boosted PACT clinicians’ proficiency in helping these Veterans set and meet their goals for lifestyle change and optimal health. One obese Veteran with multiple chronic morbidities provides an illustrative case example of success. “TEACH and MI training helped staff find the ‘motivator’ for this previously unsuccessful patient,” he explains. “We were able to tune in to his goal of raising his grandkids, explore his concerns and needs, communicate with him via office- and phone-based visits, and honor him as a partner. And that assisted him in losing 5 pounds, gaining more energy, lessening his pain, and reducing his blood pressure.”

Enhanced
MOVE!” Dietitian Barbara Larson explains how TEACH and MI also have taken the facility’s weight management program to the next level. “Last January, in addition to standard MOVE!, we started doing an enhanced course that brings together the HLMs, TEACH and MI, and physical exercise in each class,” she says. “The now 90-minute, 10-week program offered at the VAMC has really improved Veterans’ motivation and outcomes.” She explains that they are much more involved in their care in the new class, which has helped them see results and, in turn, set new goals. “One overweight Veteran started the program basically unable to walk. Now she can walk a mile and is excited to see the health and psychological benefits that come with weight loss,” Larson explains. “Our ‘n’ is small so far, but patients in the program have averaged a 7-pound weight loss, which is pretty good.”

TEACH, MI, and the HLM CPRS Tools also have been a boon to the VAMC’s sleep improvement program. “We now have some data that show that using these principles and tools works in helping Veterans tackle sleep
problems,” says Smart. “Addressing the HLMs with patients who have insomnia in our program, for example, improved their sleep efficiency from 62 to 92 percent.”

Kudos
Staff members who are now better, more efficient clinicians because of the training have enthusiastically endorsed TEACH and MI. R.N. Linda Johnson says that TEACH and MI have helped her improve her relationships with patients, and her ability to engage them in discussing healthy lifestyles, as well as her understanding of what’s important to and motivating for the Veteran. La Grande (OR) CBOC Manager Robert Sherer states unequivocally that TEACH is the “best training VA has ever had.” Like Johnson, he’s seen firsthand how much it helps PACT teamlets develop the skills to assist Veterans in making productive health care decisions and achieving better health.

In Practice
Speaking from the standpoint of a VHA-certified mentor, Smart thinks that one big difference has been how TEACH, MI, and the CPRS tools have been implemented for staff. “First, we train staff. Then we monitor them and help them improve their skills,” he explains. “But we also coach them how to ‘practice’ TEACH and MI in terms of clinical care and patient charting, and that’s really important.”

Smart says that the Walla Walla team will continue to train and assist staff in TEACH and MI skills to maintain the momentum in program improvement. “Former HBC Dr. Jameson (Jame) Lontz and VHEC Billie Fitzsimmons have been critical to the success of TEACH and MI here,” he says. “We currently have 85 percent and 81 percent of staff trained in TEACH and MI, respectively, and we’re moving into a sustainment phase. Our focus now is building on the progress we’ve made with TEACH, MI, and the CPRS Tools and making our clinical programs even better.”

Getting the Message: Veterans Benefit from Health Choices Tools at the Shoals CBOC in Alabama

R.N. Care Coordinator Jamie Fitzpatrick says that Veterans at the Shoals CBOC in northwestern Alabama typically prefer health information that is computer-based, engaging, and to the point. “So it’s fortunate that we’ve successfully integrated NCP’s My Health Choices handout and CPRS Tools into our clinical practice,” she explains. “These tools meet these needs and are an effective way to help Veterans set and achieve simple goals for positive health change.”

Focused on the nine HLMs developed in 2010 by NCP, these tools make it easy for Veterans to select a health goal, make plans to overcome potential obstacles to the goal, and track their progress towards meeting the goal. Staff at the Shoals clinic started using the My Health Choices handout with Veterans during a trial period earlier this year. Later, the HLM CPRS Tools were approved for add-on as clinical reminders and have been in use since June 2012.

