It often seems that making friends and starting conversations comes to children so much more easily than to adults. Sometimes just breaking the ice is all that we need to create meaningful conversations—with powerful effects. That’s why we’ve focused this issue of HealthPOWER! on ways to help clinicians start and maintain meaningful conversations with their patients. We break the ice on page three, where Sue Diamond and I offer suggestions on how to launch a successful communications campaign.

On page five, Dr. Michael Goldstein then expands our conversational focus, applying it to patient education in the form of Motivational Interviewing (MI). To illustrate how these valuable MI concepts can be used further in a clinical setting, I was fortunate to talk to Dr. Peg Dundon in a more casual Q and A session. Find this conversation on page seven.

Then, turn the page to find Dr. Leila Kahwati’s update on her ongoing evaluation of Veterans’ participation in MOVE!.

As always, we’ve included throughout the newsletter informational bits that address just some of the health promotion and disease prevention efforts happening around the VA community.

Dive in, look around, and create conversations!

Jay Shiffler
Launching a Communications Campaign: Creating Conversations

One facility HPDP Program goal is to launch a communication campaign around the nine Healthy Living messages. Many readers have asked, “How should I launch a communications campaign?” Keep in mind, the goal is to create meaningful conversations between clinicians and Veterans. The communication campaign is the vehicle that will create an atmosphere for that conversation and result in better medical care for patients. A campaign launch may seem daunting, but if you keep these steps in mind, you will see success—in the form of meaningful, actionable conversations between clinicians and Veteran patients.

First, improve your communications environment. Consider how every patient sees your facility’s hallway walls, treatment areas, and reception area and how you could best position wall banners, posters, and vertical displays. To support local campaign launches, NCP recently sent each facility HPDP Program Manager a set of posters, banners, and vertical displays promoting the Healthy Living messages. Keep in mind that the closer you post these materials to the points of treatment, the more effective they’ll be. If you place your materials too far from treatment areas, patients may forget about their messages by the time they interact with their health care team—compromising the messages’ effect on clinical care. One effective technique is to place two or three identical posters side by side for a powerful visual message.

Second, shape the conversation. NCP has developed a General Message handout with information about all nine Healthy Living messages. Look for effective ways to use this handout in conjunction with the vertical display—like Veterans’ outreach events. You can generate interest by setting the vertical display near the table housing the General Message handouts. The display will naturally drive patient interest to the nearby Healthy Living materials. Within the facility or CBOC, you can supplement the Healthy Living messages by designating a bulletin board with Spotlight on Health materials found on the NCP website. Also, ask the appointment receptionist to offer a General Message handout to the patient and say, “Here are some things for you to think about before your appointment.” Remember, the intent is to create Veteran awareness, then interest, and finally action.

Third, improve patient/clinician conversations. Placing a poster showcasing the Healthy Living messages in the treatment room could inspire and dramatically improve conversations between clinical staff and the Veteran. NCP has developed patient handouts for each Healthy
Living message and these handouts are available from the VA forms depot. Encourage your clinical staff to use the specific Healthy Living handouts (for example, Eat Wisely) as guides to their conversation with patients. Patients can then take the handouts with them and visit the listed websites for additional information. Staff can improve these conversations even more by completing the TEACH for Success and Motivational Interviewing training.

Think about approaches like these as you create conversations, and please let us know what does and does not work for you. Here are some other ideas for launching a communications campaign:

- **Conduct or host an in-service** that demonstrates the use of the Clinical Staff Guide to Healthy Living Messages pocket guide. You can mention how to use the print materials in creating conversations.
- **Work with other departments and staff**, such as OEF/OIF, Rural and Women’s Health Coordinators, and your Public Affairs Officers to leverage your message and help get the word out.
- **Most importantly, establish time on your facility leadership’s calendar** and let them know how you are implementing the communications campaign. If they are too busy for a formal presentation, be ready with a 20- to 30-second talking point when you see them in the facility.

Remember, you are trying to create meaningful conversations between Veterans and their health care team. Much of the communications campaign depends on creating an environment in which visual messages have the most impact and shaping resultant conversations by using General Message and Healthy Living handouts.
Motivational Interviewing

Motivational Interviewing (MI) is one of two sets of patient-centered communication skills that NCP has featured in the Prevention Program (one of several New Models of Health Care Transformational Initiatives that the VHA launched in 2010). The other program, Patient Education: TEACH for Success, has been featured in recent issues of HealthPOWER!. MI is a clinical method, or approach, used by clinicians to guide patients towards healthy choices and changes in behavior that are linked to improved health. MI was originally developed in the 1980s by William Miller, PhD and colleagues at the University of New Mexico to help clinicians address patients’ problematic alcohol and substance use. Over the past two decades, evidence for MI’s effectiveness has virtually exploded. MI has been proven to be useful in guiding people towards change across a diverse array of health-related behaviors, including diet, medication taking, risky sexual practices, and self-management of chronic medical conditions.

Our favorite definition of MI follows: “Motivational Interviewing is a collaborative conversation to strengthen a person’s own motivation for and commitment to change” (Miller and Rollnick, 2009). This definition reflects MI’s humanistic and person-centered roots and the three core ingredients that, together, represent the “spirit” of Motivational Interviewing. These ingredients are: 1) a collaborative partnership, a relationship built on shared understanding, caring, respect, and trust; 2) support of the patient’s autonomy, recognizing that the true power for change rests within the person; and 3) an evocative approach to counseling, drawing out the person’s own motivations and capacities for change, in contrast to telling them what to do or why they should do it. MI is closely aligned with other patient-centered approaches, such as health coaching and self-management support, which strive to engage and activate people, empowering them to take a more active role in self-care, self-management of chronic conditions, preventive care, and treatment of acute and chronic conditions.

