# HealthPOWER!

**Prevention News • WINTER 2014**

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>From the Editor</td>
</tr>
<tr>
<td>3</td>
<td><strong>Feature Article:</strong> Promising Outcomes—</td>
</tr>
<tr>
<td></td>
<td>“Be Active and MOVE!®” Pilot Achieves</td>
</tr>
<tr>
<td></td>
<td>Early Success at Multiple Facilities</td>
</tr>
<tr>
<td>5</td>
<td><strong>Winter Showcase Articles</strong></td>
</tr>
<tr>
<td></td>
<td>VISN 8 Expands Reach of TEACH—5</td>
</tr>
<tr>
<td></td>
<td>Bright Spots: CPRS Tools—7</td>
</tr>
<tr>
<td></td>
<td>Survey Reveals Value of HealthPOWER!—9</td>
</tr>
<tr>
<td></td>
<td>What Veterans Should Know About Influenza—11</td>
</tr>
<tr>
<td>13</td>
<td>News Updates</td>
</tr>
<tr>
<td>15</td>
<td>Staff Updates</td>
</tr>
<tr>
<td>16</td>
<td>TLC Success Story—</td>
</tr>
<tr>
<td></td>
<td>Veteran Michael Sleigher</td>
</tr>
<tr>
<td>18</td>
<td>MOVE!® Success Story—</td>
</tr>
<tr>
<td></td>
<td>Veteran T.J. Schaaf</td>
</tr>
</tbody>
</table>

[www.prevention.va.gov](http://www.prevention.va.gov)
You’re probably familiar with *Auld Lang Syne*, the Scottish poem turned traditional song that is used to ring in the New Year in English-speaking countries around the world. But did you know that the tune so widely used to celebrate new beginnings actually translates to something like “long, long ago” or more literally, “old long since”? Or that Robert Burns originally meant it as a tribute to long-standing relationships?

I mention this dual meaning because of its relevance to where we are in terms of Veterans Health Administration’s (VHA’s) transformative efforts: having achieved several years of successful change, the VHA National Center for Health Promotion and Disease Prevention (NCP) is moving into a new era of sustained improvements in health promotion and disease prevention (HPDP). In this issue, we’ve included several stories that highlight both this transformation and sustainment.

We feature an update on NCP’s “Be Active and MOVE!” Pilot program, which achieved excellent early outcomes and will be expanded in the future. We also showcase the successful use of a Healthy Living Goal Setting and Tracking computerized patient records system (CPRS) Tool at the VA Illiana Health Care System (HCS) and Aleda Lutz VA Medical Center (VAMC). Another story from the field shows how Veterans Integrated Service Network (VISN) 8 staff are enhancing training at the local level.

Additionally, we also discuss the results of a follow-up HealthPOWER! survey, which revealed the practical value that the newsletter provides to our readers. And we offer two inspiring stories of Veterans who’ve achieved and maintained impressive weight loss and better health.

So here’s to continued success in the new year of 2014...and to the long-standing partnerships with clinicians that will help us all continue to enhance personalized, proactive, patient-driven Veteran care into the future.

Happy New Year!

Ted Slowik
Promising Outcomes: “Be Active and MOVE!®” Pilot Achieves Early Successes At Multiple Facilities

Preliminary outcomes from the “Be Active and MOVE!®” (BAM) Clinical Video Telehealth (CVT) Pilot are promising, according to Megan Skidmore, NCP’s MOVE!® Physical Activity Program Coordinator, and a collaborator on the two-phase, multi-week program that was recently completed in selected VA facilities.

“The goal of the BAM pilot was to extend the reach of physical activity programming for Veterans, especially those participating in their local MOVE!® Programs,” explains Skidmore. “We successfully collaborated with partners from VISN 8’s TeleHealth Services team and the VHA’s Physical Medicine and Rehabilitation Services Program to deliver MOVE!® physical activity classes via CVT to multiple sites within participating HCSs and VISNs. We’ve had impressive results and great feedback—both from Veterans and staff—on the two phases we’ve completed over the past year or so.”

In October 2012, staff members began delivering Phase I of the BAM programming to Veterans enrolled by the MOVE!® team. Six facilities participated in the pilot, which lasted for 8 weeks at the James A. Haley Veterans’ Hospital in Tampa, Bay Pines (FL) VAHCS, North Florida/South Georgia Veterans Health System in Gainesville, and VAMCs in Memphis, Dayton (OH), and Portland (OR).