For the 4,000 Veterans in the Muscle Shoals area who visit the clinic located over 2 hours from the main Birmingham VAMC (BVAMC), the tools provide a convenient start to conversations about getting healthier. Fitzpatrick says that she handles unscheduled visits from Veterans who frequently suffer from hypertension as well as acute illnesses, and their visits provide the perfect opportunity to use the tools. “When Veterans come in, we’ll discuss the goal worksheet with them, say, before their blood pressure
measurements or as they wait to see their provider,” she says. “And when clinicians see patients during scheduled visits, they’ll use the simple, pop-up CPRS Tools to choose and discuss an HLM topic of the Veteran’s choice.”

Veterans report that they like the engaging color and design of the handout, as well as the one-on-one attention that it facilitates with their provider. Fitzpatrick states that “they also seem more receptive to the HLMs through this medium. Of course, they also like that the handout is personalized and can be used at home.” She believes that along with a monthly HLM poster campaign and the excellent support of PACT physician Dr. Jon Sherrod and BVAMC’s HPDP Program Manager Dr. Durinda Warren, the handouts have helped increase Veterans’ interest in addressing their personal health issues and changing their health behaviors for the better.

The Shoals clinic is staffed by four primary care providers and four PACTs who are also enthusiastic about the handout and Tools. “Clinic nurses love that these scripted, accessible tools are easy to customize,” explains Fitzpatrick. “Providers like that they empower Veterans to take control of chronic health issues, such as diabetes. The nurses are typically able to go through 1 or 2 of the messages with each Veteran, and like that because they get personal interaction with each patient and are doing more than just clinical reminders.”

In the future, staff members at the clinic will be working to provide Veterans with computer access to the HLM tools remotely, and they’re also looking to display the HLMs on monitors in the clinic’s waiting room. “We’ll continue to expand the access to and visibility of these messages in our facility,” says Fitzpatrick, “because the HLMs are an excellent way to promote HPDP and we’re seeing clear results and benefits for both our Veterans and staff.”

Questions and comments about the My Health Choices handout and HLM CPRS tools may be directed to NCP’s Program Manager for Prevention Practice, Kathy Pittman (Kathleen.Pittman@va.gov; 919-383-7874 ext.2350)

VISN HPDP Bright Spot Briefs

The following are examples of bright spots that were reported at NCP’s recent National Conference Call/Fiscal Year 2012 Bright Spots Sharing Session in September, and at the VISN HPDP Program Leader Meeting in February/March 2012. More VISN and facility bright spots will be reported in subsequent issues of HealthPOWER!

Promoting Community Partnerships—Shannon Peters, HPDP Program Manager, Bath VAMC, NY (VISN 2)

“We’ve partnered with several local community agencies to expand the health and wellness opportunities for Veterans and their family members, and to centralize local resources and maximize our offerings. We now offer a ‘bone health’ program, a Farmer’s Market, and chronic disease self-management program (CDSMP), all of which are promoted via Facebook, area newspapers, local facility signage, and staff.

Bone Builders, an evidenced-based exercise program developed at Tufts University, is offered two times per week in collaboration with the local Office of the Aging. It’s designed to reduce the risk of or prevent osteoporosis in both men and women by improving strength, flexibility, endurance, and balance. The VAMC’s Employee Wellness Committee and HPDP Committee also sponsor a seasonal, weekly Farmer’s Market through a partnership with local vendors that helps promote healthier eating choices among Veterans, VA employees, and the community. The Stanford CDSMP is offered in conjunction with the Steuben Rural Health Network (of the Institute for Human Services, Inc.) and is designed to help people gain self-confidence in their ability to manage their ongoing health challenges.
Trained facilitators for *Bone Builders* include Kristin Bennett, Sonjia Bennett, Bob Buckley, Robin Crist, Dr. Laurie Haight, Wade Hall, Shannon Peters, and Richard Rygiel from the Physical Medicine and Rehabilitation and Recreation Therapy Department. Andrew Wakley coordinated the Farmer’s Market through his involvement in the Genesis LEAD leadership development program. Shannon Peters serves as a trained leader for the CDSMP program.

