MAKING CHANGE HAPPEN

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It’s not time to dust off the rakes just yet, but autumn is starting to happen here in Durham. The changing leaves and cooler evenings of fall allow me to watch change as it approaches. This issue’s cover graphic—the metamorphosis of a swallowtail butterfly—is not only an apt symbol for the dramatic seasonal change happening now; it also represents the striking transformation going on in the Department of Veterans Affairs (VA) and the Veterans Health Administration (VHA). This issue of HealthPOWER! highlights some great examples of how the VHA National Center for Health Promotion and Disease Prevention (NCP) and field-based clinical staff are driving successful changes in Veteran care.

Dr. Linda Kinsinger opens this issue with a discussion of making change happen, and reveals some great insights from the thought-provoking book Switch. It’s exciting to see how we in VHA are truly and successfully making the “switch” in many of the ways mentioned in the book.

Our feature articles highlight these successful changes at the local level, where innovative collaborations and programs are advancing Veteran health. We also report on recent national Veterans’ events where VHA clinicians used novel, practical ways to spread the word about health promotion and disease prevention.

Next, we describe two effective resources that Veterans and clinicians can use to create healthy change: tobacco cessation support available through VHA and the Department of Defense (DoD), and NCP’s Veterans Health Library. And because we’re at the start of influenza season, it’s a great time to get reacquainted with the immunization recommendations for Veterans, which are outlined on page 15.

It’s been a busy time in NCP, as well as in VHA and beyond, so we offer the usual updates on people, programs, and events. I think you’ll also enjoy an inspiring story of successful personal change from a Veteran who’s made impressive progress with TeleMOVE!.

Change is happening all around us now…and it’s exciting to see how VHA has embraced this successful transformation.

Jay Shiffler
Making Change Happen

In their recent *New York Times* best-seller, *Switch: How to Change Things When Change is Hard*, authors Chip and Dan Heath tell the story of one man’s amazing success in decreasing malnutrition among children in Vietnam. The man went to Vietnam without any idea of how to solve the problem of child hunger in this impoverished country but, by talking with the mothers of the few children who seemed to be thriving despite the poor conditions, he learned how they were able to feed their children in ways that kept them healthy. He encouraged these mothers to share their successful strategies with other mothers in villages all across the country and, over time, rates of childhood hunger decreased and the health of Vietnamese children improved. It’s a moving story of “changing things when change is hard.”

What does this story have to do with the VHA’s commitment to improving the health and well-being of Veterans? I think there are important lessons that we can learn from the stories and ideas in *Switch*. At the VHA Senior Leadership Conference in Chicago in August, Dan Heath spoke energetically about the challenges of making changes in our personal and organizational behavior. He pointed out that there are three essential elements needed for successful change: direction for our rational side, motivation for our emotional side, and a clear path forward. All these areas need to be addressed for things to change.

To direct the rational aspect of change, Heath talked about “following the bright spots” – the unusually positive performers who have found a way to achieve the desired goal when most haven’t. He noted the need to understand what it is that they’re doing and then find a way to reproduce their practices. The mothers in Vietnam who had found a way to keep their children healthy were certainly “bright spots.” Heath suggested “scripting the critical moves,” – being clear about how people should act, getting rid of abstractions, and picking one place to start. He also described how to “point to the destination,” that is, to paint a detailed picture of what the target outcome looks like, so that people will know when they’ve arrived at the goal and when to pop the champagne cork to celebrate.

Heath explained how to motivate the emotional aspect of change. The first is to “find the feeling,” meaning to engage people in the need for change by making it visual or graphic. He told a story about a man whose company bought hundreds of different kinds of gloves for their workers. He couldn’t get the leaders to see this as a problem until he made a huge pile all of the various types of gloves on the table at a board meeting. Only then were they able to realize how inefficient it was to buy so many kinds. Heath also described the need to “shrink the change,” that is, to make the first step small enough that everyone can do it and feel good about it and, if possible, to give people a head start toward the goal. He talked about an experiment in which people were given a loyalty card for a car wash. Some people got a card with eight spaces to be punched to get a free wash; others got a card with 10 spaces but the first two were already punched. Guess which group got to the free car wash faster?

Finally, in regard to making the path forward as clear as possible, Heath talked about the need to “tweak the environment” so that people are more likely to make the change that you’d like them to make, to shift things so that the “right” behaviors happen more easily. He also suggested finding ways to develop habits that support the desired goals – for example, by connecting new behaviors with things that we’re already doing routinely. And he urged “rallying the herd,” that is, using social pressure in a positive way to showcase those who have
made successful changes and reached the targets. When the people who are resisting changing see that others have embraced it, they may be more likely to come along themselves.

How could we apply some of these ideas to our work in changing the way we provide health promotion and disease prevention (HPDP) services and programs? Thinking about the rational side of things, we should “follow the bright spots” in our organization: staff and facilities that have found ways to achieve high levels of success in HPDP, despite the common barriers and challenges that we all face. One of the articles in this issue of HealthPOWER! highlights Health Behavior Coordinators (HBCs) who have already made significant accomplishments. They are models for what can be achieved, despite competing priorities and needs in VA medical centers. As a way to “script the critical moves,” the nine Healthy Living Messages include general directions that will lead to better health outcomes and also provide specific action steps to take. The new online tobacco cessation resources discussed in the newsletter are examples of tools that will “point to the destination” and help smokers quit.