In Phase II, which began in early 2013, the 6 Phase I facilities and additional ones representing 17 VISNs participated: VAMCs in Bath (NY), Battle Creek (MI), Bedford (MA), Big Spring (TX), Birmingham (AL), Cincinnati, Cleveland, Dallas, Iron Mountain (MI), Louisville, Milwaukee, Richmond (VA), Saginaw (MI), Salem (VA), and VA Butler (PA) Healthcare, VHCS of the Ozarks (Fayetteville, AR), VA Hudson Valley (NY) HCS, VA Long Beach (CA) HCS, Southeast Louisiana VHCS (New Orleans), Lovell Federal Healthcare Center (North Chicago), Northern Arizona HCS (Prescott), VA St. Louis (MO) HCS, and Southern Arizona VAHCS (Tucson).
All of these participating facilities self-reported retrospective data, which were recently analyzed. Across the 6 facilities in Phase I, 72 percent of participants lost weight, dropping an average of 5.6 pounds each. Individual weight loss ranged from 0.5 – 21.4 pounds, and only 17 percent of participants dropped out of the pilot. Fifteen of the Phase II sites reported a total of 189 unique patients in BAM, 78 percent of whom lost weight. The dropout rate for Phase II was also identical to that of Phase I.

From October 2012 to August 2013, a total of 428 unique patients were seen in BAM in 1,769 unique encounters. Additional sites reporting BAM data brought these two totals up to 556 and 2,137, respectively. “The participation and outcomes data from both phases are excellent and speak to the value of the program,” explains Skidmore. “We’re now conferring with local staff and analyzing these data to see if there are ways to improve weight loss outcomes, as well as the local BAM experience for Veterans.”

In 2014, the team will continue work on new BAM training that will be available later in the fiscal year. “In the first quarter, we’ll continue working on a Clinic-Based Telehealth Manual for BAM, a new BAM Supplement chapter, and a Talent Management System Training Module,” explains Skidmore. “In the future, we hope that all MOVE!® Programs will incorporate BAM, and find new ways to help Veterans be more physically active!”

What They’re Saying About: MOVE!®

“I visited my VA physician recently and my A1c is down to 5.7, which is well within the normal reference range. I’m also down to 227.5 pounds and a Body Mass Index (BMI) of 33, which means the dividends are finally starting to pay off. I am hoping that when I next see my physician, I will be able to ditch my triglyceride medication and maybe my blood pressure medication!

My physician and the MOVE!® and Diabetes Prevention Programs have been able to accomplish what I have not been able to in the last 30-something years: motivate myself, change my attitude, and help me lower my risk of type 2 diabetes. My two main goals have always been to get down to 200 pounds and make my VA health care team look good for all the time and energy they’ve given me. I now believe I can accomplish both. Thanks again!”

-- Vietnam-Era Veteran
Local Initiative: VISN 8 Expands Reach of Patient Education: TEACH for Success (TEACH) with Recent Training

An independent TEACH training event, recently organized by VISN 8 for VISN staff, successfully met local training needs and expanded local TEACH Facilitator resources. And according to NCP Health Educator and TEACH National Program Lead Becky Harritt Minor, M.A., the August 2013 training in Orlando was notable for several other reasons.

“VISN 8 found an effective way to meet training and Patient-Aligned Care Team (PACT) needs in a time of fiscal and travel constraints,” she explains. “Local TEACH Facilitators worked with NCP, local accreditation services, and their facility leaders to provide this accredited training, which has greatly expanded TEACH expertise VISN-wide. They were able to train over 20 additional TEACH facilitators for VISN 8 facilities!” The newly trained were locally interested staff—not just Veterans Health Education Coordinators (VHECs), Health Behavior Coordinators (HBCs), and HPDP staff—which Minor believes shows that VISNs can expand training capacity locally, especially with strong VISN leadership and local funding.

“The training is another example of VISN 8’s strong support for TEACH over the years,” she says, “and it shows how local collaboration can augment and enhance NCP’s national TEACH training efforts.”

The success of the event also highlighted NCP’s commitment to partnering with local staff to meet their needs. “VISN 8 really appreciated that NCP was able to work with them to facilitate this training—I traveled to Orlando as a national consultant, and helped conduct the sessions,” explains Minor. “It’s something NCP is willing to do locally with other teams, upon request and with local support and funding. And it’s another great example of the productive collaborations we have with TEACH trainers, that include VHECs, HBCs, HPDP Program Managers (PMs) and other clinical staff across the country.”

TEACH Facilitators and Master Faculty Connie Malik and Lee Newball, who worked with other VISN 8 staff* to do the August training, also have high praise for their facilities’ experience with—and benefits from—TEACH training:

Why do you think TEACH is so beneficial to staff and in Veteran care?

Newball, VHEC at the Orlando VAMC: “TEACH provides several benefits—more effective communication, more satisfaction with outcomes, and the sense of ‘whole-person care.’ The training interactively presents the best communication techniques and health education strategies, and participants gain a different perspective on how to communicate and partner.”