The programs help us to ‘talk the talk and walk the walk.’ Collectively, they support a culture of health and the clinical conversations on health behavior changes occurring in the primary care setting. The programs are important in helping employees, Veterans, and family members recognize the value of health and wellness in what they see, hear, and do here at the Bath VAMC.”

**Promoting the Healthy Living Messages—Charlene Molloy, HPDP Program Manager, Malcolm Randall VAMC, Gainesville, FL (VISN 8)**

“The North Florida South Georgia Health System consists of two medical centers and eleven CBOC and Outpatient Clinics (OPCs). We have developed several new tactics to promote the nine HLMs to Veterans at our VAMC’s facilities. The first step was to establish an HPDP team that includes a designated point of contact (POC) at each facility. We created an HPDP monthly calendar of events with designated topics and focus for each month. A new poster is created monthly and patient educational materials distributed to all thirteen POCs. Our goal was that no matter when and which facility a Veteran entered our system, the same HLM was promoted. Each POC also develops monthly HLM-related events for both staff and Veterans, such as staff in-services, cooking demonstrations, healthy dish cook-offs, fitness events, and wellness seminars, just to name a few.

To re-enforce the HLMs with Veterans at home, we incorporated them in a VISN 8 wall calendar. The take-home calendars make the HLMs applicable to daily life—Veterans can record things like their blood pressure, blood sugar, weight, and exercise routine on the calendars, which also have a ‘know your numbers’ section that helps Veterans understand the specific health target goals for these items. The wall calendar matches the HPDP monthly calendar topic and events, providing ongoing support for each of the HLMs.

The local HPDP calendar of events and the VISN 8 wall calendar are complimented by the VISN 8 quarterly *Veteran’s Health Matter Magazine*, which highlights the HLMs designated for that quarter, as well as specific local and VISN health topics. Articles, testimonials, VISN 8 current events, and recipes are just a few of the items included in the magazine. Collectively, these efforts have aided our efforts to better educate Veterans on the HPDP program and HLMs, while reinforcing the partnership between our local facilities, VISN, and NCP.

The success of our HPDP program in rolling out the nine HLMs comes from our ability to work as a team, share ideas for new materials, update older materials, and brainstorm new and relevant events that appeal to our Veteran population.”

**Encouraging Veterans and Staff to Be More Physically Active—Charmin Thomas, HPDP Program Manager, Team Leader HPDP PM, Memphis, TN (VISN 9)**

“In February 2012, the Memphis VAMC was one of 263 applicants awarded an Employee HPDP Grant to promote staff and Veteran health. Our grant, which is entitled, ‘Walking In Memphis,’ will help complete work already in progress to encourage Veterans and staff to make more frequent use of the stairs in our facility.

If you have never seen Memphis, all you have to do is take the stairs at the VAMC. The stairwell will depict Memphis-related themes and scenes that have been created by local artists. This art will be featured in the stairwell for all to enjoy while using the stairs, but it will be more than just something nice to look at—it will be a declaration of support and encouragement for healthy lifestyles.

We’ve put up signage in the VAMC to encourage the use of the stairs instead of elevators, which will help Veterans and staff burn more calories and the facility use less energy. And we’ll be measuring the impact of the stairwell mural in several ways. Door counters have been installed to monitor the number of people who use the stairwell pre- and post-mural. Online employee satisfaction surveys will be used to poll staff members on how often (daily, weekly, monthly) they use the stairs and any changes in their weight and level of physical activity. Overall employee sick leave use also will be evaluated. We know that taking the stairs instead of elevators is not the only factor in employee weight loss and health improvement, but it’s a potentially important correlation that we’re trying to assess.
Additional funds also have been used to install a music system in the stairwell and contract an artist to paint motivational scenes in the form of a mural related to Memphis. Focus groups are being held to decide on the final design and we anticipate that the project will be completed by late December.