How can we motivate ourselves and others in the emotional aspect of change, to “find the feeling?” One project NCP is working on that may help to make a desired change more visual is the creation of short videos for staff, showing an easy yet effective way to engage patients in conversations about making health behavior changes, such as increasing physical activity. It’s a lot easier to understand how to do this when you see it being done in a way that is consistent with how things work in your clinic. The video will emphasize the small steps that staff can take to get started having these conversations. Attending TEACH and motivational interviewing (MI) training is a great first step that many staff members have already taken.

Other articles in this issue illustrate the advice about “tweaking the environment” to make behavior change as easy as possible. The story about Jennifer Gonzalez’s efforts to take HPDP to the National Veterans TEE Tournament is a great example of making the path forward clear for Veterans, as is Bay Pines Health Care System’s use of a novel partnership and health care program. Since many people look to the Internet as a main source of health information, the Veterans Health Library is an example of a way to connect the desired outcomes (in this case, helping Veterans to be involved in their health care) to things that people are already doing.

And if the story about Veteran Donald Morrison doesn’t help to “rally the herd” by showcasing successful health behavior change, I’m not sure what will. His account of working hard to achieve his goals is very “MOVE!®-ing!”

The take-home message from this book for me isn’t that change is hard (we all know that), but that there are lots of ways to support making that change happen – ways that, by themselves, aren’t so hard and are certainly things we can do. We just need to look around for inspiring stories of success!

**Linda Kinsinger**
Marcia Mullis, HPDP Program Manager for the Bay Pines (Florida) VA Health Care System (VAHCS), knows the statistics all too well. Recent data indicate that 22 percent (50 million) of U.S. adults have arthritis. By 2030, this number is projected to rise to 25 percent (67 million) of adults, of whom 25 million will report related limitations in physical activity. She estimates that “70 to 80 percent of Veterans who come to the VAHCS have chronic diseases such as arthritis.”

Mullis and Barbara Parker, Bay Pines’ Chief of Recreation Therapy Service (RT), have spent multi-decade VA careers implementing programs to prevent and manage arthritis and other chronic health problems. This task is particularly challenging at their HCS, which is located near Tampa Bay and serves a 10-county area.

As one of the largest facilities in VHA, Bay Pines provides the continuum of services to the spectrum of Veterans. It accounts for nearly 100,000 outpatient visits per year through its main facility and eight community-based outpatient clinics. One of its key missions is to provide evidence-based health care that promotes population health—a mission that it shares with the Florida Department of Health (DoH) and has resulted in an innovative collaboration that represents the vanguard of VA’s Transformational Initiatives for the 21st Century.

Outside the Box
In the past, the DoH had provided training and support to Mullis. But she knew that a deeper partnership between the DoH and Bay Pines was possible, as well as mutually beneficial. In May 2011, she applied for a grant that would support the DoH and VHA goal of improving population health, and teamed with Parker to make it reality. “We felt like ‘pioneers’ because we were forging a new relationship with the state, assembling a multi-disciplinary staff for a new clinical offering, and applying for funding to support a new program, not traditional research,” says Parker.

Novel Partnership, Sizable Grant
In July 2011, Mullis and Parker were thrilled to learn that the DoH’s Arthritis Prevention and Education Program had awarded Bay Pines a grant for $170,000, which was provided through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). Lauded as a new model for collaboration by the DoH, the grant will help meet the health care needs of patients with arthritis. Mullis and Parker will do this in a novel way: they will use the funding and an existing VHA program for weight management (MOVE!) to expand access to and use of the Arthritis Foundation® (AF) Walk With Ease ProgramSM (WWE).

Walk With Ease
In short, WWE is an evidence-based program that helps adults who have mobility-limiting arthritis (or chronic health conditions) move. Easily used by individuals and groups, WWE helps participants gradually increase their walking time by managing pain, stretching and strengthening muscles, overcoming barriers to physical activity, and getting and staying motivated. Participants are provided a handbook that contains self-tests, a diary, stretching and exercise guides, and motivational tools such as an exercise “contract.” Additional resources are available at the AF’s WWE (http://www.arthritis.org/easy-walking.php) and Let’s Move TogetherSM (http://lmt.arthritis.org/) Web sites.

Recreation Therapist Stephany LaFlamme signs up Theresa Torres for WWE.
WWE is backed by research that confirms myriad health benefits that range from reduced disability to improved balance and overall health. Perhaps as importantly, it provides patients with the confidence to be more physically active and lead a healthier lifestyle.

Defining Goals and Success

Mullis says that RT and HPDP will jointly coordinate the new offering, which they initiated in August 2011. About half of the grant money will be used to acquire re-usable WWE participant handbooks; the remainder will support program staff and clinical training.

Postgrant, the aim is to have a program that’s expandable, sustainable, and a permanent part of consultation services at Bay Pines. Success will be defined not only in terms of overall participation, but also in several patient improvement metrics, because the program is, after all, a treatment tool.

Mullis and Parker have an ambitious, three-stage plan for WWE: (1) MOVE!* participants will be given the opportunity to sign up for WWE; (2) WWE will be integrated into Bay Pines’ menu for clinician referral; and (3) the Bay Pines Employee Health Program will offer WWE to employees, volunteers, and family members. Ultimately, they hope the use of WWE at Bay Pines will provide a blueprint for the rest of VHA.

The Future of Care

Both Parker and Mullis feel that innovative, sustainable, community-focused, and infrastructure-building partnerships such as theirs are the future of effective HPDP efforts in VHA. Emphasizing, combining, and evaluating programs such as WWE and MOVE!* also fits the current evidence-based focus of Bay Pines’ health care services. “We were just contacted about helping another VAHCS implement WWE,” says Mullis. “We hope other facilities also will want to develop infrastructure and programs similar to ours.”