Malik, Veteran/Family Health Education Coordinator at the James A. Haley VA Hospital in Tampa: “TEACH provides the communication skill review needed to accomplish an effective clinical visit. TEACH can also recharge clinicians’ ‘batteries’ and help them develop skills to enhance Veteran outcomes.”

Explain how you’ve been able to support and advocate for TEACH at your facility.

Malik: “Strong leaders and key staff—themselves typically patient advocates and attendees—have really helped promote participation. Our Associate Chief of Staff for Ambulatory Care, Clinic Directors, and Hospitalists have all done the training. TEACH’s interactivity has also really promoted team-building and networking.”

Newball: “I send out regular training announcements so clinicians can plan accordingly. We post them on our facility’s PACT Intranet and ‘Education’ page. These monthly reminders have made the word ‘TEACH’ very familiar here. And a
strong partnership with our HBC and HPDP PM has helped market this program everywhere! Most of our Chief Medical Officers and supervisors have attended this course, and they encourage their providers to attend. Some even requested additional training for staff to take the course!”

What kind of feedback have you gotten from participants about their training?

Newball: “Staff members thank us for the training! It’s rewarding to see clinicians often leave the training session with a new perspective, willing to implement TEACH tools and strategies.”

Malik: “A follow-up survey revealed that most of our attendees improved their listening skills and found no barriers to using them. And all respondents would recommend it to a co-worker. An intern working with me attended the training and said, “I love TEACH! It’s validated by my M.P.H. coursework.”

What’s next in terms of TEACH training in VISN 8 and your facility?

Newball: “The Orlando leadership supports more VISN-wide training, as needed. Here, we’re grateful to have five newly trained facilitators who strongly believe in TEACH.”

Malik: “We trained two new TEACH facilitators for our facility, and they’ve renewed the energy of the program and are great for promoting it to fellow clinicians!”

What They’re Saying About: TEACH Training

“TEACH offers a new insight to long-told principles and techniques…[and] a different perspective on the ways our actions impact not only our patients, but everyone we interact with. The program provides simple changes that we can make to improve the way we practice. After participating in the program…I have seen a difference in the way I communicate with others…especially in the way I listen…”

-- Ayeesha Z. Khan, Pharm.D., Clinical Pharmacist for Inpatient Psychiatry, Haley Veterans’ Hospital
Bright Spots: CPRS Tools

Two HPDP field staff recently reported on their local successes using the Healthy Living Goal Setting and Tracking CPRS Tool with Veterans.

HPDP PM Misty Hillard, R.N., B.S.N., VA Illiana HCS (Illinois)
“We started using the clinical reminders with two of our PACTs last year. They’ve had patients lose weight and quit smoking, for example, but many weren’t making progress towards their goals. The patients still wanted phone contacts, but this became difficult for the Registered Nurse (RN) Care Manager to do because of clinic load.

The CPRS Tool is really useful, so we worked with the PACTs to identify a better way to use it. Our facility hosts Shared Medical Appointments (SMAs) that target 5-40 people at a time, depending on the topic. Our most recent SMA focuses on diabetes, and we meet with participants monthly, for 3 hours and over 3 months. Each participant receives information and resources on eating wisely, being physically active, being involved in one’s health care, and managing medications. Mental Health staff also present to the Veterans on how to tap into their motivation for change.

On the last SMA visit, our plan is to set a health goal with each Veteran using the CPRS Tool. By targeting a smaller group—like our SMA participants—we feel the RN care manager will be able to follow up with them more consistently. Additionally, the Veterans will be able to make a more informed choice on a health goal after receiving information during the SMA. Our goal is to wrap participating Veterans in services, provide them education, help them realize their potential, tap into their motivation, help them set a goal, and provide them with continued support via the clinical reminder. The tool is a great resource to track health goals and progress, and we feel with this new way of using it will help us achieve good results soon!”

HPDP PM Rose Birkmeier, D.N.P., M.S.N., FNP-C, Aleda Lutz VAMC (Michigan)
“We have a good example of a Veteran who worked with his PACT teamlet—RN Care Manager Maureen Hoppe, Licensed Practical Nurse Tammy Coggins, and Nurse Practitioner Corrine Dill—to set a healthy living goal and succeed with the CPRS Tool. This Veteran—who was fairly new to our facility—met his teamlet after he was asked to have additional lab tests done because his post-prandial glucose level was very high. He was later found to have an A1c of 13.9 percent.

When he met with his provider, the Veteran really wanted to work on increasing his physical activity and eating wisely. He was very concerned about his diagnosis of type 2 diabetes and had a family member whose health was compromised due to poorly controlled diabetes. Using shared decision-making, the provider discussed in detail the risks versus benefits of not beginning medication for uncontrolled diabetes.

