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Independence Day is behind us and we’ve officially entered the dog days of summer. Here in central North Carolina, many have taken up the leisurely pace needed to cope with July’s humid, 100-degree heat. But staff members at the Veterans Health Administration (VHA) National Center for Health Promotion and Disease Prevention (NCP) are busy building on the successes of our Preventive Care Program and the Department of Veterans Affairs’ (VA’s) transformation. Recently, NCP’s Office of Veterans Health Education and Information (VHEI) has been particularly active supporting Veterans Health Education Coordinators (VHECs) as they develop and promote patient-centered VHE in VHA facilities.

In this issue of HealthPOWER®, we spotlight some of the exciting accomplishments of both VHEI staff and local VHECs. Our feature article describes how a VHEC team in Veterans Integrated Service Network (VISN) 22 is promoting health promotion and disease prevention (HPDP) through a recently launched VHE television channel. Next, NCP’s Barbara Snyder and Becky Hartt Minor discuss how some of VHEI’s new training initiatives and resources are being used to nurture the professional development of VHECs. VHEI Program Manager Dr. Rose Mary Pries also discusses how a creative, ongoing collaboration with The Joint Commission (TJC) is helping VHECs and VHA staff improve Veteran-centered care and health education in the field.

Finally, we highlight several success stories—we like to call them “bright spots”—that show VHA clinicians at their best: a VHEC/HPDP Program Manager who has maximized the value of NCP’s Patient Education: TEACH For Success (TEACH) course, a VISN that is successfully implementing a chronic disease self-management program for Veterans, and a novel VA-Department of Defense (DoD) partnership that is helping Veterans in Honolulu get more healthy and active.

So take a few moments to read about some of the great things that your VHEI and VHEC colleagues are accomplishing for Veterans. And if you know of a bright spot, be sure to send it to Jay Shiffler (jay.shiffler@va.gov) or Ted Slowik (theodore.slowik@va.gov) here at NCP. We’d love to hear about—and continue to promote—your successes!

Linda Kinsinger
Tuned In to Better Health: VISN 22’s Veteran Health Education Channel Wins Innovation Competition

“So proud,” is how Laureen Pada says that she felt watching the January 2012 debut of the Veterans Health Education Channel that she and a team of fellow VHECs developed for use in the VA Medical Centers (VAMCs) of VISN 22. The channel, which is supported through a VHA Employee Innovation Competition, is providing a healthy TV alternative to outpatients at the San Diego, Loma Linda, Long Beach, and Greater Los Angeles VA Healthcare Systems (HCSs). Currently showing three VISN-produced videos, as well as content from “The Patient Channel” and the VA Public Affairs’ and Employee Education System’s (EES) “The American Veteran,” the channel got its start when VHECs asked a simple question: What are we doing to promote Veteran-specific healthy living on our VAMC television for inpatients and in the waiting rooms?

Changing the Channel
“The waiting room televisions used to show news, soaps, reality TV, and sports 24/7,” says dietitian Rene Haas, Long Beach HCS’ VHEC and a key player on the interdisciplinary VISN VHEI Committee that helped make the channel a reality. “Patients complained about the shows and often disagreed about what to watch. And there was really nothing on that promoted healthy living messages directly to Veterans and their families.” Pada and her team also knew that TV—a valuable medium for visual and auditory teaching, particularly for Veterans who have low health literacy—was not being used as effectively as it could be in VISN 22’s facilities.

The Big Idea
So Pada (VA San Diego HCS) partnered with Haas, Ileana Aldana and Kenneth Cobb (Greater Los Angeles), and Sandra Cegielski (Loma Linda) to develop the core concept behind their innovation: leveraging existing hospital infrastructure to provide patients and their families with a TV channel dedicated to health education and Veterans topics. “We envisioned a channel that would promote Veteran-centered care by helping patients better engage with their health care teams, and would provide education that meets VA and TJC standards,” explains Pada. “Specifically, the customized programming would provide care, wellness, and HPDP education, and would model the behaviors that patients need to manage and improve their health.”

Moving Fast
Looking back, Pada and Haas say that launching the channel—from initial idea through technical development—was not as easy as it may have appeared. “We had to learn and do a lot in a matter of just a few months,” recounts Pada. “Starting in late spring of 2011, we submitted our idea, got selected as one of the top 100 entries, formally presented our idea in Nashville, and went to an innovation boot camp to learn contracting.” Adds Haas, “In August, we initiated the bid process, and by December we’d created 2 videos for the channel!” The process went relatively smoothly because of the VHEI team’s excellent collaboration and communication, as well as early, broad support from VISN and Office of Primary Care leadership. According to Haas, “a lot of folks in and out of VISN 22—public affairs officers, Patient-Aligned Care Team (PACT) staff, EES—were critical to this award and project. Look closely at the videos, for example, and you’ll see that the ‘actors’ are real staff and Veterans from our VISN.”

Must-See TV
So far, clinical staff loves the new channel and Veterans have responded positively. “We’ve heard of Veterans specifically asking for the channel in their rooms,” comments Pada. No specific success metrics have been measured yet, but the team is confident that they are making progress towards their “big picture” goals of improving patient care, access to health education, and support for clinicians. Follow-up
surveys for recently discharged patients and for outpatients are being developed; Pada also envisions querying in-hospital focus groups about the channel later this year.