Sue Diamond, National HPDP Program Manager at NCP, agrees. She thinks that Bay Pines’ ambitious vision and fresh model of collaboration are exactly what’s needed to support the people-centric, results-driven, forward-looking orientation and ongoing transformation in how VA cares for more than 5.8 million Veterans. “In spring 2011, NCP launched the Healthy Living Messages campaign to reinforce healthy behaviors in Veterans,” says Diamond. “Physical activity, weight management, and involvement in one’s health care are key healthy living goals, and programs like WWE and MOVE!* can help Veterans achieve them.”

REFERENCES


In April 2011, the Society of Behavioral Medicine (SBM) hosted its 32nd Annual Meeting & Scientific Sessions, titled, Behavioral Medicine: Accelerating Our Impact on the Public’s Health. The meeting featured the latest basic, interventional, and translational research in behavioral medicine and was attended by representatives from NCP.

Dr. Michael Goldstein, Associate Chief Consultant for Preventive Medicine, and Dr. Peg Dundon, National Program Manager for Health Behavior, attended the meeting as leaders of NCP’s ongoing efforts to integrate prevention and health behavior change in VHA’s primary care services. Also in attendance was Dr. Ken Jones, National Program Director for Weight Management/MOVE!®, who played an early role in NCP’s development of the VHA HBCs critical to this integration. Drs. Goldstein and Jones helped frame an SBM Annual Meeting panel discussion on promoting behavioral medicine at the local facility level.

The main focus of the discussion was NCP’s new Preventive Care Program—an excellent example of how the SBM’s multidisciplinary, biopsychosocial focus aligns with VHA’s vision of evidence-based, patient-centered preventive care.

New Models of Care

In a committed effort to shift focus from disease management to Veteran-centered preventive care, VHA adopted the “New Models of Care” transformational initiative in 2010. In turn, NCP developed the Preventive Care Program, which is designed to ensure that Veterans receive

- Comprehensive health education and information
- Clinical preventive services
- Coaching and resources in health behavior change
- Support to help manage their health

A major goal of the Preventive Care Program is to inspire positive, life-long changes in Veterans’ health behaviors—a traditionally formidable challenge. With new funding to help realize this goal, two new positions were established in each VA facility: an HPDP Program Manager and an HBC, which is described below.

How HBCs Fit In

“The role of VHA’s 153 new HBCs is to close the behavioral medicine ‘gap’ that NCP identified in clinicians’ traditional approach to Veterans’ care,” says Dundon. Typically, patients are told “what” they need to do, but are not always provided guidance on “how” to accomplish it. This is where HBCs come in. They are specialists in behavioral medicine, applying behavioral science knowledge and techniques to improve physical health and prevent illness within the primary care setting. Most of the HBCs are health psychologists; others are social workers or nurses with advanced training in the theory and practice of health behavior change.

As Dr. Dawn L. Edwards, Clinical Health Psychologist and HBC at the Syracuse VA Medical Center (VAMC) explains, “Increasingly, research shows that behavioral and emotional factors have a huge impact on physical health, and especially on how we care for ourselves. However, most medical providers do not receive training in this area, so they often don’t incorporate it into their work with patients.”

Making An Impact

But HBCs are. Only a year into the Preventive Care Program, they are successfully integrating behavioral medicine into a variety of clinician- and Veteran-oriented programs. Several HBCs attended the SBM meeting and
Restructuring for Success
At the Harry S. Truman Memorial Veterans’ Hospital (Columbia, Missouri), Dr. Autumn Keefer focused her efforts on improving a high-priority, high-profile program: smoking cessation. She reworked the program by relocating it to a newly created Prevention Program in primary care and restructuring required and optional activities for participants. She did this by

- Learning key staff members’ needs and issues
- Taking on new leadership roles
- Developing multi-disciplinary teams co-located in primary care
- Creating marketing materials for providers and patients

Incorporating social media, non-traditional communications, and MI techniques also has helped the smoking cessation program realize impressive initial results: the quit rate increased to 62 percent after the first 7 weeks of implementation and substantial savings in travel costs were realized at her facility.

Health Coaching
Dr. Autumn Braddock felt that health coach was a role tailor-made for a member of the primary care team. At the VA Greater Los Angeles HCS, she has begun training clinicians to coach and support patients emotionally and behaviorally. Using a patient-centered collaborative process, these clinicians help Veterans create health goals and plans based on their individual values, needs, and motivations. Ultimately, Braddock envisions HBCs playing a multi-faceted role that includes

- Provider-extender
- Champion of patient-centered strategies
- Facilitator who connects patients to education, resources, and services
- Consult-providing clinician who carries a patient caseload and delivers behavioral medicine and preventive clinical services
- Trainer of staff and new health coaches

Taking It to the Next Level
Dr. Amanda Lienau Purnell already had a strong behavioral medicine component in place at the St. Louis VAMC. But she knew that she could enhance the facility’s excellent Veteran care through increasing staff support. She used the HBC position to

- Provide more intensive clinical training
- Develop a Health Promotion “Grand Rounds”
- Create scripts to encourage patients’ self-management and program use
- Distribute monthly prevention messages

On-the-spot clinical assistance was provided by integrating behavioral medicine specialty providers in selected programs, providing on-site wellness clinics, and developing a cadre of peer educators. Lienau Purnell also augmented her facility’s offerings, adding new patient orientation and healthy living programs, and increasing weight management and smoking cessation services.