The Veteran, however, was determined to try to make lifestyle changes prior to starting any medications. He met with Maureen on a regular basis and set his healthy living goals to lose weight. He focused on eating healthier food choices 5 days a week, including more fresh fruits and vegetables in his diet, and checking and documenting his blood glucose levels at home. Maureen continued to track his glucometer readings and share the results with his primary care provider. Tammy also provided the Veteran with regular encouragement to maintain his healthy lifestyle changes.

The end result was amazing: within the 3-month follow-up period, the Veteran lost 8 pounds and brought his A1c down to 5.0!”
These Healthy Living CPRS Tools are available to help staff endorse the importance of being physically active, eating wisely, and any of the other Healthy Living messages. These Tools help staff document the conversations with Veterans, and may be used with the *My Health Choices* goal-setting tools. Meant to be used with interested Veterans, the Tools can be used as clinical reminders or as a template, and are flexible enough to be used efficiently in the clinical setting.

*For more information about the Tools, contact NCP’s Kathy Pittman at Kathleen.pittman@va.gov.*

L to R, Corrine Dill, Maureen Hoppe, and Tamara Coggins
Survey Reveals Practical Value of NCP’s HealthPOWER! Newsletter

A recent survey of readers of NCP’s HealthPOWER! revealed that the newsletter is a valuable clinical and practical resource for VHA leaders, as well as a variety of clinical and non-clinical staff.

The brief survey, which was nationally disseminated in August 2013 to over 1,000 potential newsletter recipients, garnered a response rate of about 16 percent. VA and VHA executive leadership, VHA facility leadership, HPDP PMs, HBCs, VHECs, MOVE!* Program Coordinators, and other staff completed the 10-question survey over a 2-week period. About 200 respondents—serving in a variety of executive, administrative, and clinical roles—took the time to provide feedback on the clinical and practical value of HealthPOWER!.

Well-Read
Staff representing VA Central Office and all 21 VISNs responded to the survey, and approximately 74 percent of these respondents had clinical or administrative roles. HPDP PMs, HBCs, MOVE!* Program Coordinators, and VHECs composed 75 percent of these respondents. Similarly, the majority (88 percent) of leadership respondents were from field facilities.

Fifty-four percent of respondents read all four issues, a 15 percent-increase from the 2011 newsletter survey. When reading HealthPOWER!, about 27 percent closely read the entire newsletter, an increase of 8 percent from 2011. Of the small number of respondents who reported that they didn’t read the newsletter, the majority said that they had “forwarded it to other staff” or simply “lacked the time to read it.”

High Value
Over 87 percent rated the overall value of the newsletter as either “excellent” or “good.” The survey also revealed that HealthPOWER! is both clinically and programmatically valuable to staff. Approximately 80 percent of readers said they used the newsletter’s information on NCP initiatives, ‘bright spots’, and updates, for example, “frequently” or “occasionally” in their day-to-day clinical work. Slightly higher percentages (81 – 86 percent) used these newsletter topics frequently or occasionally in performing their HPDP and VHE duties. More specifically, the majority of clinical and administrative staff used the newsletter to educate other staff and as a reference for their work, as well as to educate Veterans, to distribute to staff, to enhance existing programs, and for “inspiration.”

Leadership respondents, too, had practical use for the newsletter. Almost 6 in 10 leaders, for example, shared the newsletter with staff and Veterans, and also used it to enhance or redesign existing facility programs (33 percent), and foster support for staff (33) and facility resources (28), among other things.

Moving Forward
“It’s rewarding for us to see that the changes we made a few years back to HealthPOWER!’s content, focus, and design have made it even more useful and valuable,” says Dr. Ted Slowik, who writes and edits the newsletter each quarter. “We’ll continue to strive to provide our readers with an engaging newsletter that is of educational, practical, and inspirational value to them and their Veteran patients.”
“Excellent publication…I love it!”

“I love the graphics and well-written articles...[and] like the frequency and content.”

“This newsletter is one I refer to very regularly, more so than any other.”

“Great publication…it’s brief, to the point, [and] informative.”

“It’s useful in enhancing programs locally and supporting ideas that may not have been supported by management…”

-- Praise from HealthPOWER! readers
What Veterans Should Know About Influenza (flu)

Flu season is here. Now is the time for Veterans to brush up on their flu knowledge so that they can protect themselves and their families.

Serious, Contagious
Even though they share some of the same symptoms, flu is no common cold. Each year within the U.S., hundreds of thousands of people are hospitalized by flu and thousands die from it. Certain people are at a higher risk, such as young children, adults over 50, and people with chronic illness like diabetes, HIV, or heart, kidney, or lung disease.

