2 From the Editor

3 Feature Article
Patient Education: TEACH for Success
Making an Impact at the Local Level—3

5 Winter Showcase Articles
HealthPOWER! Survey: You Have
Spoken and NCP Is Listening—5
Durham VAMC Receives “Gold Heart”
From NC Prevention Partners—6
What They’re Saying About: NCP
Communications—6

7 Evaluation Reveals Best Practices
for MOVE® Weight Management
Program for Veterans

9 Telephone Lifestyle Coaching:
Veteran-Centered Care...When
and Where They Want It

11 Resources

15 News Updates

17 Staff Updates

18 MOVE!® Success Story
The Holidays are over, and it’s January—the time when *Auld Lang Syne* meets the *New Year’s Resolution*, and we reflect on what was and what will be.

So that’s what we’ve done in this issue. We’ve highlighted some of the great things that happened last year, and will happen this year.

Our recent reader survey gave us a good sense of both the past and future of Health POWER!. A large number of you—hailing from a variety of positions throughout the Department of Veterans Affairs (VA)—provided us with great feedback on the newsletter (see page 5). Thanks again! Your opinions will help us continue to ensure that Health POWER! is a valuable, practical, and user-friendly resource.

With your input in mind, we feature “success stories” in this issue that not only describe the positive changes that Veterans Health Administration (VHA) clinicians are making locally. The stories also provide “blueprints” to help field staff achieve the same successful transformations at their own facilities. We think that these stories—about the Haley VA Hospital’s Patient Education: TEACH for Success Program, the Durham VA Medical Center’s “Gold Heart,” and one Veteran’s success with MOVE!* at the VA San Diego Healthcare System—are equal parts inspiration and information.

Articles on stress management, the pilot Telephone Lifestyle Coaching (TLC) program, and MOVE!* best practices also are included to help you to continue to help Veterans get healthier.

2011 was a year of Veteran-centric, results-oriented, forward-looking successes and much progress. So far, 2012 is looking pretty good, too.
Patient Education: TEACH for Success—Making an Impact at the Local Level

It was the comment that made all the hard work worth it for Connie Malik, the Veterans Health Education Coordinator (VHEC) and lead facilitator for the Patient Education: TEACH for Success (TEACH) program at the James A. Haley Veteran’s Hospital in Florida.

In March 2011, Malik was talking with the Chief of Medical Service, Dr. Jose (Joe) Lezama, when he told her that the TEACH course had been transformative training for his hospitalist staff. “It made my day to hear that he and other physicians who had taken the course were seeing tangible rewards,” says Malik. “And it was exciting to get that endorsement from a clinician who has really embraced and practiced the principles of TEACH.”

Impact
Veterans also are experiencing the rewards of TEACH at the Tampa facility, which accounts for about 1 million visits per year and serves more than 116,000 patients in a four-county area in VISN (Veterans Integrated Service Network) 8. The Haley facility is the busiest of four VHA polytrauma centers, and like all facilities, has to deal with some patient complaints. Lezama believes that the reduction he has seen recently in complaint-related calls and letters is due in part to the impact of TEACH. “Since our hospitalist physicians began taking the TEACH program 2 to 3 years ago, these complaints have decreased by at least 80 percent on the general medicine wards,” he reports. “Of course, the reasons for this are multi-factorial, but I do fully feel, having taken the TEACH program myself, that it has played a big part in this marked decrease.”

Lezama’s observations on the impact of TEACH are particularly noteworthy because the Haley facility has a prestigious “Magnet Hospital” designation for excellence in patient care. With TEACH’s focus on the clinician-patient relationship, it’s easy to see why the course is benefitting both Veterans and clinical staff.

TEACH Means…
TEACH is based on a patient-centered philosophy that is the foundation for the five critical skills that clinicians need to effectively educate their patients:
• Tune in to the Patient
• Explore the Patient’s Concerns, Preferences and Needs
• Assist the Patient with Behavior Changes
• Communicate Effectively
• Honor the Patient as a Partner

TEACH helps clinicians develop effective relationships with patients by using shared decision making, mutually agreed-upon goals, and evidence-based health education and behavior change interventions. It emphasizes practical, specific patient education techniques that can be implemented in a brief encounter with a patient. TEACH also shows clinicians how to use health coaching to enhance patient self-management, and it emphasizes an interdisciplinary, holistic approach to patient care and education.

Divided into five units, the TEACH training program includes an initial self-assessment to help clinicians focus their attention on developing new skills and reinforcing existing skills. Classroom sessions use simulated patients and case scenarios to allow clinicians to practice the strategies and techniques presented in each unit.

Tailor-Made for VHA
“TEACH aligns with the Veteran-centric, results-driven, and forward-looking focus of VA’s Transformational Initiatives for the 21st century,” says Barbara Snyder, Health Education Coordinator at the VHA National Center for Health Promotion and Disease Prevention (NCP). “It’s a major reason why the TEACH program was recognized as a tailor-made course for training Patient-Aligned Care Teams (PACTs) in patient-centered communication skills.” Because patient education is an essential component of health care delivery across the whole continuum of care, the training stresses applications in a variety of clinical settings. By the end of the TEACH program, participants understand the value and relationship of patient education to improved health outcomes. They also are challenged to use the techniques from the course in their day-to-day encounters with patients.

Training the Trainers
The TEACH program was created by the Office of Veterans Health Education and Information (VHEI) at NCP and it relies on a “train-the-trainer” design.
“Facilities select individuals to serve as course facilitators who attend national or regional training, then return to their facilities to present the course to clinical staff,” says Snyder. “TEACH was designed for VA—all the patient scenarios and case examples are Veterans, and all the instructional materials are provided at no cost to VA facilities.”