**Forward**

Additional funding beyond the 1-year award is the key near-term goal for the project, but Pada and Haas are confident that this will come together in 2013. The San Diego facility has begun extending channel access to its community-based outpatient clinics (CBOCs), a step that is a current work focus for Pada. Getting more staff buy-in and support for the channel also is a challenge that the team is tackling.

“The launch was relatively recent, but we’re already creating a standard operating procedure to ensure the channel is shown on waiting room TVs, and we’re developing marketing plans for the channel,” says Pada. “As we add new video content, we’d like to do movie premiere-style events to boost awareness and excitement.”

**Culture, Future**

Ultimately, Pada and Haas think that the channel is symbolic of what VA health care is and can be. “This channel exemplifies our commitment to Veteran health. And it represents the multi-faceted manner in which that’s being accomplished by VHECs—supporting Veteran-centered care, promoting health education, encouraging more active patient roles, and integrating HPDP into clinical practice,” they explain. In fact, Haas notes that the channel was designed with VA’s “I CARE” values and Core Characteristics (trustworthy, accessible, quality, innovative, agile, and integrated health care) in mind, and also included I CARE on the programming guides.

After only a few months of screen time, the channel has generated calls of interest from outside the VA Desert Pacific Healthcare Network—which fits in with the VHEI team’s bigger plans. “We’re modifying the videos for use in other VISNs and distributing our programming through other media,” says Pada. “We believe that our channel is one effective way to help get healthy living messages and PACT concepts into the consciousness and organizational culture of VA.”

“This channel exemplifies our commitment to Veteran health. And it represents the multi-faceted manner in which that’s being accomplished by VHECs.”
VHEC Professional Development in Fiscal Year 2012: A Discussion with NCP’s Barbara Snyder

NCP Health Education Coordinator Barbara Snyder, M.P.H., VHEI’s lead for VHEC professional development, recently discussed how VHEI is helping VHECs better assess, establish, and promote Veteran-centered VHE at the VAMCs.

Can you give us a brief overview of the professional development that VHEI provides for VHECs?

Snyder: “VHEI’s primary focus is enhancing the quality of health education services in VHA, so our professional development program for VHECs focuses on training and assisting them to better perform this function at the local level. VHA Handbook 1120.04 also specifies our partnership with VA’s EES to train VHECs to offer evidence-based health education programs, services, and products.

Our November 2010 survey of all VHECs revealed disparities in their role-related academic preparation and experience—few had training in health education and their level of PACT involvement varied widely. Also, VHECs requested more guidance and assistance in conducting facility-wide needs assessments and in strategic planning to align VHE with VHA and facility goals. So we’ve tried to develop a professional development program for VHECs that addresses these needs.”

In Fiscal Year (FY) 2012, what are the key elements of the professional development program?

“Patient-centeredness is a key concept in VA’s transformational initiatives, and VHECs take the facility-level lead in enhancing and promoting Veteran-centered health education. So the FY12 focus is on ensuring that VHE programs, activities, services, and products are Veteran-centered. This year’s program consists of four quarterly educational interventions—or modules—to help VHECs enhance their skills to successfully perform this role.”

Tell us more about the four learning modules.

“Module 1 is the ‘foundation’, and helps VHECs engage key staff in Veteran-centered health education. Module 2 helps them work with VHE program teams to assess the Veteran-centeredness of their facilities’ existing VHE programs. Modules 3 and 4 will help VHECs provide consultation, training, and program enhancement strategies to local staff who are conducting VHE programs. These modules will help VHECs work with local staff to fully develop their facilities’ Veteran-centric health education programs. Each module consists of four components: a 2-hour, interactive Live Meeting session/call hosted by NCP; an online learning activity that’s completed on VA’s Blackboard Web site; follow-up learning applications combined with group VANTS calls to discuss best practices; and a toolkit and resource guide posted on Blackboard for use in the worksite applications.”

What are the objectives of the program and modules?

“They’re designed to provide VHECs with the all information, guidance, and skills they need to make their facility VHE programs Veteran-centered and PACT-aligned. By program’s end, they should be really well-versed in Veteran-centered health education and ready to tackle the critical tasks in assessing, establishing, and promoting Veteran-centered VHE.”

How far along in the FY12 training are you?

“We finalized the program content in late 2011, and immediately started rolling out the modules. We held the interactive Live Meeting/conference call sessions for Modules 1 and 2 in January and March of 2012, respectively. Then in mid-June, we
again teamed with EES to do a Live Meeting conference call on applying Modules 1 and 2 to the work setting, which was a big success. We’ve also populated the Blackboard site with a number of valuable resources. As with the Module 1 and 2 calls, we had great interactions and discussions among the speakers and participants in June, and the follow-on conversations have been helpful to VHECs, too.”

What kind of feedback have you gotten on the program and modules so far?

“Participants have told us that the training has been excellent—both informative and practical. They’ve also thanked us for the accompanying tools, which they’re already starting to successfully apply in their committees and facilities. It’s rewarding for us in VHEI to see that the program has met our training goals and is inspiring VHECs to make progress. A number of VHECs have said that they can’t wait to ‘get started’ with what we’ve provided them so far, and that’s great to hear.”

What will the coming months bring for VHECs in terms of professional development?

“We’ll continue to assist VHECs in locally implementing the Module 1 and 2 training and resources through the summer and into the fall. We’ve planned the kickoff session for Module 3 for September 2012 and we’ll roll out Module 4 sometime in early FY13.