When a person with the flu sneezes, coughs, talks, or laughs, "droplets" of the flu virus can spread into the air and surfaces up to 6 feet away. The flu virus can live on these surfaces up to 48 hours, and can be transferred to by hands if touched. If you then touch your eyes, nose or mouth, you can become infected.

It can take a few days for symptoms to first appear. But people are contagious even before that happens, explains Troy Knighton, M.Ed., Ed.S., L.P.C., National Seasonal Flu & Infection: Don’t Pass It On Program Manager, Clinical Public Health in VA’s Central Office. “The fact that it can be spread by people before they even know they have the virus makes it really important to be protected at the beginning of the flu season.”

(Courtesy of CDC/ Brian Judd, 2009)
Protect yourself
The VA suggests taking these six steps to prevent getting and spreading the flu:

- **Step 1**: Get your flu shot.
- **Step 2**: Know how flu is spread.
- **Step 3**: Know the symptoms of flu.
- **Step 4**: Keep your hands and surfaces around you clean.
- **Step 5**: Cover your coughs and sneezes.
- **Step 6**: Stay home when you are sick.

Safe
There is a misconception that flu shots can give you the flu. This is simply not true. Knighton believes this notion may come from people who’ve gotten the flu right after the flu shot, or know someone who has.

“It takes about 2 weeks for the vaccine to really stimulate your immune system enough so that you are protected from the flu,” says Knighton. “So if you get the flu right after your shot, you were going to get it anyway. You were probably already exposed to it and the vaccine hasn’t had time to protect you.”

The flu shot is also safe, and encouraged, for pregnant women. They also have a higher risk of flu complications. Millions of shots over many years have shown that vaccination is an effective way to protect mother and baby. There’s even a new flu vaccine option for people with egg allergies.

Learn More
The VA has a wealth of flu information and resources to help you stay healthy. Visit the Veterans Health Library at www.veteranshealthlibrary.org or through My HealtheVet for video, illustrated education, and more. Also go to http://www.publichealth.va.gov/flu/index.asp for more details on the topics in this article.

---

**What They’re Saying About: MOVE!® Telephone Lifestyle Coaching (TLC)**

“We have a patient who’s been admitted frequently—he’s an obese man with comorbidities in addition to severe heart disease, and he hasn’t been proactive about his health care. He agreed to a referral to the TLC Program and really benefitted from it. When I saw him again recently, he told me that he felt that the program had helped him control of his weight. We think TLC is a very valuable program.”

-- Case Manager at the VA Sierra Nevada HCS
The new *Primary Care & Tobacco Cessation Handbook* and *My Tobacco Cessation Workbook: A Resource for Veterans* promote evidence-based tobacco cessation interventions for use in primary care. The handbook provides guidance on effective tobacco cessation interventions in accordance with the 2008 Clinical Practice Guidelines, and contains information on behavioral counseling and tobacco cessation medications. The Veteran workbook was designed to be used in a group format for patients in primary care clinics. These two resources are now available for ordering from the VA Depot at no cost.

Several **articles of interest to VHA clinicians** were recently published:

- **“Ingredients of successful interventions to improve medication adherence,”** Zullig LL, Peterson ED, Bosworth HB. *JAMA.* November 21, 2013 [epub ahead of print]
- **“A proposed ‘Health Literate Care Model’ would constitute a systems approach to improving patients’ engagement in care,”** Koh HK, Brach C, Harris LM, Parchman ML. *Health Aff.* 2013;32(2):357-367
- **“2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the panel members appointed to the Eighth Joint National Committee,”** James PA, Oparil S, Carter BL, et al. *JAMA.* Published online, December 18, 2013

**New Ideas and New Action on Obesity**, a report from the May 2013 Forum for Healthy Behavior Change Forum, was published by the Kaiser Permanente Institute for Health Policy, and is available at: http://kpihp.org/wp-content/uploads/2013/10/hbc_report/

NCP recently distributed the **MOVE!® Buddy Volunteer Program Implementation Manual** to local facilities to support Veterans enrolled in MOVE!®. The manual outlines how a “Buddy”—a Veteran who’s enrolled in or has completed MOVE!®—can provide one-on-one, telephone-based, or face-to-face motivation and encouragement to MOVE!® participants. Activities, exercises, and tools are described in the manual to help guide local Buddy Volunteer Facilitators as they collaborate with facility Voluntary Services to recruit, train, and monitor Buddies. All MOVE!® Program Coordinators received an accompanying training DVD with the manual, which is based on research that has shown that peer support can be very effective in making positive health changes.