In each VHA facility, the VHEC manages the course and acts as lead facilitator. In most facilities, the Health Behavior Coordinator (HBC) and Health Promotion/Disease Prevention (HPDP) Program Manager (and sometimes additional clinical staff members) are also trained to facilitate the course. TEACH is offered on an ongoing basis to clinical staff from all disciplines, which ensures that all PACT teams and staff have the opportunity to get trained. “Post-course, TEACH facilitators are expected to follow-up with participants to help reinforce and enhance the patient-centered communication, health education, and health coaching skills developed in the TEACH training,” says Becky Hartt Minor, VHEI Health Educator at NCP and lead for the national TEACH program.

Jump-Start

At Haley, Malik relates that TEACH got a jump-start about 4 years ago, primarily through the efforts of Dr. Angela Denietolis, now the hospital’s Associate Chief of Staff for Ambulatory Care. Denietolis saw TEACH’s potential value to patients and was an early advocate of the training. She proactively pushed for all of the facility’s hospitalists to attend the program. Along with her, Drs. Ana Miranda (now at a different facility), Yvonne Dunn, Lezama, and Motivational Interviewing Network of Trainers (MINT)-certified HBC Elizabeth Jenkins were the other TEACH proponents who helped make the training de rigeur for Haley’s staff.

As of December 2011, three-quarters of Haley’s hospitalists have attended TEACH training and one has been trained as a TEACH facilitator.

“TEACH is successful because of teamwork throughout the facility and VISN network.”

Pictured are (L to R): Jolie Haun, Ph.D.; Nicole Miller, R.D.; Angela Denietolis, M.D.; David Folds, III; Connie Malik, M.A., R.D.; and Joe Lezama, M.D. (not pictured: Janet Schnieder, M.A, A.H.I.P; Diana Weinel, M.S., R.N.; Beth DeBella, P.A.; Jaclyn Lewis-Croswell, Ph.D.)

Blueprint

With guidance from the VHEI Office, and key local and VISN network support, Malik has used a blueprint for developing TEACH that is simple: get buy-in for the program at multiple levels. She networked with hospital leadership, generated “word-of-mouth marketing,” and solicited positive quotes to promote the program. Distributing posters also proved to be effective in generating participation. “The PACT and MI staff training requirements stimulated the ‘uptake’ of TEACH,” says Malik, “but we also got a diverse group with direct patient-care responsibilities involved and that really helped.”

Malik explains that they conduct the program in a leased, off-site space, and in a dedicated room, which “creates an environment that helps participants focus and promotes team-building,” she says. The course also uses interactive role-playing to make the training more fun and memorable. The course has become popular, and in Fiscal Year 2011, Malik facilitated ten TEACH classes for a variety of staff, which brings the TEACH attendance rate for PACT members to 55 percent. With the help of a team of TEACH facilitators (Janet Schneider, Diana Weinel, Dave Folds, Jaclyn Lewis-Croswell, Beth DeBella, Jolie Haun, and Nicole Miller), she plans to do nine more of the one-day courses in 2012.

Other Benefits

There have been additional TEACH-driven benefits according to Malik. Team-building is happening organically among clinical staff because of the interdivisional coordination needed to support the TEACH program. “People who normally wouldn’t be working together now are,” says Malik, “and that really promotes interdisciplinary development.” She believes that the program can help reduce staff burnout because TEACH-trained clinicians now realize that they don’t have to immediately solve all of their patients’ problems. Malik also thinks that awareness of health literacy has increased because “TEACH encourages clinicians to really focus on patients’ understanding and perspectives.”

Role Models

Hartt Minor and Snyder believe that what the Haley team has done with TEACH is amazing. “They’ve executed an impressive system for marketing, supporting, developing, and integrating TEACH, and both Veterans and staff are experiencing the practical and clinical value of the program first-hand,” Hartt Minor says. “The team at Haley has really led the way with TEACH, and they’re role models for other VA facilities looking to maximize the value of this powerful program.”
HealthPOWER! Survey: You Have Spoken and NCP Is Listening

The results are in…and NCP would like to thank all of you who completed the recent survey on HealthPOWER!.

In early November, the brief survey was distributed nationally to approximately 1,500 recipients. VA and VHA executive leadership, VHA facility leadership, HPDP Program Managers, HBCs, VHECs, MOVE!* Program Coordinators, and other clinical and non-clinical staff completed the survey over a 2-week period in November. Two hundred seventy-nine respondents—serving in a variety of executive, administrative, and clinical roles—took the time to provide feedback that will help improve the value and reach of HealthPOWER!.

Access and Use
Nearly three-quarters of you were familiar with the quarterly newsletter. About 71 percent of you accessed the newsletter using an e-mailed hyperlink, but smaller numbers got HealthPOWER! via the NCP Intranet or Internet (22.4 percent of respondents), or hard copy (6.3 percent). The majority of you read all four issues (39.1 percent) or two to three issues (43.1 percent) last year. When reading HealthPOWER!, most of you closely read the content that interested you (43.2 percent) or skimmed the entire newsletter (31.8 percent).

Value
The survey revealed that about 9 out of 10 respondents rated the overall value of the newsletter as either “excellent” (41.7 percent) or “good” (49.5 percent). Very few (3 respondents) of you rated HealthPOWER! as being of limited or no value. Several of you suggested the newsletter could be improved by offering generic articles for local use, being more focused and brief, and providing more information on VHA’s clinical practice guidelines and other primary care topics.