**Advancing Pain Psychology Using Telehealth – Dr. Cynthia Van Keuren, Director, Pain Education and Outcomes Pain Management Center, Cleveland VAMC, OH (VISN 10)**

“We decided to implement a telehealth model of care for pain psychology for two reasons. Initially, it was due to a shortage of space in our hospital; later, it became clear that for a number of reasons, patients who received their care in CBOCs prefer not to travel to the VAMC for their appointments. Addressing these needs with advancing tele-technology led to the development of our pain psychology telehealth clinics.

Currently, I offer telehealth services on 9 half-days a month at five different clinics. Dr. Laura Roush in pain psychology is also offering telehealth on 4 half-days a month at four different clinics. We use office-based teleconferencing equipment for these services, which frees up space for clinicians to see patients and certainly makes things more convenient.

This program has had great results. Patient satisfaction has improved, demands for clinic resources at the Wade Park campus have been reduced, and the expense of travel pay for the facility has decreased. I am actually able to see more patients in telemedicine in the same period of time—typically five patients instead of three or four. Subsequently, there is less wait time for new consults and for follow-up appointments. Importantly, we’ve also not seen any differences in no-show rates between in-person appointments and telemedicine appointments.”

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**What They’re Saying About: The Value of MI for Flu Shots**

“I have enjoyed 4 years of active involvement in planning and co-managing the Iowa City flu clinic. Using MI in talking about getting flu shots has been a game changer! We often have 1:1 contact with patients in busy waiting rooms, creating opportunities for public health education moments. MI skills have made a huge difference in how I approach reluctant individuals and respond to ‘hecklers’ in public areas. Instead of debating with them now, I start by asking if it would be okay if I share some information. I am finding that listening to the reluctant patient’s reasoning, asking before telling, and honoring their agenda has been a winning combination. I often say, ‘It’s completely up to you,’ and they usually show up for their shot! It is a great reward when my communication skills and words can move a person from complete reluctance in a waiting room to showing up later in the walk-in flu clinic on their own terms.”

— Jennifer Gonzalez, R.N., B.S.N., HPDP Program Manager and VHEC, Iowa City VAHCS
The following are examples of infographics that have been developed by NCP to support the Health Living Messages. These and other infographics will soon be available for use through NCP’s Intranet Web site.

**GET YOUR BODY MOVING!**

**LIGHT ACTIVITIES**
- housework,
- stair climbing,
- walking slowly

4% mortality*

**MODERATE ACTIVITIES**
- dancing,
- raking leaves,
- walking fast

6% mortality*

**VIGOROUS ACTIVITIES**
- jogging,
- riding a bike uphill,
- jumping rope,
- swimming laps

9% mortality*

www.prevention.va.gov/Be_Physically_Active.asp

Each week, aim for at least 2 1/2 hours of moderate physical activity, or 1 1/4 hours of vigorous physical activity, or a combination of both.

*Compared to that of no activity, the approximate decrease in death rate associated with increasing activity by 1 hour/week.

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**EAT WHOLE GRAINS**

Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta per day. Examples of one ounce are:

- 1 slice of bread
- 1/2 cup cooked rice or pasta
- 1 cup breakfast cereal
The following **new U.S. Preventive Services Task Force (USPSTF) final and draft recommendations** have recently been issued. Recommendations below include those for providing service (A or B), against providing a service (D), and/or statements of **insufficient evidence** to recommend for or against (I):

- Recommendation about Screening for Coronary Heart Disease with Electrocardiography (D and I).  
  http://www.uspreventiveservicestaskforce.org/uspstf/uspsacad.htm
- Recommendation about Screening for Hearing Loss in Older Adults (I).  
  http://www.uspreventiveservicestaskforce.org/uspstf/uspshear.htm
- Recommendation about Screening for Ovarian Cancer (D).  
  http://www.uspreventiveservicestaskforce.org/uspstf/uspsovar.htm