**VA Health Services Research & Development Service** recently published the following information:

- **Improving the health and care of overweight and obese Veterans** in its *Emerging Evidence*, a single-topic review to inform policymakers on evidence-based clinical topics. This review covers MOVE!®, bariatric surgery, fitness in overweight Veterans, and VAs obesity care, and is available at: http://www.hsrd.research.va.gov/publications/emerging_evidence/obesity.cfm
- **“A systematic review: Screening pelvic exams in average-risk adult women,”** in its *Management eBrief*. This review is an evidence synthesis review sponsored by NCP.
The U.S. Preventive Services Task Force (USPSTF) recently released its “Third Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services,” available at: http://www.uspreventiveservicestaskforce.org/annl-rpt3/index.html. The report focuses on evidence gaps related to the care of older adults, and identifies five high-priority gaps that deserve further examination. NCP’s Dr. Linda Kinsinger, VHA Liaison to USPSTF, is quoted in the report.

In October 2013, the 2013-14 Seasonal Influenza Immunization Guidance Statement was posted at: http://www.thecommunityguide.org/cvd/RRCDSS.html. The supporting document, “Consistency between Clinical Reminders and VHA Clinical Preventive Services Guidance Statements: Additional Information,” was updated to reflect these additions, and is available at: http://vaww.prevention.va.gov/docs/Additional_Guidance_on_Clinical_Reminders.pdf.

The Community Preventive Services Task Force (Task Force) has released its findings on clinical decision-support systems (CDSS) for prevention of cardiovascular disease (CVD) (http://www.thecommunityguide.org/cvd/CDSS.html). The Task Force recommends CDSS for prevention of CVD based on sufficient evidence of effectiveness in improving screening for CVD risk factors and practices for CVD-related preventive care services, clinical tests, and treatments. The full Task Force Finding and Rationale Statement, including implementation issues, potential benefits and harms, and evidence gaps, is available at: http://www.thecommunityguide.org/cvd/RRCDSS.html. The information is potentially useful to health care organizations and providers, as well as others seeking to improve the delivery of evidence-based care to prevent CVD.

A Web tour of the Veterans Health Library (VHL) is now available to help patients, caregivers, and VHA clinical staff better understand how to navigate the Library’s many health information resources. The 6-minute video offers viewers a brief look at the comprehensive, Veteran-focused health information offered in the Library. The Tour can be accessed on the VHL Home page (http://www.veteranshealthlibrary.org/) by clicking on ‘take a tour of the VHL’ on the right side of the page, as well as on the Welcome and Help pages. The Tour also can be accessed through the My HealthVet portal and YouTube (http://youtu.be/GXeJIPnL47o).
In November, Jane Kim, M.D., M.P.H., joined NCP as Deputy Chief Consultant for Preventive Medicine, arriving from the Durham (NC) VAMC, where she has been a primary care provider since 2005 and more recently, Women’s Health Medical Director. Jane received her M.D. from the University of Maryland School of Medicine, M.P.H. from the University of North Carolina at Chapel Hill (UNC), and completed an Internal Medicine Residency at Duke University and Preventive Medicine Residency at UNC. In her role as Deputy Chief Consultant, she will advise NCP’s Chief Consultant on evidence-based population approaches to implementing preventive medicine services and developing VHA prevention policy. Jane will also continue to be a part-time provider at the Durham VAMC, and follow her interests in women’s health and preventive services in the primary care setting.

Congratulations to Dr. Ken Jones, who received the quarterly “Above and Beyond” NCP Staff Award for outstanding leadership and contributions on a variety of new and ongoing MOVE!® initiatives. This quarterly, peer-nominated honor recognizes Ken’s collective work as NCP’s National Program Director for Weight Management/MOVE!®.

Rachel Urrutia, M.D., M.S.C.R., is our newest resident from the University of North Carolina at Chapel Hill (UNC) Preventive Medicine Residency Program. Now in her second year of residency, she previously completed a residency in Obstetrics and Gynecology at Duke University and a National Institutes of Health T-32 research fellowship at UNC. Rachel received her medical degree from Harvard Medical School and undergraduate degree from Clark University in Massachusetts. She is interested in using reproductive health visits as opportunities to address chronic disease prevention in women, especially the underserved.

Two field-based Clinical Applications Coordinators (CACs) have been selected for 0.2 FTEE details to NCP: Jeff Fahner and Dawn O’Connor. Jeff is based at the Richard L. Roudebush VAMC in Indianapolis; Dawn is at the Orlando VAMC. Along with our 0.125 detailed Informatics Consultant Dr. Bryan Volpp, the CACs will assist NCP in developing and updating national and NCP-sponsored clinical reminders related to prevention. They will also assist NCP with activities related to the ICD-10 conversion and other assorted projects. Welcome Jeff and Dawn!
Better Than Good:
TLC Helps Veteran Michael Sleigher Make Little Changes to Lose a Lot of Weight

For Veteran Michael Sleigher, the journey to better health started with a surprising result from a simple medical test.