Content
Overall, you ranked “practical information from NCP” as the topic you most wanted to see in the newsletter. You also were very interested in getting NCP program updates, reading about local VHA staff success stories, and seeing articles written by VA/VHA authors. By contrast, updates on prevention research and articles by non-VA/VHA authors were of less interest to you. Additional topics that you suggested for inclusion included prevention best practices, strategies for HBCs, health-related news, “quick links” to relevant Web sites, ideas for improving Veteran health, and tips on promoting prevention programs at the local facility level.

Moving Forward
NCP editorial staff has already incorporated some of your feedback and suggestions in this issue, and will continue to do so in upcoming issues. Again, we greatly appreciate all of your input, which will help us make HealthPOWER! an even more effective resource for VA and VHA staff.
Durham VAMC Receives “Gold Heart” From NC Prevention Partners

NC Prevention Partners (NCPP), a non-profit leader in reducing preventable illness and early death, recently awarded the Gold Heart standard to the Durham (NC) VA Medical Center (VAMC) for its comprehensive treatment of tobacco dependence in Veterans.

“This distinction is a tribute to all of the Durham VAMC staff members who are working here and at our affiliated community-based outpatient clinics (CBOCs) to help Veterans get healthier by quitting tobacco,” says Dr. Clint McSherry, Durham VAMC’s HBC. “And it’s also a testament to the value and effectiveness of VA’s national tobacco cessation standards, guidelines, and programs.”

The Durham VAMC is one of the first of North Carolina’s acute care hospitals to achieve Gold Heart status. It merited the award by meeting NCPP’s key requirements for a successful quit-tobacco system for patients. The criteria include screening patients for tobacco use as a “vital sign,” providing team-based cessation counseling, promoting evidence-based treatment, and evaluating the system on a continuous basis.

NCPP has partnered with several organizations to help hospitals across the state successfully implement effective, empirically based quit-tobacco systems similar to the one in place at each of the Durham VAMC facilities. As part of its mission of “prevention first for a healthier North Carolina,” NCPP plans to continue to collaborate with the Durham VAMC on additional wellness initiatives.

“We are especially proud of this achievement because Durham VAMC is one of only four hospitals in the state to have earned the Gold Heart award from NCPP,” says McSherry, a health psychologist with 20 years of experience in tobacco cessation. “We’re going to continue to help VA lead the way in its commitment to promoting health and preventing disease in our nation’s Veterans.”

What They’re Saying About: NCP Communications

“We have used NCP’s logos and Healthy Living Message marketing materials, which have really made all the difference. Our staff loves how useful it is to not have to create these materials from scratch. We hope that people have an idea of how rich this resource can be.”

Katherine Hamilton, R.N., B.S.N., P.H.N., M.F.T.
HPDP Program Manager
San Francisco (CA) VAMC
Evaluation Reveals Best Practices for MOVE!® Weight Management Program for Veterans

In an evaluation published in the November 2011 issue of the American Journal of Preventive Medicine,1 a standardized curriculum and group-based care were identified as two “best practices” that are essential to the success of MOVE!® weight management programs provided by VHA facilities. But the evaluation also revealed that these two practices alone do not guarantee that facilities will maximize weight loss in VHA-treated Veterans, whose obesity prevalence has ranged from 25 percent to 35 percent in recent studies.2-6 Conducted by RTI International in close collaboration with NCP, the evaluation shed light on the facility- and program-level conditions associated with larger Veteran weight loss.

No Single Path
“We found these two best practices at all of VHA sites where MOVE!®-treated Veterans collectively lost the most weight, but at only about half of sites where they lost the least weight,” says Dr. Leila Kahwati, VHA’s Deputy Chief Consultant for Preventive Medicine and the evaluation’s lead author. “Basically, facilities that did not use a standard curriculum or used only an individual care-delivery format were guaranteed to have smaller patient weight-loss outcomes.” Interestingly though, none of the most successful sites shared the same pattern of facility-level features and MOVE!® program characteristics.

Assessing Variation
Although the policy, tools, and framework for MOVE!® were developed and disseminated centrally, program implementation has varied at the facility level because of local tailoring, resources, strengths, and constraints. This variation in MOVE!® programs has provided an opportunity to identify which practices are associated with better outcomes in the real-world clinical setting. Conducted from 2009 to 2010, the aim of Kahwati and colleagues’ evaluation was to explore the variation in MOVE!® implementation to identify the structure, policies, and processes associated with larger Veteran weight loss.

First, the mean body weight change percentage for MOVE!®-treated Veterans and the percent achieving a body weight change of 5 percent or more at 6 months were determined for each of 239 VHA facilities included in the evaluation. Twenty-two facilities were then placed into one of two groups based on these facility-aggregated patient weight-loss outcomes, as well as on considerations of facility size, location, and complexity. Eleven sites composed the group with the largest aggregated Veteran weight loss throughout the VHA system; 11 sites with the smallest weight loss composed the other group. Additional data were collected from facility MOVE!® staff through forms and interviews, and

“Basically, facilities that did not use a standard curriculum or used only an individual care-delivery format were guaranteed to have smaller patient weight-loss outcomes.”--Dr. Leila Kahwati
from the electronic medical records of a sample of MOVE!-treated patients at all 22 sites.

**Innovative Analysis**

The evaluators analyzed the data using an innovative technique called qualitative comparative analysis (QCA). QCA uses a systematic, cross-case comparison to better understand when outcomes may be explained by multiple conditions and combinations of conditions.

The QCA revealed that at the 11 sites with larger weight loss outcomes, at least one combination of other characteristics also needed to be present in addition to use of a standardized curriculum and group care. This combination included: (1) a complex program and highly involved staff, or (2) the use of group care and a low level of accountability to facility leadership, or (3) a physician who actively “championed” the program and a low level of accountability to facility leadership, or (4) the use of quality-improvement strategies combined with the lack of a waiting list for MOVE!® care.