**The Agency for Healthcare Research and Quality (AHRQ)** recently published two new resources:


A number of **new HPDP tools and resources** were developed in FY 2012 and are now available from the VA Forms and Publication Control Officer. NCP requests that the HPDP Program Manager, HBC, Veterans Health Education Coordinator (VHEC), and MOVE!® Program Coordinator work together to coordinate ordering these materials to ensure that they are used effectively. The following new tools support patient goal setting:

- **Healthy Living Messages** tri-fold brochure: lists brief messages for all nine of the messages and allows Veterans to write down questions they may have for their health care team.
- **Making Healthy Food Choices with a Healthy Plate**: a colorful and visually engaging way to explore healthy eating choices and help Veterans make good decisions about how much and what types of food to eat.
- **Your Health, Your Goals**: assists staff in discussing health behavior goal setting.
- **Importance/Confidence Ruler**: laminated tool designed for goal-setting discussions.

The following new tools and resources support staff skill-building, follow-up training, and clinician coaching:

- **Motivational Interviewing—RULE**: laminated pocket card provides a brief summary of MI principles for ready reference.
- **Motivational Interviewing—OARS**: laminated pocket card assists staff in recalling MI strategies that are central to engaging patients.
- **Moving Veterans to MOVE!**: pocket guide designed to assist clinicians in the discussion for enrolling appropriate Veterans in MOVE!®.

From October 2011 through June 2012, over 5,400 VHA staff members attended **TEACH training**. During this time period, there were 545 Local TEACH classes held at VHA facilities. There are now a total of 550 TEACH Facilitators, 80 of whom were trained in 2012.
Since its launch in November 2011 in 5 VISNs and 24 VAMCs, NCP’s National TLC pilot program has had 5,469 consultations. Of those, 3,142 (57 percent) Veterans have enrolled, and 2,482 (45 percent) Veterans have completed at least three coaching calls. A total of 526 Veterans have completed all nine of the coaching calls for the program so far.

Several articles of interest to VHA clinicians were published:


VHA has published a quick list of links to the many programs available to our Veterans, which is available at: http://www.va.gov/health/NewsFeatures/20120730a.asp

A new VA Web site, [http://vetsuccess.gov/home](http://vetsuccess.gov/home), boasts a variety of tools and resources to help Veterans as they transition into civilian life.

### Staff Updates

Congratulations to NCP’s Connie Lewis, who was presented with a pin commemorating 30 years of service to VA, and Dr. Linda Kinsinger, who received her 10-year service pin. Kudos to Becky Hartt Minor, who was selected by her peers to receive the “Above and Beyond” NCP Staff Award for her work in several NCP programs.

Karen Eisner joined the NCP team in August 2012 as Project Manager for the Veterans Health Library (VHL). She comes from Intuit’s health care division, where she managed the implementation and deployment of secure, online patient portals for hospitals and other large-scale health systems. Karen also trains therapy dog teams for participation in both animal-assisted activity and therapy programs for patients in hospitals, nursing homes, rehabilitation centers, schools, and other facilities. She holds a bachelor of science degree in psychology from the State University of New York at Stony Brook, and a certificate in computer science from Hofstra University. Using her expertise in project management and emerging health care technology, Karen will help manage the VHL and other projects at NCP.
In September 2012, Dr. Leila Kahwati departed NCP, leaving a record of multiple accomplishments during an 8-year association with the Durham office. She began her tenure at NCP in July 2004 as a contractor, and wrote almost all of the initial online clinical training content that was critical to the early development of the MOVE!* Program. She continued in this capacity until the fall of 2006, when she was selected for the full-time Deputy Chief Consultant for Preventive Medicine position at NCP.