“I was helping out at a Veteran outreach clinic at VA Butler Healthcare, doing sign-ups for My HealtheVet,” he explains. “On a whim, I asked a young woman at the clinic to measure my blood sugar. When the test revealed that my A1c level was borderline for diabetes, I was shocked!” At the time, Michael’s weight and BMI were a little higher than he wanted. But he never expected that his health could be in jeopardy.

Something More
That was June 2012, and Michael immediately decided to lose some weight and take charge of his health. “I started getting a little more physical activity on my own, then I joined a fitness class that was led by a chiropractor here at the HCS,” he says. He was able to lose some weight, but soon became frustrated with his inability to keep it off. “My weight went up and down, and I just couldn’t maintain the weight loss over time,” Michael explains. “I knew it was time for something more, but I didn’t really know what that was.”

That “something more” was NCP’s TLC Program. “I introduced Michael to TLC and signed him up in October 2012,” says Karen Dunn, the facility’s HPDP PM and TLC program facilitator. “With TLC patients, it’s all about timing, and Michael was ‘ready’ for the program,” she says. “If we enroll them when they’re ready to make lifestyle changes and ready to talk to a coach, they have a great chance at meeting their health goals.”

Convenience, Encouragement
On the initial TLC call, Michael’s health coach Barbara helped him set his sights on better health. “I started TLC weighing 182 pounds, with a BMI of 28.9, and I had an A1c of 6.0 percent. So I set two goals for myself: reaching a weight of 150 pounds dressed and getting healthier,” he says. “Then we started an ongoing conversation about my goals and how I could reach them.”

Michael says that TLC worked for him because of his coach. She called him at home, at his convenience. She made sure his goals were achievable, and continually went over them with him. She provided support, and she cared a lot. “Barbara was my primary coaching contact, although I worked with a few others, too,” he explains. “They were all excellent and encouraging. At one point, Barbara helped me get over a mid-program ‘plateau’ when I just couldn’t seem to drop any pounds. And when I gained a little weight over the holidays, she said it was okay. But she reminded me to keep moving forward and stick to my goals.”

Motivator
Another important part of Michael’s relationship with his coach was accountability, an aspect of successful health behavior change that Karen believes is critical. “Sticking with the program and the health changes is the number one struggle for most patients,” she says. “But on every TLC call, the coach is there, reminding the patient to strive and stay on track—not simply telling them what to do. Simply put, TLC patients don’t want to let their coaches down.” Michael agrees, saying that having to regularly give his coach an update on his progress was an important motivator.

In fact, Michael’s progress in weight loss was based on fairly straightforward, simple lifestyle changes. “I didn’t really change my diet much, I just controlled my portions better,” he says. “Then I maintained the weight loss with physical activity.” Michael began TLC unable to do more than 60 minutes of physical activity each week; now, he’s up to 225 minutes per week! “Every day, I walk 3 miles in the morning before work, then do a mile at lunch,” he says. “Three days a week, I go to a ‘kick-butt’ cardio class that Karen organized at the HCS with the help of local YMCA instructors.” The improvement in Michael’s appearance has been obvious to both him and Karen, even if his friends didn’t immediately notice the physical change.
Changes
Now, life is “better than good” for Michael, who finished his series of TLC calls in May 2013, but will likely do one more follow-up call with his coach. “I weighed myself the other day and I was down to 142 pounds—that’s a 40-pound weight loss!,” he reports. “My BMI is down to 23.2, and I’ve dropped my A1c to 5.2 percent. It’s nice to be able to bend over and tie my shoes without gasping. And my grandson is just amazed that I can do more push-ups than he can!”

But Michael’s health improvements are more than just numerical and physical changes. He’s also changed the way he thinks about his health, and has a better understanding of things like food preparation, nutrition, and his body’s needs. “I now have the knowledge to ‘adjust,’” he says. “If I splurge a little, I measure my weight, then modify what I eat. And if I’m feeling a little sluggish, it’s usually due to carbohydrates. So I just cut back on certain snacks.”

Working On It
Michael recommends TLC to other Veterans by simply telling them to look at him. “I lost 40 pounds simply by calling my coach every week or two, and making little changes in my life and diet,” he explains. “It’s a great program—it wasn’t hard, it was easy. And it can work for anybody!”