**Required Elements**

“We think that the most clinically relevant of these features are high program complexity and high staff involvement—in other words, a multi-component program and high level of contact with patients by multiple staff, at multiple points of care, with an above-average staff-to-patient ratio,” says Kahwati. “The most surprising result from the evaluation was that there was no single path to success.”

“The bottom line is that a standardized curriculum and group-based care are critical to MOVE!® success, but additional organizational features such as high staff involvement are also needed,” says Dr. Ken Jones, VHA’s National Program Director for Weight Management and one of the co-authors of the evaluation. He states that the study results will have a direct impact on how MOVE!® is delivered locally. All VHA facilities will be encouraged to incorporate these best practices, and new VHA policy will be considered to help facilities improve their MOVE!® programs based on the components identified in the evaluation.

**Model for Success**

Outside of VHA, a MOVE!®-type program that uses these components also may be a model for success, according to a commentary on Kahwati et al.’s evaluation. The commentary’s authors state that this MOVE!® evaluation is a “compelling and timely” assessment that helps define what is necessary to achieve weight loss success in evidence-based interventions delivered via local clinical or community programs. They also note that programs like MOVE!® are “likely to be an important part of multi-level interventions to combat the obesity epidemic.”

**REFERENCES**


Telephone Lifestyle Coaching: Veteran-Centered Care…When and Where They Want It

Clinicians at selected VHA facilities have an effective new way to help Veterans tackle the most difficult health behavior challenges: Telephone Lifestyle Coaching (TLC). Built on the successful telephone-based component of the MOVE!* weight management program (MOVE!* TLC), this National TLC Pilot program will provide flexible, one-on-one health counseling of varied intensity to Veterans—at no cost to them, and without the need for additional budget or space at the facility.

“TLC is another way in which VHA is enhancing access to care,” says Dr. Linda Kinsinger, Chief Consultant for Preventive Medicine at NCP. “It offers Veterans a proven, evidence-based behavioral intervention that is an alternative or enhancement to face-to-face clinical care.”

History and Need

A 2009 Quality Improvement Project for MOVE!* TLC revealed that the frequent, consistent, personalized counseling provided through MOVE!* TLC helped Veterans lose more weight than peers who received clinic-based telephone follow-up. It was also convenient and popular: Veterans received the intensive telephone coaching at the places and times of their choosing.

The National TLC Pilot will expand on MOVE!* TLC to address five health behaviors in addition to weight management: eating wisely, being physically active, being tobacco free, managing stress, and limiting alcohol use. In line with VHA’s transformational focus on prevention and population health, and as part of NCP’s Preventive Care Program, National TLC Pilot offers clinicians another tool to help lower the burden and risk of chronic disease in Veterans.

Program Roll Out

In the fall of 2011, the National TLC Pilot began at selected sites and will continue into early 2013. During this time, it will be offered to as many as 9,000 Veterans in more than two dozen medical centers throughout VISNs 4, 15, and 21, and at the West Palm Beach VAMC (VISN 8) and New Orleans VAMC (VISN 16). Upon completion and evaluation of the pilot, National TLC will be considered for implementation at all VA medical facilities.

TLC Services

National TLC revolves around the Veteran, who will be assisted by a healthy lifestyle coach—a clinically knowledgeable, trained individual who will use patient-centered communication techniques to encourage healthy behavioral change. Alere Wellbeing, a global leader in phone-based cognitive behavioral coaching, will provide health coaches who will use MI, reflective listening, and problem solving to present a protocol for evidence-based lifestyle change. Each coach will develop a personal relationship with his/her Veteran partner; together, they will create a comprehensive plan for change that is based on specific actions and clear goals. To facilitate and enhance the coaching process for female Veterans, female coaches also will be available by request.

Pilot Sites

Getting a Veteran into TLC is easy. At the pilot sites, an interested Veteran can talk about the program with his/her VHA Primary Care Provider (PCP) or PACT member, who will determine whether TLC is appropriate. Then the PCP/team member will refer the Veteran to TLC using an electronic consult in the medical record. From that point on, the health coach will
- Manage the telephone call service and schedule
- Document care in the computerized patient record system (CPRS)
- Collaborate with the Veteran’s health care team as needed
- Provide referrals and alerts to PCPs as needed

A series of ten scheduled calls will be provided by the coach to the Veteran during the program, which will last for 6+ months. A typical TLC call will address questions and
goals, focus on progress, and promote self-monitoring. During active participation, the Veteran may call his/her coach as often as needed, or can discontinue at any time.

Benefits for Veterans

TLC’s benefits will go beyond the obvious: meeting the needs of underserved Veterans in remote or rural areas. Research has shown that patient-centered coaching and telephone-based support can induce lifestyle changes that lead to lower disease risk and better health outcomes. “More frequent contact between coach and patient increases the likelihood of successful behavior change,” says NCP’s TLC Project Manager Sophia Hurley. “Phone-coaching ensures that there are multiple interactions with the Veteran.” She reports that Veterans were highly satisfied with MOVE!* TLC and other VHA telehealth initiatives because they provide flexible, customized health care. The Department of Defense (DoD) and a number of private health care systems are too and routinely offer services similar to TLC.

Benefits for Clinicians and VHA Facilities

TLC will be an immediate “space saver” for pilot clinics where room is at premium; ultimately, it will be a “time saver” for clinicians. The program will also provide tangible benefits at the facility level. One VISN that is currently using MOVE!* TLC to enhance its Veterans services has reported a decrease in PCPs’ care burdens and an increase in overall staff and patient satisfaction. Initial data from this VISN indicate that MOVE!* TLC (1) results in superior outcomes for MOVE!* Veterans, and (2) is a cost-effective method to induce healthy lifestyle change.