In the near future, we’re hoping to start assessing the impact and results of our professional development efforts. And of course, we plan to continue offering professional development opportunities to VHECs on a regular basis. We’re in a particularly exciting phase now because VHECs at all different facility levels are implementing our training and tools, and working with VHA staff to improve VHE. It’ll be rewarding to soon see how all of VHEI’s and VHA staff members’ hard work and efforts pay off for Veterans.”

Orientation for New VHECs: A Discussion with NCP’s Becky Hartt Minor

NCP Health Educator
Becky Hartt Minor, M.A., who is VHEI’s lead for VHEC orientation programs, recently discussed how a new initiative is helping new VHECs better understand their roles in promoting VHE and enhancing Veteran-centered care at the facility level.

First off, what exactly is “Veterans health education”?

Hartt Minor: “In a nutshell, VHE is a combination of education, information, and other strategies that helps Veterans 1) promote health, prevent disease, and enhance their quality of life, 2) actively partner with their providers and health care teams, 3) engage family and social support systems, and 4) develop self-management and problem-solving skills.

VHE is fundamental to VA’s current vision of Veteran care. VA has emphasized VHE’s value in empowering Veterans, and providing it to Veterans is integral to VA’s Core Principles of Veteran-centered care and the PACT programs. Because health education is a valuable part of Veterans’ care, each VA medical facility has the responsibility to provide VHE.”

Where does the VHEC fit in promoting VHE?

“In each facility, the VHEC plays a multi-faceted role and leads the process of planning, implementing, and evaluating VHE programs, services, and products. Although educating Veterans is the responsibility of every clinician, the VHEC is a critical facilitator who takes a leadership role in managing this clinical function. The VHEC knows that every interaction between patient, caregiver, and provider is an opportunity for health education. So each VHEC is an advocate who ensures that Veterans and their caregivers receive the education they need to partner in health care. VHECs have a lot of responsibilities, and the job can be challenging, especially for those who are new to it.”

How is VHEI helping new VHECs get started?

“As part of the information and guidance our office provides, we’ve developed an orientation program for new VHECs. Much of the content is based...
on needs identified in a recent national survey, and the program’s modules help new VHECs understand how they fit into VHA’s overall mission and how to succeed in their important role. Because VHECs have facility-wide, program, and patient/provider-level responsibilities, this program is also designed to help them develop, promote, and gain wide support for VHE programs within their facility, as well as their VISN. Module 1 of the program, for example, is titled “VHEC Introduction and General Role Orientation,” and Module 2 gives them the tools to develop effective committees, which is a key part of their job.”

**Tell us more about Module 1.**

“We rolled it out in 2011, and it’s the first of several self-study modules to help new VHECs understand what is expected of them. It’s a structured way to learn about the coordination, facilitation, promotion, and advocacy that’s needed to help deliver individualized, evidence-based health education programs and services to Veterans. In the module, they also learn about all the resources available to help them—from VHEI’s far-ranging support, to the Veterans Health Education Network and EES’ offerings.

They basically get an orientation—the module covers six broad learning topics: VHEC role, VHEC functions, NCP’s VHE Handbook, pertinent directives, communication, and required training. The curriculum focuses on their responsibilities, which are outlined in a VHEI PowerPoint presentation and based on information outlined in handbooks, directives, and Internet and Intranet Web sites. We also provide them the VHEI SharePoint as a centralized source for these and other resources.”

**Can your briefly describe the VHEC’s responsibilities?**

“They have several core responsibilities that reach across disciplines and care settings, one of the most important of which is facilitating interdisciplinary collaboration on VHE. VHECs are point-persons and advocates for VHE, working with management to meet objectives and leading strategic planning. They facilitate input on VHE across disciplines, help meet TJC patient education accreditation standards, and ensure that the facility VHE Program meets core VHA requirements. They work with a wide variety of clinical staff to develop and implement health education programs for Veterans. VHECs also must ensure that commercially or facility-developed health education materials meet VA-DoD clinical practice guidelines, get approval by clinical experts, and achieve the standards for culturally competency and health literacy for Veterans.”

**What are the overall goals of Module 1?**

“New VHECs who complete this module will be able to do several key things. They will understand the VHE mission and vision within VHA, as well as their role and responsibilities. They will also understand how they can help better integrate that education into their facility’s health care services. And importantly, they will understand the comprehensive support that VHEI can provide. We designed the module to guide new VHECs, but it can also be used as a refresher and resource later on.”

**What does the near future hold for new VHECs in terms of getting oriented to their roles?**

“Right now, VHECs are continuing to self-certify on Module 1, which includes applying the knowledge they’ve gained. We’re using information from VHEI’s recent field survey to develop the remaining modules. Module 2, for example, is nearly complete and we expect that it will soon be available. It is an ongoing process and it’s exciting to see our program and VHECs making progress.”
2012 marks the second year of a productive collaboration between NCP’s VHEI and TJC, the independent accreditation and certification body for health care in the U.S.¹ And just as more than 19,000 public and private health care organizations and programs have benefited from TJC’s performance standards,¹ so are VHA facilities, in part through a relatively new, but highly creative consultation between VHEI and TJC.

For the past 2 years, VHA’s Office of Patient Care Services has contracted with TJC’s consultative arm to provide VHA program offices with assessment and guidance in meeting TJC standards of care. Both years, VHEI has taken an “outside the box” approach to best use TJC’s time and expertise to help VHECs and other key facility staff including Quality Management, HPDP, and PACT personnel meet TJC accreditation standards and enhance Veteran health care and education.