An Excellent Investment
After little over a year, the Preventive Care Program’s impact on Veteran care at the local level has been tangible and far-reaching. VHA’s investment in HBCs is paying off in terms of the development of new patient-centered programs that deliver effective, evidence-based interventions that are changing Veterans’ health behaviors for the better. Much success has been realized in a short period of time, but there is more to come.

During concluding remarks at the SBM meeting, Dr. Goldstein outlined the established and expanding roles that HBCs will play in three general categories: direct clinical services; staff training, coaching, and support; and developing and implementing facility-level preventive activities and programs. “HBCs will be force-multipliers and agents of cultural change in VHA’s transformation at the local level,” he said, “and they’ve already made great strides in advancing patient-centered care and Veteran health.”
NCP Extends Outreach at Recent VA Small Business Conference—Veterans Get Practical Experience with the Nine Healthy Living Messages

In August, New Orleans hosted the VA’s annual National Veterans Small Business Conference and Expo, the largest nationwide conference of its kind. The goal of the meeting was to make Veterans and small business owners aware of the wealth of tools and programs available to help them succeed in their business ventures. But attending Veterans also got practical guidance and resources for success in an equally important personal endeavor: leading a healthier lifestyle.

A free, day-long Open House during the conference offered Veterans “one-stop shopping” for the services of a variety of national VA programs. Of the hundreds of program booths at the Open House, HPDP was the focus of nine booths that were manned by VHA staff members from facilities in the mid-South’s VISN 16. Each of these booths was focused on one of the Healthy Living Messages developed by NCP to reinforce positive health behaviors and help Veterans stay “well and well-informed.”

The booth themes ranged from “Be Involved in Your Health Care” to “Manage Stress” and offered interactive experiences for both new and experienced Veterans. The largest booth, “Be Physically Active,” allowed Veterans as well as VA staff to participate in live Zumba®, Jazzercise®, and yoga demonstrations. The “Strive for a Healthy Weight” booth was based on NCP’s MOVE!* weight management program, and allowed Veterans to talk with MOVE!* clinicians, pick up program resources, and view weight-loss success stories through the MOVE!* Web site.

According to Sophia Hurley, NCP’s MOVE!* Physical Activity Program Coordinator, it was the first time that the event organizers conducted the Open House and the first time that NCP attended the meeting. “The conference was not only a great way to reach out to Veterans at the local and individual level with our Health Living Messages campaign,” says Hurley. “It also helped us understand how to best help Veterans access the huge—and sometimes overwhelming—number of excellent VA services, resources, and programs.”

What They’re Saying About: TEACH

“Our hospitalist physicians have made a great commitment to go through the TEACH program: three-quarters of them have attended TEACH training and one is now a TEACH facilitator. Since our hospitalist physicians began doing TEACH training about 2-3 years ago, I have seen the number of phone calls with complaints, the number of congressional letters with complaints, and the number of phone calls by the nursing staff to discuss patient complaints decrease by at least 80 percent on the general medicine inpatient wards.

Of course, the reasons for this are multi-factorial, but I do fully feel, having taken the TEACH program myself, that the TEACH program has played a big part in this marked decrease.”

Joe Lezama, M.D.,
Chief, Medical Service
James A. Haley Veterans Hospital
Tampa, FL
Disabled Veterans Get Healthy and Active at National TEE Tournament

When over 250 visually impaired and disabled Veterans traveled from over 30 states to Iowa to participate in the National Veterans TEE (Training, Exposure, and Experience) Tournament in September, VISN 23’s HPDP prevention team was there to spread the word…and the sunscreen.

“The TEE Tournament provided us a great venue to reach out to Veterans and their caregivers one-on-one with the Healthy Living Messages,” said Iowa City VAMC HPDP Program Manager and Veterans Health Education Coordinator (VHEC) Jennifer Gonzalez. “And we made the HPDP topics practical by distributing healthy living kits for use right there at tournament events.”

HPDP staff members, including program managers Laurie Ness (Sioux Falls VAMC), Patty Davis (Des Moines VAMC) and HBC Dr. Julie Rosebrook (Iowa City), handed out health promotion materials, counseled attendees, and provided on-site preventive services at tournament checkin, an HPDP booth, and selected outdoor TEE activities.

Sponsored by VA, hosted by the Iowa City VAMC, and supported by 375 volunteers and a variety of corporate sponsors, the Tournament offered disabled Veterans an opportunity to improve their confidence through adaptive recreational activities that promote rehabilitation, friendship, and camaraderie. This year, Veterans golfed, bowled, kayaked, and rode horses at sites in the Iowa City environs and learned that having a visual or physical disability is not an obstacle to being physically active.

“This event was another great example of how VHA clinicians are actively using new skills like MI to take HPDP messages directly to Veterans,” said Gonzalez. “We got great feedback from attendees and organizers alike, and we’ll be back next year to provide Veterans with the guidance and tools to live a healthier life.”

Online Tobacco Cessation Resources Available to Clinicians and Veterans

The prevalence of smoking in American adults has decreased dramatically since the peak tobacco use of the 1960’s, yet recent U.S smoking rates have reached an apparent plateau in which year-to-year changes have been small and inconsistent. From 2005 to 2010, smoking prevalence declined, from 20.9 to 19.3 percent, yet during this time period, for example, this figure also increased slightly from 2007 to 2008.