Karen likewise describes TLC as “wonderful”, noting that the MOVE!* Team is currently offering it as a supplement to help Veterans who are now enrolled in Butler’s MOVE!* Program. “With small, simple lifestyle changes and the guidance of the health coaches, Veterans can successfully meet a variety of health goals and make big, positive differences in their well-being,” she explains. “Showing—not telling—is how to help them do it, and this approach is one that the medical community and VA are really embracing now.”

For his part, Michael continues to talk up TLC to other Veterans, touting it as a program that can help them really improve their health. “They just need to give a try,” he says. “I don’t have ‘six-pack’ abs, but I’m working on it!”
Defeating Limitations: Veteran T.J. Schaaf Discusses How MOVE!® Helped Him Find The Drive And Determination To Live A Healthier Life

“The dictionary defines limitation as ‘the act of controlling or limiting something.’ But there’s also another definition: ‘something that controls what a person is able to do.’

We all face limitations and many are necessary. But some limitations keep us from accomplishing great things or from living our lives the way we should. Yes, some things—for whatever reason, no matter how hard we try—we will just not be able to do. But this should not stop us from pushing the boundaries of what we think are possible. When I was a child, I often heard, ‘can’t is just another word for won’t,’ and it’s true! We often put limitations on ourselves that stop us from doing what we can do.

Over the years, I let limitations in my mind stop me from doing things that I needed to do. I was injured—knees, shoulders, and back—while in the Marine Corps in the 1990’s. Throughout my service, I struggled with being overweight because my injuries prevented me from being active. Over the following years, I tried many fad diets, but still gained weight. Exercise became a double-edged sword: I needed to do it to lose weight, but when I did, I injured myself even more, and that prevented me from getting physically active again.

By September 2012, I had reached my breaking point. At a check-up, my doctor painted a not-so-pretty picture for me. Nearly diabetic, I weighed 301 pounds and had a cholesterol number over 300. My liver and kidneys were compromised and I’d developed osteoarthritis. If I kept going this way, I was going to lead a miserable life and die early. When my doctor mentioned MOVE!®, I didn’t want to do it because of my disabilities. But I agreed to do the program only so I could have bariatric surgery.

When I started MOVE!® in December 2012, I’d already gotten down to 270 pounds just through diet change. By the time I started TeleMOVE! the next month, I was at 265 pounds. But then I plateaued—I was not losing more weight and I needed to get active. So I started going to the gym with my wife’s personal trainers, who developed a modified physical activity program for me. In March 2013, weighing 236 pounds, I started MOVE!® classes with Coleen at the Victorville (CA) Clinic. I needed to do more than just ‘diet’, I needed to make a ‘lifestyle change’—a change that I could adopt in my life and live day in and day out.

MOVE!® was a great program: when I finished it in May 2013, I was all the way down to 207 pounds! I’m now at 190 and have maintained that since August 2013. I’ve been able to slowly progress from modified exercises to advanced physical activity. I’m up to 3 miles of running, and for example, I just returned from the Grand Canyon, where I walked 30 miles in 3 days! And I don’t use my cane and knee braces nearly as much as I used to.
During this time, I rediscovered some things that I’d lost over the years: my heart and determination. They were still there inside, just hidden! And I was able to develop something else that was also missing earlier: the solid support system needed to get healthy. My wife was always there for me, but I never let her be my cheerleader because I felt defeated. Now, I have people who know where I’ve come from and understand my struggles. I owe my success to so many people and to God, who has given me strength each day. And my family is also successfully getting healthier with me: my wife did MOVE!® and lost 60 pounds, and my 16-year-old has lost 10 pounds!

I’ve lost a total of 110 pounds through MOVE!®, but I’ve gained so much more. I discovered the heart, determination, and ‘I won’t be defeated’ attitude to overcome a multitude of self-imposed limitations. People think what I’ve done is easy because I’m young, but they don’t know the serious chronic pain I’m coping with.

I used to put limitations on myself that kept me from improving my health and minimizing the impact of my disabilities. Instead of forging ahead, I used to accept pre-conceived limitations. Now I tell others, ‘Don’t let your mind defeat your heart! Find the drive and determination to get past your limitations! Reset the line where your limitations stop you, and move a bit further each day!’

I have come farther than ever before. It’s really cool—I just turned 38 and I feel incredible!”
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.

VHA National Center for Health Promotion and Disease Prevention (NCP)
Office of Patient Care Services
Suite 200, 3022 Croasdaile Drive, Durham, NC 27705

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.

Address suggestions, questions, and comments to the editorial staff:

Linda Kinsinger, Chief Consultant
Jay Shiffler, Communications Specialist
Connie Lewis, Layout
Ted Slowik, Writer/Editor

Telephone: 919-383-7874
E-mail: Theodore.Slowik@va.gov

Visit our Web site at:
www.prevention.va.gov