In 2011, instead of asking for a traditional consultation, VHEI asked its TJC consultant to help do a “heads-up” conference call for a wide audience of VHA staff on TJC’s newest standards and checklist, as well as the key concepts and competencies behind the standards. Both years, VHEI has taken an “outside the box” approach to best use TJC’s time and expertise to help VHECs and other key facility staff including Quality Management, HPDP, and PACT personnel meet TJC accreditation standards and enhance Veteran health care and education.

In each of the nearly 2-hour calls, Lytle discussed TJC’s latest standards and checklist, as well as the key concepts and competencies behind the standards. She also gave a VHA-targeted overview of TJC’s key publication, Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, which outlines the principles of effective communication, cultural competence, and patient- and family-centered care that drive the standards.²

The calls were particularly relevant to participants because of VHA’s current focus on supporting PACT and patient-centered care. Pries explains that “we—and the field—felt that the calls were valuable in helping VHA staff members understand what’s

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¹ Lytle, who is the Project Director for TJC’s National VA Continuous Service Readiness Program, spoke during a series of calls in February and March of 2011. “Response was overwhelming from the group of VHECs, PACT staff, quality managers, HBCs, HPDP program managers, and clinical staff development coordinators who dialed in to the two-call series,” explains Pries. “Everyone wanted to be on the calls, and even with VHA staff attending in groups, we used over 900 VANTS lines!”

² Pries explains that “we—and the field—felt that the calls were valuable in helping VHA staff members understand what’s
expected in terms of supporting and enhancing patient- and family-centered care, as well as meeting the new TJC standards.”

This year, VHEI took a slightly different, yet equally creative, approach to the TJC consultation. In spring of 2012, VHEI again asked to have Lytle lead a series of conference calls, this time on TJC’s patient education standards. The objective was to encourage VHECs to more actively support the accreditation process. To drive discussion and feedback, participants were offered pre-call discussion questions about their local facilities’ practices. Lytle combed TJC’s multiple manuals containing hundreds of standards to create a comprehensive spreadsheet on relevant patient education standards, which were provided to VHECs for information and review. “We outlined their roles in local TJC accreditation and presented local ‘success stories’ on VHEC involvement to prime conversation,” explains Pries. “And as in 2011, we were able to maximize the practical impact of our valuable TJC consultation with conference calls that were instructional and interactive for VHECs.”

Armed with information from the two successive TJC consultations, VHECs now have more tools and expertise to play a role in helping their facilities meet TJC standards. “The TJC calls have really increased their awareness of the standards on patient/family-centered care and education,” says Pries. “And they know who’s responsible for what and how they can get involved to help facility staff meet those standards.” VHEI has not yet formally measured the impact of the TJC consultations, but Pries believes that VHECs are now much better equipped to promote the readiness needed for ongoing TJC compliance at the local hospital level.

NCP’s creative, yet practical application of the TJC consultations and recommendations is just another example of how the VHEI Office—and front line staff such as VHECs—are proactively promoting quality Veteran education and care. “TJC standards have been a driving force for safe, high-quality, high-value health care in the U.S., and they’re playing an important role in VA, too,” says Pries. “We hope to be able to continue to partner with TJC in the coming years to help local VHA staff continue to lead the way in promoting and enhancing patient-centered care.”

REFERENCES

Falls: The Leading Cause of Injury and Death from Injury in Older Adults

Each year, 1 in 3 adults age 65 and older falls. About half of all falls happen at home.

20–30% of people who fall suffer moderate to severe injuries (cuts, fractures, or traumas).

Falls are the most common cause of nonfatal injuries and hospital admissions for trauma.

In 2009, 2.2 million nonfatal fall injuries among older adults were treated in emergency departments; more than 581,000 of these patients were hospitalized.

SOURCE: CDC

http://www.prevention.va.gov/Be_Safe.asp

BE PHYSICALLY ACTIVE

Less than half of U.S. adults get the amount of physical activity recommended in the 2008 Physical Activity Guidelines for Americans.

www.prevention.va.gov/Be_Physically_Active.asp

SOURCE: US Surgeon General; US Dept. HHS
As of April 2012, over 14,000 VHA clinical staff members have participated in a local Patient Education: Teach For Success (TEACH) courses, including 4,000 from October 2011 through April 2012. A total of more than 550 TEACH Facilitators have been trained, including 79 in FY12. Additionally, 148 Facilitators have gone on to complete the Clinician Coaching, Facilitation and Presentation Skills for TEACH and Motivational Interviewing (MI) Facilitators course.

The 2011 VHA Dementia Warning Signs Workgroup Report and Toolkit are now available at the VHA Office of Geriatrics and Extended Care SharePoint site: http://vaww.infoshare.va.gov/sites/geriatrics/national/AH/Dementia%20Warning%20Signs/DWS%20WG%20Report%202011%20FINAL.pdf. The Report contains a summary of the Workgroup’s process and recommendations, as well as a downloadable toolkit to assist clinicians.

The following new U.S. Preventive Services Task Force (USPSTF) recommendations and evidence reviews have been issued:

- **Recommendation:** Screening for Prostate Cancer.
  [http://www.uspreventiveservicestaskforce.org/prostatecancerscreening.htm](http://www.uspreventiveservicestaskforce.org/prostatecancerscreening.htm)
  (VHA is currently in the process of developing a Clinical Preventive Services Guidance Statement on this topic.)