Smoking trends in Veterans have in some ways been similar to that of American adults. Veterans’ smoking rates have significantly decreased since peaking after the armed conflicts of the middle 20th century, but have flattened out more recently. About one-third of VHA-enrolled Veterans reported in 1999 that they used tobacco, and this number has steadily declined. Smoking rates among Veterans enrolled for care in VA are similar to the general U.S. population, falling from 22.2 percent in 2005, to 19.8 percent in 2008 and 19.7 percent in 2010.
Veterans continue to need access to effective tobacco cessation resources. Research has shown that the typical tobacco-user
• Will make multiple attempts before he/she successfully quits
• Is more likely to stop using tobacco when part of an evidence-based cessation program that includes counseling and medications
• Is more likely to abstain from tobacco use when supported by a social network
Clinicians are key partners in this process and the support that they provide is critical to the success of those trying to stop using tobacco.

New DoD Online Resources
Excellent cessation resources are available online for VHA health care providers and Veterans. The DoD’s Quit Tobacco—Make Everyone Proud campaign works with a variety of counselors, health care professionals, public affairs offices, and military installations to decrease tobacco use. NCP and VHA’s Public Health Strategic Healthcare Group have collaborated with DoD to provide VHA-enrolled Veterans comprehensive cessation support through the Quit Tobacco—Make Everyone Proud Web site (http://www.ucanquit2.org). By clicking on the VA Veterans page of this site, clinicians and Veterans can access VHA-approved cessation tools and programs. These resources, which are discussed below, can effectively augment the behavioral counseling and U.S. Food and Drug Administration-approved smoking cessation resources provided by clinicians to help Veterans quit.

Live support. Available 24 hours a day and 7 days a week, Live Help is a real-time online chat that allows Veterans to get confidential, one-on-one guidance from trained cessation coaches. These “quit coaches” can effectively augment clinical care by answering Veterans’ questions about successfully starting and maintaining a tobacco-free life.

Train2Quit. This confidential, interactive system allows Veterans to create a free, customizable, self-paced program for quitting tobacco. A Train2Quit account offers self-assessment questionnaires, a quit plan/calendar to track progress, and tips on how to address the physical and emotional challenges associated with kicking the tobacco habit.

Medication information. Veterans can use the Medications to Help You Quit tool to get information on the over-the-counter and prescription tobacco cessation medicines available to them through the VA health care system.

Social media. Facebook, Twitter, a quit blog, and a message board are examples of the community-oriented media available to Veterans who want to share experiences, get support, and inspire others to stop using tobacco.

Motivational tools. Veterans can view and download a variety of engaging Web-based games, quizzes, banners, and widgets that encourage tobacco cessation. A personalized savings calculator, for example, helps Veterans tally the money that can be saved by not smoking or chewing tobacco.

Using the Resources
The Quit Tobacco—Make Everyone Proud resources discussed above should be an integral part of the clinical services provided to Veterans. Posters and wallet cards advertising the Web site are available for download at http://vaww.publichealth.va.gov/smoking/publications.asp#Online;* print copies can also be ordered from the VA Publications Depot.

*Intranet site is only accessible by VA Staff.
Additionally, VHA clinicians can access clinical cessation tools on the VA Intranet (http://vaww.publichealth.va.gov/smoking/clinical.asp)* that include

- Clinical pocket guides, booklets, and practice guidelines
- Information on the wide variety of cessation medications and nicotine replacement therapies available in the VHA formulary
- VHA-oriented posters that raise awareness about smoking cessation and services
- Rules, regulations, directives, reports, and surveys from U.S. Government Agencies such as the Surgeon General’s Office, VA, and VHA

These and other print-ready tobacco cessation resources can be downloaded from http://vaww.publichealth.va.gov/smoking/publications.asp.* Bulk items can also be ordered through the VA Publications Depot.

Additionally, the Public Health Strategic Health Care Group of the VHA’s Office of Public Health office provides clinical updates to VHA health care providers through the monthly Tobacco Cessation Clinical Update audio-conference series that is presented the 4th Monday of each month.

Veterans need to know that they are not alone in their fight to quit tobacco—and that through their clinicians and a variety of effective Web-based resources, help is available.

For additional information, please contact Dr. Kim Hamlett-Berry, Director, Public Health Policy and Prevention, of the Public Health Strategic Health Care Group at kim.hamlett@va.gov or (202) 461-1040.

REFERENCES


*Intranet site is only accessible by VA Staff.
The Veterans Health Library—
Information That Veterans and Clinicians Can Trust

Veterans will soon get an empowering new tool to take charge of their health and health care: the Veterans Health Library (VHL). Developed under the guidance of NCP’s Veterans Health Education and Information (VHEI), the VHL will help Veterans, their families, and their health care teams take a more active, informed, collaborative approach to health care decision making—with information vetted or developed by VHA experts that’s specific to Veterans’ unique needs.

“We plan to ‘soft launch’ the VHL later this fall, so users can try it out,” says Dr. Rose Mary Pries, VHEI Program Manager at NCP. “This will allow us to troubleshoot in preparation for making it more widely available, likely in early 2012, as VHA’s most comprehensive source of Veteran-focused health education.”

Collaborative Contributions

In addition to Krames’ educational material, content has been provided by the VA Central Office’s (VACO’s) clinical program offices, which also are working with VHEI to develop new VHA-specific content in their specialty areas. The collaborative efforts of VHEI, VACO program offices, and Krames have generated an enormous amount of health content for potential inclusion in the VHL. The result of this multi-partner involvement is that “the VHL is wide-ranging in clinical scope and takes into account the health literacy and numeracy needs of Veterans and their families,” says Dr. Pries.