More broadly, the TLC program will help with the integration of HPDP into VHA’s new PACTs. “We’re excited because TLC will allow VHA clinicians to take their commitment to Veterans’ health outside the four walls of the facility,” says Kinsinger. “This TLC program will drive the Healthy Living Messages campaign that NCP launched last spring, and it will provide measurable benefits to patients, clinicians, and facilities alike.”

“Phone-coaching ensures that there are multiple interactions with the Veteran”--NCP TLC Project Manager Sophia Hurley
Stress: Reality, Response, and Resources

According to the American Psychological Association’s (APAs) Stress In America 2010 Report,1 44 percent of Americans report that their stress has increased over the past 5 years. The prolonged economic crisis and individual financial concerns are key stressors, but Americans also are struggling to balance their personal and professional lives. This stress may be taking a toll on their personal health, as well as that of their families.1

Generally, Americans are aware that their stress levels are high and unhealthy, and they understand the importance of adopting healthy behaviors to manage stress.1 Yet there is a gap between understanding and implementing healthy coping strategies. Willpower, time, busyness, cost, and confidence are reported as some of the key barriers to better stress management.3

Effectively managing stress is important because chronic stress has been linked to an array of often chronic physical symptoms that include headache, hypertension, digestive disorders, insomnia, and pain (Table 1). Stress also manifests in behavioral problems—overweight and obesity, substance misuse, social withdrawal, and loss of libido, for example—and is linked with emotional symptoms such as anxiety, depression, irritability, and attention difficulties.

### Stress in Veterans

Veterans often face additional stressors that begin during active military service, can be exacerbated before, during, and after deployment, and often continue postservice.7 Stress is a common concern in the Veteran population, and may manifest in more serious forms of depression and post-traumatic stress disorder (PTSD).3 A 2007 study, for example, revealed that 16.6 percent of Veterans of Operation Iraqi Freedom met screening criteria for PTSD, which was significantly associated with lower ratings of general health, more sick visits and missed workdays, more physical symptoms, and high somatic symptom severity.4 Studies of Veterans have correlated PTSD with a variety of health and functional problems, including cardiovascular disease,3 chronic pain,6 obesity,7 interpersonal problems,8 neurobehavioral and psychiatric disorders,3,9 and sleep disorders.10 Given the strength of the association between PTSD and adverse medical conditions, Hoge et al. (2007) suggested that combat Veterans with serious somatic concerns should be evaluated for PTSD.4 Clearly, evaluating and addressing stress should be a focus for VHA clinicians who provide health care to Veterans.3,4

### Variation in Stress Response and Management

Individual factors, such as resilience, are important in understanding and managing stress in both the general population and Veterans. Response to stress matters most, and individual responses vary considerably.11 Successful stress management is highly individualized, so assisting the individual Veteran in effectively coping must start with a patient-centered conversation. This conversation will help the clinician determine which strategies have been helpful in the past, which are likely to be helpful in the future, which barriers are foreseen, and how these barriers may be overcome.

### Stress Management

Americans who rate their health as “very good/excellent” are significantly more likely to get adequate sleep, eat healthy, be physically fit/active, and actively manage stress.1 Their stress-relief activities vary, but include listening to music, spending time with friends/family, reading, watching TV or movies, praying and going to church, napping, engaging in hobbies or games, doing meditation or yoga, and getting massages and/or spa services.1

Seeing a health professional also is ranked as an important stress management strategy.1 Clinicians can help patients cope with and relieve stress in a variety of ways, including:

- Encouraging them to get “daily doses” of stress-reducing activities and more balance in “work and play”
- Teaching them relaxation/mindfulness techniques and other coping strategies
- Facilitating consultation with or referral to either primary care/mental health integration staff or specialty mental health providers who can provide additional screening and more intensive interventions (e.g., biofeedback, cognitive behavioral therapy, psychotherapy, stress inoculation training, and/or medications) if needed
Health Behavior Coordinators

For Veterans struggling with stress—and PACT clinicians trying to assist them—help is in the VHA clinics. There, they and their health care providers have a key ally to help manage stress: the HBC. The HBC plays a multi-faceted role in promoting patient-centered care as:

- Trainer, mentor, and guide to help clinicians support health behavior change via coaching, MI, and other empirically-based approaches
- Partner to the HPDP Program Manager in developing or adapting VHA programs, guiding implementation, and coordinating assessment
- Provider of selected health promotion interventions

Each VHA medical center has an HBC who is an expert in healthy behavior change and is available to consult with patients and staff to develop stress management strategies for Veterans. The HBC is a powerful resource to support lifestyle change, and can help bridge the gap between Veteran awareness and actualization. In addition to consultation, many HBCs already have begun to offer stress management classes to teach relaxation skills and coping strategies to Veterans. Contacting the facility’s HBC and/or HPDP Program Manager is the best way to get detailed information about the stress management services available locally to clinicians and Veterans.