Since then, her impact has been broad and far-reaching. Kahwati led NCP’s research and evaluation efforts, which included assessments of MOVE!* and patient survey data that have resulted in a number of internal and external publications. In support of VA’s Transformational Initiatives begun in 2010, Kahwati took the lead on NCP’s Preventive Care Program, which required her to manage, monitor, and report on a variety of activities associated this sub-initiative, and serve as the liaison between NCP and VA’s Office of Healthcare Transformation.

More recently, Kahwati had spearheaded NCP’s ongoing development of the online Health Risk Assessment (HRA) for Veterans. Beginning in 2011, she took on a multi-faceted managerial role that has spanned the contracting, content development, and initial testing phases of this not-completed initiative. In addition to these roles, Kahwati also has been a part-time clinical provider at the Durham VAMC’s Women’s Health Clinic for several years.

NCP’s National Program Manager for Prevention Policy Terri Murphy, who worked with Kahwati on the HRA and other projects, describes her as “one of the most intelligent, analytical, and organized thinkers I have ever had the pleasure to work with—she brought a quality of excellence to everything that she touched.” Adds Dr. Kinsinger, “Leila brought a laser-like focus and technical expertise to her work here, and she has set a standard for the critical evaluation of everything we do.”

[Editor’s note: Dr. Kahwati provided the following comment on her departure: “It’s been a real privilege to work in VA with amazing colleagues who are dedicated to the mission of improving the health of our nation’s Veterans. Fortunately, my new employer will allow me to continue to provide clinical care to Veterans at the Durham VAMC Women’s Health Clinic, so in a small way I will still be able to contribute to the overall mission. I would like to thank Dr. Kinsinger for her mentorship and all of my many colleagues at NCP—too many to list here—for their invaluable fellowship over the years. I look forward to keeping in touch with my VA friends near and far even after I move on to my new professional role.”]
PDP Program Manager Jana Patterson believes that a strategy based on preparation, education, motivation, and persuasion has made TLC a success at the VA Sierra Nevada Health Care System (VASNHCS). Now several months after starting TLC in the HCS, the team led by Ambulatory Care ACOS Dr. Uchenna Uchendu and Patterson has seen the impressive results of a creative, multi-faceted plan for implementing the program.

The VASNHCS won NCP’s National TLC Recruitment Competition in May 2012 by achieving a 38-percent improvement from April in the number of Veterans who enrolled (i.e., completed at least one coaching call after referral). “It’s exciting to get so many new Veterans started in TLC here in the Reno area,” says Patterson. “And it’s great to start seeing all of the benefits that TLC is providing for both Veterans and clinicians.”

**Big Plan, Small Start**

The VASNHCS is one of a limited number of VHA facilities that are now piloting TLC, which pairs a Veteran with a personal coach to complete a series of telephone calls aimed at developing and achieving a personal health goal, such as losing weight or quitting smoking. The HCS, which serves about 25,000 Veterans in 20 counties in northern Nevada and northeastern California, formally launched the program in January 2012. But it was preparation—training, planning, and the development of specific tactics—that started in the fall of 2011 and has ensured TLC’s success.

One key element of the TLC rollout was to start small. “We initiated it at only one of our clinics—the VA Sierra Foothills Outpatient Clinic in Auburn—where there would be fewer and more manageable challenges,” explains Uchendu. “Later, as we built momentum and familiarity with the program, we implemented it at the other three CBOCs and at the main HCS facility in Reno.”

**Informed and On Board**

Using the mantra, “knowledge is power,” the team focused its early efforts on clearly and concretely articulating what TLC is, what it can provide clinicians, and how it can help Veterans. “Addressing clinicians’ questions about TLC was also critical to getting them interested and on board,” says Uchendu. “We emphasized that TLC was a powerful tool to help make care more convenient, get Veterans healthier, and promote autonomy in managing their health.” Patterson and Uchendu explain that to do this, the Reno team distributed a variety of communications—talking points, handouts, summary cards, booklets, and PowerPoints, for example—that were designed to succinctly educate about the benefits of TLC. And they provided the information to HCS clinicians, as well as a variety of non-clinical personnel, including staff members in the Community Living Center, Mental Health, Nutrition, Outpatient Services, Pharmacy, and Social Work departments.