Intensive Development

All of Krames’ existing content has undergone an intensive and time-consuming review by approximately 70 well-respected subject matter experts (SMEs), who were carefully chosen by VACO clinical program offices. This review will be ongoing and will ensure that VHL content

- Provided by Krames meets VA/DoD Clinical Practice Guidelines
- Follows VHA clinical policies, directives, and handbooks
- Is in accord with VHA’s Clinical Preventive Services Guidance Statements

The SMEs are not only reviewing Krames’ content in areas such as preventive medicine, infectious disease, cardiology, and diabetes/endocrinology. They also are suggesting VHA-created content for the VHL that

More than just information on a Web site, the VHL will be...

- Accessed via My HealthVet
- Interactive and available through the Internet 24/7
- Available to Veterans, their families, and their VHA health care team
- Composed of over 7,000 printable, health information sheets, self-assessments, calculators, interactive tools, and videos
- Designed to help Veterans communicate with their health care team
- Created to help Veterans actively partner with their providers
- Designed to help Veterans share in their health care decision making
- A source for clinical staff to get reliable, consistent, and tailored health information
includes topics such as posttraumatic stress disorder, Agent Orange exposure, combat-related cold injury, and traumatic brain injury. These Veteran-specific health topics are not easily found in other health Web sites, but are featured in the VHL. “We want to ensure that the VHL content is customized—both in its content and design—to address the health issues that are most pressing to Veterans, their family members, and VHA clinicians right now,” explains Dr. Pries.

But the VHL will be more than just a repackaging of health information; it will be tailored to the Veteran in how and what it delivers. Dr. Pries explains that “the result of this intensive review process and the collection and development of new VHA-specific content is that the VHL will provide concise information that Veterans and their caregivers can really use and completely trust.” Equally important to clinical staff is that the information has been vetted by VHA’s SMEs and can be easily accessed and used in face-to-face, telephone, and secure messaging clinical encounters.

Field-Tested

In addition to establishing the clinical value of the VHL, VHEI has confirmed its practical value. In May 2011, Veterans and their families tested the usability of the VHL. Soon afterwards, VHEI extended the offer to field test the library to VHA stakeholders and clinical staff. They turned out in unprecedented numbers to assess the VHL’s navigational, informational, and educational value.

“The industry standard for response is around 4 percent,” explains Dr. Pries. “An impressive 43 percent turned out to assess the VHL!” More than 500 leaders, stakeholders, and front-line clinical staff responded, demonstrating the depth of VHA’s commitment to high-quality, evidence-based care. “We received page after page of feedback on the library,” said Dr. Pries. “The input was very insightful and was used in creating the VHL’s engaging ‘feel’—the photos on the Web site look like Veterans, for example, and the information is written in ‘plain language.’” This feedback has added another level of quality control to the VHL content, in that the information will be relevant and user-friendly.

Building Knowledge and Partnership

“We developed the VHL to be not only a trusted source of Veteran-specific health information, but also a tool to strengthen the partnership between Veterans and VHA health care teams,” says Dr. Pries. She believes that the VHL is another great example of the ways that VHA is “defining excellence in the 21st century” and transforming the way in which Veterans receive—and clinical staff members provide—health care.

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**Key Principles of Veteran-Centered Care**

- Honor the Veteran’s expectation of safe, high-quality, and accessible care
- Enhance the quality of human interactions and therapeutic alliances
- Solicit and respect the Veteran’s values, preferences, and needs
- Systematize the coordination, continuity, and integration of care
- **Empower Veterans through information and education**
- Incorporate the nutritional, cultural, and nurturing aspects of food
- Provide for physical comfort and management of pain
- Ensure emotional and spiritual support
- Encourage involvement of family and friends
- Provide an architectural layout and design conducive to health and healing
- Introduce creative arts into the healing environment
- Support and sustain an engaged workforce as key to providing Veteran-Centered Care

(from the VA USH Web site)
Immunization Awareness Month

You can’t stop time but you can stop some serious diseases before they ever start.

August is National Immunization Awareness Month, the perfect time for Veterans and their families to catch up on their vaccinations.

As VA healthcare workers prepare for the upcoming flu season, it’s important for all Vets to get the right vaccines in the right doses at the right time.

“Immunization is one of the most significant public health achievements of the 20th century,” according to Dr. Linda Kinsinger, Chief Consultant for VA Preventive Medicine. “Vaccines have eradicated smallpox, eliminated wild poliovirus in the U.S., and significantly reduced the number of cases of measles and other diseases. They are the most dramatic health advancement in the last 100 years.”

“I hope Veterans will understand that immunizations are one of the safest medical interventions we have. They’re quick, easy and very effective.”

Terri Murphy, R.N., M.S.N., VA’s National Program Manager for Prevention Policy, stresses the importance of all Veterans checking with their health care team to make sure they are up-to-date on recommended vaccines.

Here is a list of some of the most important vaccines:

Influenza
All Veterans should get the yearly flu vaccine.

Diphtheria, Tetanus, and Pertussis Vaccines
There are several formulations of these vaccines used to prevent diphtheria, tetanus, and pertussis.

Td is a tetanus-diphtheria vaccine given to adults as a booster shot every 10 years, or after an exposure to tetanus under some circumstances. Tdap is similar to Td but also contains protection against pertussis (whooping cough).

Adults 19 through 64 years of age should receive a single dose of Tdap in place of a dose of Td.

For adults 65 and older who have close contact with an infant and have not previously received Tdap, one dose should be received.

HPV Vaccine
“It’s recommended that women Veterans up to the age of 26 have the Human Papillomavirus (HPV) vaccine,” Murphy notes, adding, “HPV is a common virus that is spread through sexual contact. Most of the time HPV has no symptoms so people do not know they have it.”