Clinical Resources

Manage stress is one of the nine Healthy Living Messages and clinicians can find supporting tools and resources online in the Preventive Care Program section of the NCP Intranet Web site (http://vaww.prevention.va.gov/VHA_Preventive_Care_Program.asp):

- Patient Education Handouts for Healthy Living Messages—supplemental handouts for Veterans that describe each health message
- My Health Choices—a handout that helps patients identify a goal, develop an action plan, and monitor their progress in living a more healthy life
- Clinical Staff Guide to Healthy Living Messages—information for clinical staff to share with Veterans, including
  - Crisis hotline (1-800-273-TALK)
  - Suggestions for stress-relief (e.g., learning relaxation and mindfulness skills, expressing feelings, and positive thinking)
- Manage Stress sheet (http://vaww.prevention.va.gov/Healthy_Living_Messages/ManageStressFeb2011final.pdf)—information to help clinicians effectively deliver the stress management message to Veterans


Tools for Veterans to use can be found at

- The Centers for Disease Control and Prevention’s (CDC’s) Coping with Stress Web site (http://www.cdc.gov/Features/HandlingStress/)

Clinician-Veteran Partnership

Clinicians play a critical role in addressing and managing stress, which is an important consideration in Veteran health. Clinicians can help Veterans pay attention to their stress and identify options for managing a healthy response to stress. In the case of trauma or combat reactions, stress responses are most likely a normal reaction to an abnormal situation. Veterans often need assistance in stress management and clinicians are key partners in developing effective coping strategies. Fortunately, clinicians and
caregivers have allies and a variety of effective VHA and other resources to help Veterans deal with stress and lead a healthier lifestyle.

**Table 1. Stress-Related Medical Conditions: American Institute of Stress**

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<th>Medical Conditions</th>
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<td>Allergic conditions</td>
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<td>Asthma</td>
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<td>Autoimmune disorders</td>
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<td>Rheumatoid arthritis</td>
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<td>Cardiovascular disorders</td>
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<td>Coronary heart disease, hypertension</td>
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<td>Dermatologic conditions</td>
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<td>Alopecia, psoriasis</td>
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<td>Infectious disease</td>
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<td>Gastrointestinal disorders</td>
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<td>Gastritis, ulcers</td>
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<td>Malignancy</td>
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<td>Neurological disorders</td>
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<tr>
<td>Depression, headache, insomnia</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Sexual and urinary tract dysfunction</td>
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</tbody>
</table>

**REFERENCES**


8. Troxel WM, Germain A. Insecure attachment is an independent correlate of objective sleep disturbances in military veterans. *Sleep Med.* 2011;Sep 16. [Epub ahead of print].


• **2012 TEACH and MI training**  
  – *TEACH*: Course 1, January 11-13; and Course 2, April 18-20  
  – *MI*: Course 1, January 24-26; and Course 2, March 27-29  
  – Advanced Coaching: Course 1, February 14-16; Course 2, March 13-15; Course 3, May 8-10; Course 4, July 17-19; and Course 5, August 14-16  
  – All training is scheduled to be held in Chicago; NCP will provide more course information as it becomes available.

• An **online MI educational program** is now available on the Employee Education System (EES) Talent Management System (TMS) Web site. The program, “Brief Motivational Interviewing for Veterans” (TMS Course # VA 9123), is intended to serve as a refresher or as follow-up to face-to-face MI training provided by HBCs and other NCP-trained staff in the facility setting. The online program offers mini-lessons on MI spirit, principles, processes, and skills and offers video demonstrations, interactive exercises, and links to resources for learning skills. Continuing education credits are available for the program. Note: Completing this course will not count towards the 4 hours of MI training that is required to meet the metric for New Models of Healthcare Transformational Initiative Fiscal Year 2012 goals.

• Following the **Great American Smokeout** in November 2011, VHA’s Office of Public Health and Environmental Hazards is making staff aware of:  
  – **Online tobacco cessation resources**, [Quit Tobacco. Make Everyone Proud](http://www.ucanquit2.org/). For information about how to order free cessation resources, please go to [http://vaww.publichealth.va.gov/smoking/publications.asp#Online](http://vaww.publichealth.va.gov/smoking/publications.asp#Online).
  – The **Tobacco Use Cessation Clinical Update Series Audio Call** is presented on the 4th Monday of each month by The Public Health Strategic Health Care Group (PHSHG) and the EES. The call provides clinical guidance and technical assistance on evidence-based smoking and tobacco use cessation interventions. To join the next Tobacco Cessation Clinical Update Audio Conference on February 27 at 3 pm ET, please call the VANTS (toll-free) number 1-800-767-1750, and use access code: 67738. Note: Participants are encouraged to share a phone line when possible.
  – Contact EES’s Ms. Madelyn Phillips (Madelyn.Phillips@va.gov) to be added to the e-mail distribution list to receive monthly announcements about calls and topics
  – For additional information about VHA smoking/tobacco use cessation policies, resources, posters, and publications, please go to [http://vaww.publichealth.va.gov/smoking/index.asp](http://vaww.publichealth.va.gov/smoking/index.asp).
  – The PHSHG has a **Tobacco Cessation SharePoint site** to provide additional resources at: [https://vaww.portal.va.gov/sites/tobacco/default.aspx](https://vaww.portal.va.gov/sites/tobacco/default.aspx).

• **VA’s new campaign, Make the Connection**, is creating ways for Veterans and their families to connect with other Veterans and get resources to help navigate the challenges of health issues, transitioning from service, and daily civilian life. The campaign’s Web site, [www.MakeTheConnection.net](http://www.MakeTheConnection.net), provides Veterans and their family members with customizable resources to help them live more fulfilling lives. For more information mental health issues and treatment, Veterans can visit [Make The Connection Web site](http://www.healthpeople.gov) or VA’s mental health services Web site at [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov).

• **CDC Flu Vaccine Finder** can help Veterans who might not be able to travel to a VA flu clinic find community flu vaccine clinics. Available at: [http://www.flu.gov](http://www.flu.gov)

• The CDC recently published its surveillance report on health behaviors. Titled, “Surveillance of Certain Health Behaviors and Conditions Among States and Selected Local Areas --- Behavioral Risk Factor Surveillance System, United States, 2009,” the article by Li et al. can be found in the August 19, 2011 issue of Morbidity Mortality Weekly Report (60[SS09];1-250) or at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6009a1.htm?s_cid=ss6009a1_e&sourc=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6009a1.htm?s_cid=ss6009a1_e&sourc=govdelivery).