- **Recommendation:** Prevention of Falls in Community-Dwelling Older Adults.
  [http://www.uspreventiveservicestaskforce.org/uspsfalls.htm](http://www.uspreventiveservicestaskforce.org/uspsfalls.htm)

- **Recommendation:** Screening for and Management of Obesity in Adults.
  [http://www.uspreventiveservicestaskforce.org/uspsobes.htm](http://www.uspreventitiveservicestaskforce.org/uspsobes.htm)

- **Recommendation:** Behavioral Counseling Interventions to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults.
  [http://www.uspreventiveservicestaskforce.org/uspsdiet.htm](http://www.uspreventiveservicestaskforce.org/uspsdiet.htm)

- **Evidence Review and Draft Recommendation:** Use of Hormone Therapy.
  [http://www.uspreventiveservicestaskforce.org/draftrec.htm](http://www.uspreventiveservicestaskforce.org/draftrec.htm)

- **Draft Recommendation:** Screening Women for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults.
  [http://www.uspreventiveservicestaskforce.org/draftrec2.htm](http://www.uspreventiveservicestaskforce.org/draftrec2.htm)

- **Draft Recommendation:** Use of Vitamin D and Calcium Supplements to Prevent Cancer and Osteoporotic Fractures.

- **Evidence Review:** Screening, Behavioral Counseling, and Referral in Primary Care to Reduce Alcohol Misuse.

An initiative of the ABIM Foundation, Choosing Wisely is focused on encouraging physicians, patients, and others involved in health care to think and talk about medical tests and procedures that may be unnecessary. More information and resources are available at: [http://choosingwisely.org/](http://choosingwisely.org/)

Several articles of interest to VHA clinicians were published:


NCP developed several new resources to assist VHA staff, which may be obtained through the facility HPDP Program Manager:

- **Your Health, Your Goals** handout helps staff discuss health behavior goal setting with Veterans.
- **Healthy Living Messages** tri-fold brochure lists the brief messages for the nine Healthy Living Messages and allows Veterans to write down questions for their health care team.
• Motivational Interviewing–RULE laminated pocket card for staff provides a brief summary of the MI principles for ready reference and review.
• Motivational Interviewing–OARS laminated pocket card for staff helps them recall the MI strategies that are central to engaging patients.
• Making Healthy Food Choices with a Healthy Plate handout incorporates nutritional guidance in conjunction with the principles of the USDA’s 2010 Dietary Guidelines for Americans to help Veterans make the right decisions about how much and what to eat.

The Community Preventive Services Task Force recommendation on team-based care to improve the control of blood pressure is now available at: http://www.thecommunityguide.org/cvd/teambasedcare.html. The Task Force is an independent, non-federal, unpaid body of public health and prevention experts that provides evidence-based findings and recommendations about community preventive health programs, services, and policies. A Community Guide (http://www.thecommunityguide.org/index.html) to public health interventions, which offers more than 200 Task Force findings and recommendations on 21 topics, and other materials are available at the Task Force’s Web site: http://www.thecommunityguide.org/about/task-force-members.html

VA staff can access all of the approved and updated VHA Guidance Statements for Clinical Preventive Services at NCP’s Intranet: http://www.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp. A new feature has been added to the What’s New section of the Web site that summarizes changes and updates to existing statements, as well as the dates that new statements are posted. The following are recent changes to the guidance:
• Two new statements, HPV Immunization (Human Papillomavirus) and Tobacco Screening and Counseling, are posted.
• Updated VHA Immunization Guidance Statements were posted on Meningococcal Immunization and Herpes Zoster (Shingles) Immunization. The 2011-12 Seasonal Influenza Immunization statement was removed and the 2012-13 version is in development.
• Clinical reminder guidance associated with the above changes was updated at: \10.231.60.37\reports\Prevention_Policy\Clinical_Reminders_and_Guidance_Statement_Consistency_Documents_Archive.

NCP’s FY 2012 VISN Bright Spots Sharing Sessions are scheduled for September 4 (1:00-2:50 pm), September 11 (1:00-2:50 pm), and September 12 (12:00-1:50 pm) 2012. All times are ET and will be held in lieu of the monthly HPDP, NCP, and HBC Calls. Each VISN will choose one “Bright Spot” (success story) to present on one of these NCP-sponsored national conference calls/Live Meetings. The theme of the sessions is “Integrating HPDP into Clinical Care.” More information about the requirements can be found at the NCP SharePoint site (HPDP Facility Programs>Shared Documents>Guide for FY12 VISN Bright Spots Sharing Sessions). Questions should be directed to NCP’s Sue Diamond (sue.diamond@va.gov or 919-383-7874 ext. 244).

“Engaging Leaders and Enlisting Support for TEACH and MI Training” is now available from NCP to help TEACH and MI Facilitators engage facility leaders in productive conversations about TEACH and MI Training and follow-up clinician coaching. The revised document offers sample questions and responses, based on principles and skills of MI, that can help staff enlist local PACT and facility leaders’ support. The document can be found in the Training Resources Tab on the NCP SharePoint at NCP Training Resources>Shared Documents>Engaging Leaders. NCP will also continue to populate this SharePoint folder with new resources to help clinicians enlist leadership support for the Preventive Care Program and promote the integration of preventive services into care.

DoD’s Web site of wellness resources for the military community is available at: http://www.afterdeployment.org/. The site offers a variety of health promotion resources, including a link to the VA Public Health Web site on environmental exposures.

A revision of VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements, which sets forth the core implementation and reporting requirements for HPDP programs in VHA facilities, was recently approved.
Congratulations to NCP’s VHEI Program Manager, **Dr. Rose Mary Pries**, who was recently accepted to the **Class of 2012 of the Leadership VA**, which is VA’s flagship institution for cultivating high-performing leaders for the future.