There are approximately 40 types of genital HPV. Some types can cause cervical cancer in women and can also cause other kinds of cancer in both men and women. Other types can cause genital warts in both males and females. The HPV vaccine works by preventing infection with the most common types of HPV that cause cervical cancer and genital warts. It is given as a series of three doses of the vaccine.
Murphy also stresses the importance of continued screening for cervical cancer even for those women Veterans who received the HPV vaccine.

**Shingles**
All Veterans 60 and older should receive the vaccination called Zoster which helps to prevent shingles.

Shingles is a painful localized skin rash (often with blisters) that is caused by the varicella zoster virus (VZV), the same virus that causes chickenpox. Anyone who has had chickenpox can develop shingles because VZV remains in the nerve cells of the body after the chickenpox infection clears. The virus can reappear years later causing shingles.

Shingles occurs more commonly as people get older.

**Pneumococcal Disease**
Pneumococcal disease is an infection caused by a type of bacteria. There are different types of pneumococcal disease including pneumonia and meningitis.

The vaccine for pneumococcal disease is recommended for Veterans who are:
- 65 years of age and older
- Up to 64 years of age who have a long-term health problem such as heart disease, lung disease, sickle cell disease, diabetes, alcoholism, or cirrhosis
- Up to 64 years of age who have a disease or condition that lowers the body’s resistance to infection
- Up to 64 years of age who are taking a drug or treatment that lowers the body’s resistance to infection, including long-term steroids, certain cancer drugs, or radiation therapy
- 19 through 64 years of age and are smokers or have asthma
- Residents of nursing homes or long-term care facilities

Murphy points out that all Veterans who have chronic diseases should discuss the need for the pneumococcal vaccine with their health care team.

**Hepatitis Vaccines**
Hepatitis A is a liver disease caused by the hepatitis A virus. Hepatitis A can affect anyone. Vaccines are available for persons who were not already immunized and are at risk for the disease. Good personal hygiene and proper sanitation can also help prevent the spread of hepatitis A.

Hepatitis B is a serious disease caused by a virus that attacks the liver. The hepatitis B virus can cause life-long infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Hepatitis B vaccine is available for persons who were not already immunized and are at risk for the disease.

Murphy also suggests that Veterans should get vaccines for the following if they did not get them as a kid or when they entered the service, or had the diseases in childhood: MMR vaccine against Measles, Mumps, and Rubella, and the chickenpox vaccine Varicella.

**Why a shot?**

And that question we’ve all been asking since we were five: Why do we have to get a shot? Why can’t we just take a pill?

The answer is that some vaccines, such as the one for typhoid, are actually given orally. There is also version of the flu vaccine that is sprayed in the nose. It’s available for healthy people less than 50 years of age.

However, as Murphy explains, “The reason you have to get a shot is because some vaccines are digested and destroyed by stomach acid before the body has time to respond and form antibodies.”

**Top Priority**
Immunizations are a top priority for VHA. VA reaches over 80% of Veterans over 65 with the flu vaccine and provides the pneumococcal vaccine to almost 95% of Veteran patients who should receive it.

Veterans and their families should review these helpful Web sites provided by VA and CDC with important information on vaccines:
- http://www.cdc.gov/vaccines/default.htm
- http://www.flu.gov

(Contributed by Hans Petersen, Senior Writer-Editor, VHA)
News Updates

- The Office of the Deputy Under Secretary for Health for Operations and Management released T21 Transformational Initiatives Field Guidance for Fiscal Year 2012 (http://vwww.prevention.va.gov/docs/VHA_FY12_T21_Network_Implementation_Guidance.pdf)*. Much of the guidance is similar to what was issued in FY 2011; however, there is some new guidance for Prevention in FY 2012. The section related to the Preventive Care Program goals is located on pages 6-10. The guidance was recently discussed on the monthly/quarterly national calls involving VISN MOVE!* Coordinators, HBCs, VHECs, and Facility MOVE!* Coordinators.

- TeleMOVE! Interactive Voice Response (IVR) will not meet the target release date of October 2011. An updated release will be provided by NCP shortly.

- The continuing support live meeting for TeleMOVE! is on the first Wednesday of the month at 2pm ET (phone number: 1-800-767-1750; Access Code 81572#).

- NCP staff and 39 facility HPDP Program Managers, HBCs, and VISN HPDP leads from pilot sites attended the National Telephone Lifestyle Coaching Orientation Meeting held at Alere Wellbeing Inc. headquarters in Seattle from September 19-22, 2011.

- Patient Education: TEACH for Success – From October 2010 through July 2011, 7,615 people have participated in 621 local TEACH classes.

- Million Hearts, a national initiative to prevent 1 million heart attacks and strokes over the next 5 years, began on September 18th. The U.S. Department of Health and Human Services (HHS) and private sector have teamed up to offer proven heart attack/stroke interventions that are effective and inexpensive. (http://millionhearts.hhs.gov/?source=govdelivery).

- Questions are the Answer, a new initiative from the HHS’ Agency for Healthcare Research and Quality (AHRQ) and the Ad Council, helps clinicians and patients communicate more effectively. The AHRQ Web site (http://www.ahrq.gov/questions) features brochures, notepads, tools, and videos to help patients and clinicians better ask questions and share information.

- The U.S. Preventive Services Task Force has invited public comment on the following draft recommendation statements:
  - Screening for Coronary Heart Disease with Electrocardiography (ECG)
  - Screening for Hearing Loss in Older Adults
  - Screening for Prostate Cancer

Comments can be provided at http://www.uspreventiveservestaskforce.org/tfcomment.htm until October 25 (ECG), November 1 (hearing loss), and November 8 (prostate cancer), 2011.