• HHS’s Healthy People 2020 initiative provides a comprehensive set of national goals and objectives for improving the health of all Americans. The initiative contains over 40 topic areas that include almost 600 objectives. A smaller set of these objectives, called Leading Health Indicators, were recently identified to focus on high-priority health issues and ways to address them. More information on these indicators is available at: [http://www.healthypeople.gov/2020/LHI/default.aspx](http://www.healthypeople.gov/2020/LHI/default.aspx).

- **VA staff can access approved VHA Guidance Statements for Clinical Preventive Services** at the following NCP Intranet site: http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp.
  - The newest statements posted include Screening for Hepatitis B, Hepatitis A Immunization, Hepatitis B Immunization, Breast Cancer Screening, and Seasonal Influenza Immunization—2011-12.

- **NCP staff members were co-authors on several recently published journal articles:**
  - “RE-AIM Evaluation of the Veterans Health Administration’s MOVE! Weight Management Program,” was published online in *Translational Behavioral Medicine*. The article discusses the results of an evaluation of 2006-2010 MOVE!* data that used the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) to gauge success and opportunities for improvement.
  - “The Role of Mental and Behavioral Health in the Application of the Patient-Centered Medical Home in the Department of Veterans Affairs,” was published online in *Translational Behavioral Medicine*. Authors Lisa K. Kearney et al. describe the evolution of VA primary care settings toward interdisciplinary teams that provide patient-centered care in collaboration with Primary Care–Mental Health Integration providers and HPDP team members.
  - “An Examination of Sociodemographic, Health, Psychological Factors, and Fruit and Vegetable Consumption Among Overweight and Obese U.S. Veterans,” was recently published in *Military Medicine*. The article discusses a 2005 assessment of the factors that influenced fruit and vegetable consumption in 289 overweight and obese Veterans.
  - “Implementing the MOVE! Weight-Management Program in the Veterans Health Administration, 2007-2010: A Qualitative Study,” was published online in *Preventing Chronic Disease*. The article discusses an evaluation of the organizational factors that helped or hindered the implementation of MOVE!* in ten VHA medical facilities.

- **TEACH achievements** through the end of September 2011, include 335 local TEACH Facilitators trained, 870 local TEACH classes held, and 10,267 participants in local TEACH classes.

- **The VHA Quality Improvement Toolkit Series has added the Screening for Colorectal Cancer Clinical Preventive Services Guidance Statement to the Colorectal Cancer Care Toolkit**. It can be accessed at: https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/crc_tool1.aspx.

- **Chapter 2 (Program Delivery) of the MOVE!* Reference Manual** has been finalized and posted.

- **MOVE!* TLC Training DVD** is now complete. A copy has been shipped to each of the VISN and Facility MOVE!* Coordinators for use as needed. This DVD was created during the NCP/VISN 2 MOVE!* TLC Quality Improvement Project training that was conducted in June 2009. Topics addressed on the DVD are: MOVE!* TLC Overview, Motivational Interviewing in Weight Management, MOVE!* TLC Processes, Recommendations from Web-based and Telephone-based Research, and Weight Loss 101 for MOVE!* TLC Coaches.

- **MOVE!* TLC Workbook** is now available. The full-color, 168-page, bound booklet contains 11 Self-Management Guides, MOVE!* handouts and worksheets, and a Food and Physical Activity Diary to support Veterans participating in

*Intranet site is only accessible by VA Staff.*
MOVE!* TLC. Note: MOVE!* TLC Workbooks are for Veterans who are participating in MOVE!* TLC only. Workbooks (IB# 10-417; P 96487) are available from the VA Forms and Publications Depot, with a limit of two boxes (approximately 50 workbooks) per order.


- The FY 2010 Veterans Health Education (VHE) Report is available on the VHEI SharePoint (http://vaww.infoshare.va.gov/sites/prevention/VHEI/Shared%20Documents/Forms/AllItems.aspx). Included are the Report’s Narrative and Tabular Summaries, as well as suggestions on using the findings to develop evidence-based, patient-centered health education programs and services. The Narrative Summary highlights key findings; the lengthier Tabular Summary contains detailed survey-response data displayed nationally, and by VISN, facility, and facility complexity. On the monthly VHE conference calls, VHEI will discuss how facilities are using the Report to analyze their VHE efforts, engage VHE Committee members, involve other colleagues, and gain leadership support for VHE.

- The U.S. Preventive Services Task Force (USPSTF) has recently published evidence reports related to the following upcoming recommendations:

- USPSTF solicits comments from the public on draft evidence reports and recommendations. To be notified when draft evidence reports and draft recommendations are posted for comment, go to http://www.uspreventiveservicestaskforce.org/tfcomment.htm and click on the E-Mail Updates icon on the top of the page.


*Intranet site is only accessible by VA Staff.
**Pamela Entzel, J.D., M.P.H.**, a certified Project Management Professional, joined NCP in September 2011 to oversee several initiatives within the Preventive Care Program. She came from the University of North Carolina at Chapel Hill, where she managed the Cervical Cancer-Free NC program in the School of Public Health and the National Institutes of Health-funded National Longitudinal Study of Adolescent Health (Add Health) at the Carolina Population Center. Pamela is a former Peace Corps volunteer who provided community-level health education in Kiribati, an island nation in the central Pacific Ocean. She will use her experience in health promotion, disease prevention, research, and evaluation to plan, implement, and monitor projects in NCP’s New Models of Care sub-initiative.