Congratulations to two NCP staff members who were recently presented with awards. Program Analyst **Connie Lewis** received the “Above and Beyond” NCP Staff Award for her outstanding work on the new Clinical Preventive Services Web site. National Program Manager for Prevention Policy **Terri Murphy** was presented with a pin commemorating her 20 years of service to VA.

Congratulations to NCP staff members **Jay Shiffler, Ted Slowik, Sophia Hurley, and Connie Lewis**, whose efforts garnered **recognition at the 2012 VHA Communications Awards**. Hurley, Shiffler, and Slowik collaborated to develop the Telephone Lifestyle Coaching (TLC) Communications Campaign, which won 2nd Place in the **Campaign/Special Events – Communications Campaign** category. The **HealthPOWER!** newsletter created by Slowik, Lewis, and Shiffler also took 3rd Place in the **Publications – Newsletters or Magazines** category.

The entire MOVE!* Team is pleased to thank the **Cleveland VAMC’s Nutrition and Food Services Dietetic Internship Program and its dietetic interns** for the professional contributions they have made to NCP and MOVE!* . Former interns Lisa Plungas (2012), Pamela Jessup (2010), Katherine Baczewski (2009), and Lillian Pinault (2008) have completed a variety of projects at NCP, including updating MOVE!* online training, revising nutritional content of educational and reference documents, assisting with the development of MOVE!* Coach, finalizing a health cooking demo booklet, and creating tweets and wellness tips.

**Sandra Clark, M.D.**, is our newest resident from the University of North Carolina at Chapel Hill (UNC) Preventive Medicine Residency Program. She is a second-year resident who earned both her medical and undergraduate degrees from UNC, where she completed a family medicine residency and is now working on a public health degree. Her interests include behavioral medicine and addressing health inequities among underserved populations. Previously, she worked at the Carrboro (NC) Community Health Center and served as the Medical Director of the Robert Nixon Clinic for the Homeless.
Patient Education: **TEACH For Success:**
Promoting Veteran Health at the Canandaigua (NY) VAMC

When Shirleen Bennett, the VHEC and HPDP Program Manager at the Canandaigua (NY) VAMC, became a TEACH facilitator in 2009, it didn’t take long for her to appreciate the many benefits and applications of TEACH training. “TEACH promotes and emphasizes so many important things in terms of Veteran care and the patient-staff relationship,” she says. “It helps us to listen better to patients, guide them to improved health, serve as change agents in their lives, enhance patient education, and simply promote more meaningful dialogue…to name just a few.” Bennett also thinks that the program is fundamental to promoting Veteran-centric practices and patient-centered care, and thus, TEACH has been incorporated in several initiatives at the VAMC.

Soon after completing her own TEACH training, Bennett introduced a Veteran-led program at Canandaigua known as “The Learning Circles.”

In this successful program, Veterans share their stories of struggle, hope, or a favorite memory to build trust, relieve stress, and encourage wellness. “TEACH complements this activity because it provides easy-to-use communication skills that promote sharing,” she explains. “And sharing together inspires Veterans to listen, reflect, and honor, which leads to the healthful learning, empowerment, discovery, and validation we’ve discovered in the Learning Circles.”

**TEACH** also is being effectively used in several other programs at the VAMC’s Rochester CBOC. This clinic endorses the *Choose to Change Program*, which strengthens patient-provider communication and relationships, improves patient health literacy and Survey of Healthcare Experiences of Patients (SHEP) scores, and encourages active patient and family involvement in care. “TEACH is a natural fit for *Choose to Change*, so we’re using TEACH principles to facilitate the training. Our facility’s Self-Medication Management Program (SMMP) for Veterans has also benefitted,” reports Bennett. “Specifically, our domiciliary nursing staff received new educational strategies from TEACH, which helped them successfully roll out and enhance the SMMP.”

Since 2009, Bennett has received consistently upbeat feedback that attests to the power and worth of TEACH training. “I’ve facilitated the training 16 times and have always received positive comments,” she says. “An e-mail I received from a recent participant was typical—this nurse praised the ‘relaxed…no pressure’ environment of the course, which she said provided ‘valuable information’.”

Bennett explains that VAMC staff members have embraced TEACH and been instrumental in promoting the program’s principles and driving
successful new initiatives. Special Projects Nurse Audrey Furnal has integrated several “Honor the Veteran” components from the TEACH modules in a Veterans First program that builds new employees’ compassion and a culture of patient-centeredness. Tanisa Spencer, a registered dietitian and the local MOVE!® Program Coordinator, brings the TEACH philosophy and skill set to MOVE!® classes. HBC Dr. Sara Marteson-Rusby, who has been instrumental in training VAMC staff in MI, began co-facilitating the TEACH classes in 2012. She also uses TEACH to help MOVE!® Veterans establish and reach their health goals.

In the future, Bennett and facilitators at the VAMC plan to continue their support of TEACH skills—advocating for health literacy and behavior change, promoting meaningful provider-patient communication, and working TEACH into the new employee orientation. “Seventy-five percent of our PACT staff has been trained, but our goal is to surpass the national metric in FY 2013 and reach 100 percent,” she says. “We’ve also encouraged Veteran volunteers, inpatient personnel, and those from other disciplines to attend TEACH classes. Health care technicians and staff from the National Crisis Hotline, Social Work, Pharmacy, and Occupational/Physical Therapy have also completed TEACH training. And staff will continue to be invited to attend future classes.”