As they talked about TLC with staff, the team reiterated how the program could improve clinicians’ efficiency and care of patients, as well as complement all of the HCS’ clinical programs. And they addressed providers’ specific concerns about the novel program, such as how it would impact clinical burdens and patient visits. “It was important to let them know what was in it for them—for example, that it could lessen their referral burdens,” says Patterson, “and for their patients—say, that it could improve Veterans’ health without the need for office visits.”

**Promoting Partnerships**

Another important step was to promote and generate enthusiasm for TLC, which the team did primarily through building and maintaining relationships. “We designated an R.N. at each site to be the local TLC ‘champion,’” says Uchendu. “And we put a lot of thought into matching each champion’s qualities with the needs of each site program.” Patterson adds, “When we started TLC at the clinics, I traveled to each one to do an introduction and meet with the champion.” These initial visits augmented later, scheduled visits with local PACTs, monthly TLC progress reports for the department managers, ongoing dialogue with the site champions, and a quarterly PACT newsletter, all of which were used to motivate...
and engage staff, and help them succeed. “Just asking questions like, ‘how’s everything going with TLC?;’ really helped us nurture those partnerships and promote the program,” says Patterson.

Getting the buy-in of facility management was also part of the equation for success. “We did a special brief on TLC for our HCS Director,” Uchendu explains. “He was enthusiastic about the program and really became a TLC champion at the facility and VISN levels.”

Getting the Word Out
The VASNHCS team is currently taking care of the typical post-launch questions and issues that come with a new process and program like TLC. They are also eagerly anticipating new TV monitors in the HCS, which will provide them with another medium for educating staff and Veterans on TLC and other HPDP initiatives. “We’re also going to target other outlets to promote outreach to local Veterans,” says Uchendu. “We’ll be promoting TLC at our monthly wellness events and ongoing community events, and for example, we’ll be working to get our Rural Health Program POC up to speed on the program.”

Ultimately, Patterson says that TLC is a powerful program because it offers clinicians and Veterans “another effective way to promote and practice HPDP without the need for an in-person facility visit.” Uchendu agrees, adding that “it’s a great program because it truly complements all of VHA’s clinical programs and offers a range of tangible benefits for both clinicians and Veterans.”

“TLC is getting Veterans excited about, and effective at, improving their health.”
MOVE!® Physician Champion Receives State and Local Accolades for Work with Los Angeles Veterans

Veterans at the VA Greater Los Angeles Health Care System (GLAHCS) have long benefited from the outstanding clinical care that MOVE!* Physician Champion Dr. Zhaoping Li has provided. Recently, a group of those Veterans, led by Gordon Bergelson, spearheaded an effort to recognize Li’s ongoing work to improve their health through weight management.

In July 2012, Li, who is Chief of the Hospitalist Division at the GLAHCS, received three awards related to her achievements in treating and educating Veterans in weight management and health improvement in VA and at the University of California, Los Angeles (UCLA). The California Legislative Assembly awarded a Certificate of Recognition to her for the MOVE!* Program, and the City of Los Angeles presented a Certificate recognizing Li’s distinguished service to local Veterans. A Certificate of Appreciation from the Secretary of the California Department of Veteran Affairs also lauded the outstanding care she has provided through the GLAHCS and UCLA Health Care System. Li was presented the awards at a ceremony that included HCS leadership, staff, patients, and collaborators from UCLA, where she is also a Professor of Clinical Medicine and Associate Director of the Center for Human Nutrition in the School of Medicine.