Staff Updates

Diana N. Graham, M.P.A., brings a Program Management/Evaluation background and passion for Veterans’ issues to her role of Program Support Assistant at NCP. Prior to arriving in August, she graduated with Honors from Strayer University in 2009 with a master’s degree in public administration. Diana served in the North Carolina Army National Guard for 8 years and was deployed in 2005 as a battalion-level patient administrator during Operation Iraqi Freedom. As a former Veterans of Foreign Wars post commander, Diana looks forward to helping NCP staff develop health care policy that will have a positive impact on Veterans’ lives.

*Intranet site is only accessible by VA Staff.
Diana Greene, Clinical Informatics Analyst, joined NCP in June to help guide the online implementation of the VHA-wide Health Risk Assessment. She came to NCP from Sentara HealthCare, where she worked as an Epic-certified clinical analyst on the Design, Build, Validate team in ambulatory care. She is an Air Force Veteran who retired as a Master Sergeant in 2000 after a career in Flight/Missile Medicine. Diana has a bachelor of arts degree with a specialization in Management Information Systems from St. Leo University. Her broad, practical expertise in clinical informatics and electronic health records will be critical to NCP’s ongoing efforts to improve Veterans’ health care.

Ted J. Slowik, Ph.D., comes from the field of medical education and provides writing and editing support to NCP staff. Prior to joining NCP in July, Ted held director positions in educational and scientific communications and was a medical writer and editor. At the University of California at Berkeley, he conducted and published doctoral research on the ecology of Lyme disease. Previously, Ted also served as an active duty officer in the Army Medical Service Corps and was assigned to the former Walter Reed Army Medical Center, where he was involved in early efforts to help Veterans suffering from Gulf War syndrome.

NCP Program Support Assistant, and Sergeant First Class, Angela Gathright was called to active duty in early September. As part of Operation Enduring Freedom, she will serve a 12-month deployment to Afghanistan as a transportation/supply specialist in the U.S. Army Reserve Sustainment Command. Angela leaves behind a daughter and son who will reside in Fayetteville, NC. Please join us in keeping her and her family in our prayers until she returns home safely.

NCP’s affiliation with the University of North Carolina (UNC) Preventive Medicine Residency Program continues. Our newest resident, Kelly Corr, M.D., M.P.H., is a first-year preventive medicine resident who earned her doctor of medicine and master of public health degrees from UNC. Kelly received her undergraduate degree from Bucknell University and completed a family medicine residency at the University of Virginia, where she served as a primary care physician for locally resettled refugees. She recently worked in Thailand serving refugees’ health needs, and her interests include refugee and global health, behavioral change and disease prevention, and the role of primary care in health care reform.
Commit, Dig in, and Do it: Texas Veteran Makes Impressive Progress with TeleMOVE!

Donald Morrison first noticed it in high school: he was overweight compared to others. Since then, he’s lost count of how many times—and fad diets and pills—he’s tried to lose weight. He retired in 2005 weighing 240 pounds, but has since gained about 10 pounds a year. During that time, he admits that he secluded himself, caring little about his weight and appearance.

But during his brother’s visit in the summer of 2010, Donald became depressed and embarrassed by how he looked in family pictures. He knew he had put on weight (“finding clothes that fit was getting harder”), but didn’t realize how much. Seeing himself next to his wife and brother was an eye-opener.

It was a transformative moment for Donald. “Something has to wake you up and make you decide to take a different path,” he explains. “To start losing weight, you have to make a profound personal decision; otherwise, nothing will work for you.”

So he made that decision by starting MOVE!® and making weight management his life focus. “Without that, I don’t believe anyone can successfully lose weight,” he says.

So far Donald’s focus has paid off. After gaining weight for over a decade, he is now steadily losing weight with the support of his wife and the Temple (Texas) VAMC. Donald started MOVE!® in February 2011 at 290 pounds, already down from a high of 310 pounds. “Losing weight initially was easy, but continuing to lose it has been harder,” he reports. But he’s done it. In April 2011, he weighed 256 pounds. By August, he was at 200 and had lost an impressive 90 pounds after 7 months of participation in MOVE!®.

Because Donald lives several hours away from his VAMC in central Texas, he uses a home messaging device through TeleMOVE!. The device allows him to learn about weight management via short daily lessons, tips, and trivia, and provide a weekly weight. It also connects with his land line phone, which lets his clinical team monitor him closely—“They’re sincerely interested in my health and progress,” Donald explains. When he recently felt pain during exercise, his MOVE!® Coordinator called within 24 hours to help. Shortly after that, the Facility MOVE!® Coordinator called to follow-up.

Donald also praises the MOVE!® instructional materials, which confirmed much of what he already knew, but most importantly, inspired him to act. “MOVE!® works…if you work the program,” he says. “If you put even some of it to use, there will be positive changes.” He believes that MOVE!® offers the right tools to create healthy habits, set achievable goals, and monitor progress. He also has found MOVE!® group sessions to be effective because it helps to know that others are experiencing the same issues and obstacles in meeting weight goals.

“I am still extremely obese, but making progress,” Donald reports. He has almost met his initial weight goal, but will not be satisfied until he is no longer obese. Donald knows it’s going to get tougher, but when he thinks about some of things he’s been through—military service, duty in Vietnam, life in general—losing weight does not seem so hard. “I just have to commit, dig in, and do it. And I’ve decided that is exactly what I am going to do.”
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.