In the “big picture” of Veteran care, Bennett thinks that TEACH skills are a particularly powerful tool in educating and guiding patients (and their families and caregivers) to set—and then meet—their health goals. “We can use TEACH to help them accept their feelings of ambivalence, and re-discover their self-motivation,” she explains. “Ultimately, that can help them regain the drive to change. And then, the road to health and wellness gets a little easier.”

**HPDP Bright Spot:**
**VISN 15 Implements Chronic Disease Self-Management Program**

Of all the great things going on in the VA Heartland Network, VISN PACT/HPDP Lead Janet Porter thinks that the implementation of the Stanford University Chronic Disease Self-Management Program (CDSMP)* is one of the most exciting. “The CDSMP is an evidence-based training program that’s proven to help patients better self-manage their chronic diseases,” she says. “Last March, the Kansas City VAMC (KCVAMC) became the fifth network site to offer the program.”

Developed in Stanford University’s School of Medicine, the CDSMP is a patient-led education program for adults who are experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. It provides them with information and practical health self-management skills to help achieve and maintain active, fulfilling, healthier lives. The 6-week program typically consists of a highly participative, once weekly, 2.5-hour workshop that is led by two trained leaders who are often non-health professionals. These leaders train participants to:

- Start/use physical activity appropriately to maintain flexibility, endurance, and strength
- Begin/maintain good nutrition and use medications appropriately
- Deal with the frustration, pain, isolation, and fatigue that may accompany chronic disease
- Communicate well with health care team members, family, and friends
- Evaluate new treatments
- Improve quality of life

“The CDSMP gives patients, their families, friends, and caregivers the confidence, ability, and motivation needed to manage the challenges of living with a chronic health problem,” explains Orvie Prewitt, the Kansas City Regional Arthritis Center’s CDSMP Coordinator. “It’s offered in community settings throughout the U.S., and is designed to co-exist with and enhance other treatment and health education programs.” Prewitt,
who herself is a CDSMP Leader, was instrumental in kick-starting the program at the KCVAMC by providing CDSMP Leader training for Primary Care staff in late 2011. Additional HPDP and VHEC staff members also have contributed to CDSMP efforts in the VISN.

Brad Ellis, a Kansas City-area Veteran and CDSMP graduate, has since gone on to become a CDSMP Ambassador. “Brad had been struggling with chronic disease for several years prior to doing the CDSMP,” says Dr. Shannon Huebert, who is KCVAMC’s HBC and CDSMP point of contact. “It really worked for him—he was able to improve his health and sense of well-being, increase his ability to function, and reduce his medications from 13 to 4.” His results were so impressive that he told his story to Primary Care staff during a kickoff event for the VAMC’s CDSMP in February 2012. More recently, Brad has been working to reach out and promote the program to local members of the military, Veterans, and their families.

Huebert and Porter think that the CDSMP fits nicely within the framework of VA’s veteran-centered care model, by emphasizing health education and giving them the tools to help take control of their own health. “In April 2012, we held our first two CDSMP groups at the KCVAMC and 14 Veterans earned certificates of completion,” says Huebert. “One Veteran reported a 13-pound weight loss over the 6-week course: he was so proud to walk—not ride his scooter—into the final group session!” Porter adds that “the CDSMP is an excellent complement to the efforts of PACT clinical staff, and we’re looking forward to rolling it out in the remaining two VISN 15 facilities in the near future.”

Healthier in Hawaii: VA - DoD Partnerships Benefit Veterans In and Out of the Gym

An innovative physical activity program for MOVE!® Veterans in Honolulu is highlighting the benefits of a growing partnership between the Department of Veterans Affairs Pacific Islands Health Care System (VAPIHCS) and DoD in VISN 21. “Our Veterans are getting much more than just access to exercise facilities at the local U.S. Army garrison,” says VAPIHCS MOVE!® Coordinator Cindy Akasaki, who facilitates the program. “They’re getting something so much more important: the encouragement and support they need to get healthier. Watching Veterans and active-duty soldiers together—whether they’re in the weight room helping each other get stronger or out on the lanai socializing—it’s easy to see the camaraderie that’s helping them change their lifestyle for the better.” And the collaboration in the gym is representative of the current successes, and future potential, of the productive relationship between VA and DoD.

Opportunity and Challenge

“Honolulu is a military town: there are several installations in the area and 1 in 5 people here is active, reserve, or former military,” says VAPIHCS Director Dr. James Hastings. “This presents challenges as well as opportunities for us in VA.” Continuous deployments mean that the HCS is treating burgeoning numbers of new Veterans, both young and aging. “Hawaii is one of only two U.S. states without a VA hospital, so we face clinical, space, resource, and distance constraints, for example, in providing care to a diverse group of over 127,000 Veterans spread across multiple islands,” Hastings explains.

But it is an environment that has fostered inter-organizational collaboration, as well as interesting opportunities. “The Matsunaga VAMC is located on the campus of Tripler Army Medical Center (TAMC), a tertiary care facility, and it’s symbolic of the much larger cooperation and sharing agreement between VA and DoD here,” says Hastings. “We have a multi-level and multi-program partnership, and we’re proud to be one of the leading joint ventures in VA.” As an example, Hastings cites TAMC’s residential posttraumatic stress disorder program, which cares for Veterans.