Li has been helping obese and overweight Veterans successfully control their weight at the GLAHCS since the late nineties, several years before VHA initiated MOVE!* Initially the director of the weight management program at the facility, she and a group of surgeons managed a bariatric surgery program for Veterans. “During that time, I began to realize that this surgery wasn’t a cure-all for obese patients,” Li says. “So it was exciting for me when NCP’s MOVE!* program later launched, and I got involved as the physician champion. I’ve been fortunate to work with the great MOVE!* team here at GLAHCS—dietitian coordinator Aaron Flores, Drs. Maria Romanova and Mehran Kashefi, psychologist Dr. Charles McCreary, program assistant Gwendolyn Corley, and nurse specialist Sandra Robertson. I received the award for our entire MOVE!* team.”
According to Li, one of her and the MOVE!* Program’s biggest accomplishments at the HCS has been helping Veterans manage their weight without bariatric surgery. “Using MOVE!*, we’ve been able to slash the number of Veterans on the waiting list for bariatric surgery—from over a hundred Veterans to three currently,” she says. “And in the last 5 years, we’ve performed only three of the surgeries on Veterans.”

In fact, Li believes that for many Veterans, MOVE!* may be a better alternative for weight management compared to bariatric surgery. “We’ll soon publish some long-term study data that show that MOVE!* is at least as effective as bariatric surgery in helping Veterans manage their weight,” she explains.

Li also thinks that the impressive results achieved through MOVE!* at the GLAHCS can be applied outside of VHA. “The VA population that we work with here in west Los Angeles presents a lot of challenges—70 percent of the MOVE!* Veterans have psychological co-morbidities, many are homeless, and they often lack psychosocial support,” she explains. “Our MOVE!* success here is all the more impressive in light of these factors, and that, in part, is why I think that the program’s results will readily generalize to the greater U.S. population.”

Dr. Ken Jones, NCP’s National Program Director for Weight Management, concurs with Li that MOVE!* is often a better option than bariatric surgery for overweight and obese Veterans. And he agrees that Li’s awards and efforts are impressive. “Dr. Li and the GLAHCS MOVE!* staff have done so much for Veterans in the Los Angeles area,” he says. “It’s great to see her honored at the state and local levels, and especially by Veterans—because for clinicians in VA, the most rewarding and satisfying recognition comes from our patients.”
### CALENDAR of EVENTS

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<thead>
<tr>
<th>Event</th>
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<th>Access Code</th>
<th>Upcoming Calls</th>
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<tr>
<td><strong>NCP Education Conference Call</strong></td>
<td>2nd Tuesday of the month 1:00 pm ET</td>
<td>1-800-767-1750, Access Code 18987#</td>
<td>November 13, December 11</td>
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<tr>
<td><strong>Health Promotion/Disease Prevention Conference Call</strong></td>
<td>1st Tuesday of the month 1:00 pm ET</td>
<td>1-800-767-1750, Access Code 35202#</td>
<td>November 6, December 4</td>
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<tr>
<td><em><em>VISN MOVE!</em> Coordinators Call</em>*</td>
<td>2nd Tuesday of the third month of each quarter 3:00 pm ET</td>
<td>1-800-767-1750, Access Code 59445#</td>
<td>December 11</td>
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<tr>
<td><em><em>VISN/Facility MOVE!</em> Coordinators and Physician Champions Call</em>*</td>
<td>2nd Tuesday of the first and second month of each quarter 3:00 pm ET</td>
<td>1-800-767-1750, Access Code 59445#</td>
<td>November 13</td>
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<td><strong>Veterans Health Education Hotline Call</strong></td>
<td>4th Tuesday of the month 1:00 pm ET</td>
<td>1-800-767-1750, Access Code 16261#</td>
<td>November 27</td>
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<td><strong>National Health Behavior Coordinators Call</strong></td>
<td>2nd Wednesday of the month 12:00 pm ET</td>
<td>1-800-767-1750, Access Code 72899#</td>
<td>November 14, December 12</td>
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HealthPOWER! is an award-winning, quarterly publication from the VHA National Center for Health Promotion and Disease Prevention, highlighting health promotion and disease prevention activities in VA.

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

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