**Beth Burt, M.A.Ed.**, Project Manager, began assisting with the launch and ongoing development of the Veterans Health Library (VHL) in September 2011. Prior to arriving at NCP, she worked in Intuit’s health care division, where she managed the implementation and launch of secure, online patient portals for hospitals and other large-scale health systems. Beth earned both a bachelor of science degree in Community Health and a master’s degree in Health Education and Promotion from East Carolina University. She will help develop and expand the VHL initiative using her expertise in emerging health care technology.
"MOVE!® Has Saved My Life": Vietnam Veteran Loses Over 150 Pounds Through MOVE!® Program and Bariatric Surgery

“I always felt like the ‘fat kid’, says Vietnam Veteran Steven Boigon. “And even though it’s not fair, people discriminate against you if you’re overweight.”

In fact, the 4 years Steven served in the U.S. Air Force had been the only period of time when he didn’t struggle with his weight and people’s perceptions of him. Controlling his weight with intense physical activity was easy during his time as a ground radio repairman in the military. But when Steven separated from the service, he began a new civilian career—and an upward spiral in weight gain.

A walking time bomb

Over the years, he steadily accumulated weight, along with a litany of health problems: diabetes, high blood pressure, congestive heart failure, and sleep apnea. As his career as a florist and designer wound down, he prepared to retire and spend more time with his grandchildren. But Steven was fearful about the future. “I was taking 25 different pills each day,” he reports, “and I had gotten up to 335 pounds!” In 2009, the 64-year-old’s diabetes had progressed, and he was prescribed a daily abdominal insulin injection. It was the trigger that made him realize that he needed to change before it was too late. He had become, in his own words, “a walking time bomb.”

A last chance, and success

Encouraged by his wife, Steven went to the VA San Diego Healthcare System and received a thorough medical evaluation. His medical team recommended him for bariatric surgery—but only after he addressed his weight problem by enrolling in the MOVE!® Weight Management Program.

MOVE!® was part of Steven’s “last chance” at getting healthy, and it worked. By gradually increasing his physical activity and changing his diet, he lost a total of 38 pounds, which exceeded his initial goal of a 5-percent weight loss. With his Body Mass Index (BMI) reduced from 51 to 45, Steven felt much better. But his weight-related medical problems did not resolve, so it was time for him to take the next step and undergo bariatric surgery. Steven and his surgical team considered all the options and decided that a vertical sleeve gastrectomy would be best for him.

A 180-degree turn

The surgical procedure—which left Steven with a stomach the size of a hard-boiled egg, big enough for about 6 ounces of food—was just what he needed: an extra hunger management tool to complement his improving exercise and eating.

Now, just 2 years into his weight management program, the 66-year-old has reduced his BMI to 28 and lost a total of 150 pounds! “I don’t feel like the fat kid anymore,” Steven says. “When I walk down the street now, people don’t stare - instead they look at me, smile, and say ‘hello’.” His health has taken a 180-degree turn for the better: his diabetes, hypertension, sleep
apnea, and congestive heart failure are gone, and he only takes one pill a day—a multi-vitamin. Steven weighs 187 pounds and is nearing his ultimate weight loss goal with the continued support of his wife (who’s also lost weight).

Things have changed for the better in Steven’s life. “I walk every day now,” he says, “and if I don’t get that activity, I miss it.” The combination of exercise and a better diet has yielded another surprising result for Steven: he is saving money. Both his grocery bills and his clothing sizes are shrinking. “My pants went from 56 to 36 inches,” he reports, “so I no longer shop at the big-and-tall store, where I used to spend as much as four times the normal price for clothes!”

Pearls of wisdom

Steven offers fellow Veterans the following tips for ensuring that they succeed in meeting their weight management targets with MOVE!®:

• Go to all the MOVE!® meetings. “It’s so important to attend because you get to talk to people who are having problems just like you, and you can use them as a resource, as well as a source of positive feedback.”

• Give yourself time to make gradual changes. “It can take months to ‘unindoctrinate’ yourself from old, bad habits involving diet and activity.”

• Follow the guidance and direction of your MOVE!® weight management team. “They will guide you, and they will probably prod and push you. They will do whatever it takes to keep you motivated, so stick with them.”

• Follow the instructions of the MOVE!® program. “It’s a wonderful tool to help you succeed in losing weight.”

Life-saver

With his sights set on reaching 175 pounds, Steven has a new lease on life. He’s excited about a future that, until recently, looked bleak. “I feel energetic, and I’m confident that I will live to see my grandchildren get married,” he says. “I believe that the MOVE!® Program has saved my life!”

“I had gotten up to 335 pounds and I was a walking time bomb…The MOVE!® Program has saved my life!”
NCP Education Conference Call
2nd Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 18987#
• Upcoming calls—February 14, March 13

Health Promotion/Disease Prevention Conference Call
1st Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 35202#
• Upcoming calls—February 7, March 6

VISN MOVE!* Coordinators Call
2nd Tuesday of the second and third month of each quarter
3:00 pm ET
1-800-767-1750, Access Code 59445#
• Upcoming calls—February 14, March 13

Facility MOVE!* Coordinators and Physician Champions Call
2nd Tuesday of the first month of each quarter
3:00 pm ET
1-800-767-1750, Access Code 59445#
• Upcoming calls—April 10

Veterans Health Education Hotline Call
4th Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 16261#
• Upcoming calls—February 28, March 27

National Health Behavior Coordinators Call
2nd Wednesday of the month
12:00 pm ET
1-800-767-1750, Access Code 72899#
• Upcoming calls—February 8, March 14

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.