Pump It Up: Cindy Akasaki supervises Veteran Robert Damaso in the TAMC gym weight room
and Servicemembers and requires ongoing clinical cooperation between VA and DoD staff. “We’ve been able to develop a model for collaboration for these two large organizations, whose regulations and processes often differ,” says Hastings. “Daily effort and management are needed to maintain that ‘fit,’ but it has resulted in better joint programs and health care for our Veterans.”

**Guests, With Benefits**

Akasaki’s arrangement with the TAMC gym staff is an example of an innovative cooperative effort that has enhanced weight management care for VAPIHCS’ MOVE!* participants. “Veterans living in Hawaii face one of the highest diabetes prevalences in VA,” she says. “And like many Veterans, they struggle to maintain a healthy weight.” Challenged with limited resources for MOVE!* Veterans confronting overweight and obesity, Akasaki harnessed the power of a strong DoD relationship, and the proven value of MOVE!*, to develop a novel solution.

In 2009, following initial groundwork by previous MOVE!* Coordinator Joan Foley, Akasaki and gym manager Randy Eslit made a verbal agreement allowing Veterans to be guests at the gym and train alongside active-duty Servicemembers. For 3 years now, medically-cleared Veterans enrolled in MOVE!* individual care have been offered the use the gym facilities, which include free weights, Nautilus® equipment, a short track, and basketball court. Veterans who choose to participate get an orientation, a safety class, and stretching instruction, then start supervised physical activity. “Servicemembers have priority at the gym and they’re focused on combat fitness,” says Akasaki, “so we have a fitness trainer and volunteer to work with our Veterans, who have different activity needs and often, chronic diseases and physical limitations.” Even though Veteran use is limited to about 20 participants during each of two, 1-hour blocks, two days per week, the 50+ Veterans who regularly use the excellent DoD facilities have benefitted greatly from the opportunity.

*Guests, With Benefits*

Aloha: Welcome to the Spark M. Matsunaga VAMC in Honolulu
Camaraderie, Community

“As they get more involved in the program and more fit, participants’ self-esteem grows, and that’s one key to improving health,” says Akasaki. “A number of our Veterans have been able to discontinue their diabetes and hypertension medications with weight loss, and some have reported improved mental well-being, too.” More Veterans are enrolling—and encouraging others to enroll—in MOVE!, in part because they want to get into the gym. “The program has become an important social event for many of our Veterans,” she reports, “and it’s so popular that we had to add more sessions to accommodate everyone.” Monthly cooking demonstrations (funded by a 2009 mini-grant from NCP) help participating Veterans complement their increased physical activity with the dietary change that is essential to maximizing the benefits of MOVE!.

The success of the gym collaboration has both Akasaki and VAPIHCS HBC Dr. Steven Miyake developing or expanding other partnerships to enhance Veteran care. With the help of dietitian Curt Young and Certified Strength and Conditioning Specialist Carrie Watanabe, Miyake is working to extend the VAMC’s ten-session MOVE! group care program to CBOCs on Kauai and Hawaii’s Big Island (and later, add on-site physical activity classes). Akasaki also is currently promoting increased Veteran and VA involvement in the local community. “Several of our gym Veterans just did the 8.1-mile Great Aloha Run,” she reports, “and we’re researching how to make a partnership between a CBOC and a Young Men’s Christian Association (YMCA) facility work here on Oahu. We’re using the skills we’ve honed working with DoD to begin to tap into other external resources and partnerships for our Veterans.”

Present and Future

As an even more comprehensive example of the kind of successful multi-agency collaborations that VAPIHCS will continue into the future, Hastings cites the VA Nursing Academy Program (VANA). “We team with TAMC and the University of Hawaii’s nursing school to give students the opportunity to treat VA patients,” he says. “It’s the only three-partner VANA program in the U.S., and it has been a successful arrangement for all involved.” The nurses get excellent training and the chance to be on the VA team. The agencies enhance their academic and clinical partnerships and resources. And VA recruits talented clinicians who are committed to providing the best care for Veterans.

Hastings believes that successful partnerships like the TAMC gym agreement and VANA program are the future of Veteran health care in VAPIHCS. “We’re identifying resources on neighboring islands, on Guam and in American Samoa, for example,” he says, “and researching how to add similar activities for Veterans there, too.” VAPIHCS has invested heavily in telecommunications, for example, which is one medium for effectively and widely extending these partnerships and programs, as well as Telehealth and telemedicine offerings. “The experience we’ve acquired working with DoD is invaluable to these future efforts,” says Hastings. “And the opportunity for innovative, VA collaborations that enhance Veteran care is literally as wide as the Pacific Ocean.”
### CALENDAR of EVENTS

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<td><strong>NCP Education Conference Call</strong></td>
<td>2nd Tuesday of the month</td>
<td>1:00 pm ET</td>
<td>1-800-767-1750, 18987#</td>
<td>August 14, September 11</td>
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<td><strong>Health Promotion/Disease Prevention Conference Call</strong></td>
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<td>1:00 pm ET</td>
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<td><em><em>VISN MOVE!</em> Coordinators Call</em>*</td>
<td>2nd Tuesday of the second and third month</td>
<td>3:00 pm ET</td>
<td>1-800-767-1750, 59445#</td>
<td>August 14, September 11</td>
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<tr>
<td><em><em>Facility MOVE!</em> Coordinators and Physician Champions Call</em>*</td>
<td>2nd Tuesday of the first month of each</td>
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<td>1-800-767-1750, 59445#</td>
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<td><strong>Veterans Health Education Hotline Call</strong></td>
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<td><strong>National Health Behavior Coordinators Call</strong></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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