The four principles of MI are 1) Resisting directing (a natural outgrowth of traditional professional training that stresses directing, lecturing, convincing, and cajoling); 2) Understanding the person’s motivation (by exploring the person’s values, needs, aspirations, abilities, and ideas); 3) Listening with empathy; and 4) Empowering by exploring the person’s past experience, setting achievable goals, and problem-solving to overcome barriers to change. Note that these MI principles, which spell out the acronym RULE, echo the
Specific MI skills are associated with these principles. The most basic and important MI skills are the OARS skills: Open-ended inquiry (e.g., “Tell me about you reasons for change.”); Affirmations (e.g., “I’m impressed with your willingness to try despite the obstacles you are facing.”); Reflections, also known as reflective listening; and Summaries. Reflections, operationalized as statements made by the clinician in an effort to reflect the meaning of what the person is saying, is perhaps the most useful MI skill. When using reflections (e.g., “It sounds like you have been pretty frustrated.”) a clinician can deepen rapport, particularly when patients express strong emotions or values. Clinicians can also strategically employ reflections to reinforce or affirm the patient’s expressed desire, reasons, ability, or need for change. Selective reflection of a patient’s “change talk” has been shown to be a central ingredient of MI’s positive effects. Summaries are a special type of reflection, a recap of the patient’s story that may help to transition an interaction towards a specific action or plan.

Research on MI training indicates that a significant dose of training and follow-up coaching is necessary to achieve proficiency in MI skills. For this reason, NCP has adopted a model for disseminating MI training that includes offering multiple training sessions, as well as opportunities for follow-up coaching and support. To implement this approach, NCP has trained Health Behavior Coordinators (HBCs) in MI skills and has provided them with resources and tools to implement MI training within their facilities, initially targeting clinicians within the Patient Aligned Care Team (PACT) initiative. For the Prevention Program subinitiative, NCP has focused on reaching PACT RN Care Managers, as these clinicians are most likely to have opportunities to engage Veterans in health behavior change counseling as a component of their care management role. Though providers and other members of PACT teamlets are not initial targets for MI skill training, those interested in learning MI are welcome to attend MI training. Other members of the expanded PACT team with a health coaching role (e.g., nutritionists, care managers, MOVE! program staff) are also welcome. Because research indicates that multiple sessions are needed to develop proficiency in MI, NCP designed initial MI training to occur over at least two sessions. This allows participants to practice skills between sessions and utilize a learning process that includes reflection, feedback, and additional skill practice. Follow-up coaching from HBCs will promote skill refinement. As of May, 2011, NCP has provided MI training to 105 HBCs. Plans are in place to train approximately 50 additional HBCs in MI in fiscal years 2011 and 2012. HBCs have begun training PACT team members and aim to reach at least 25% of PACT RN Care Managers in fiscal year 2011.

REFERENCE:
Motivational Interviewing
Q’s & A’s with Dr. Dundon

Dr. Peg Dundon is the National Program Manager for Health Behavior at NCP. Recently, she offered her experiences with Motivational Interviewing.

Q: What is the spirit of MI (Motivational Interviewing)?
A: MI is about evoking patient responses and understanding. You learn what works for your patients—from your patients.

It involves respecting patients’ autonomy and eliciting their choices and reasons for changing. This happens when we collaborate with patients to understand what matters to them, and design plans together that fit their own internal needs and values. When we take a more authoritarian approach, we tend to miss the opportunity to develop a plan that is really their plan that they are motivated to follow.

It’s often amazing to hear what motivates people. If you try to make people change based on what you think they should change, you may not get the response you want or that they need. For example, I used to think all smokers wanting to quit would want to do so for their health. In reality, some quit for their health, some quit to save money, some quit for their children or grandchildren, or for other reasons that might never occur to me. Just yesterday, I spoke with an AV engineer at a VA meeting who described the day 12 years ago that his wife told him she was pregnant with their first child. He decided at that moment to quit and has never smoked since. His child’s health was the most important thing to him, even more important than his own.

Q: Is MI difficult to implement?
A: Some parts are easy and others are more difficult. For example, it takes practice to resist “the righting reflex,” which is the urge to correct or lecture to people when we think they are mistaken in their choices. Challenging unhealthy behaviors in a corrective way tends to create resistance rather than change. It’s human nature. Like any other skill, MI gets easier with practice, and Health Behavior Coordinators (HBCs) are there to help staff develop their skills.

Q: What’s the difference between MI, health coaching, and self management?
A: Supporting self management is the goal for both MI and health coaching. If you think about it, all health behavior change ultimately requires self management, whether that change is making healthy food choices, increasing activity, or taking meds as prescribed. MI is useful when patients are not motivated or are ambivalent about changing. For those who are ready and willing to change, health coaching is a great approach for structured goal setting and action planning that maintains a patient-centered focus.

Q: What do patients say when you use MI skills?
A: They often express gratitude.
They seem to appreciate being respected and listened to. It isn’t unusual for patients to problem-solve or clarify their own motivation for change during a conversation.

**Q: Does it take more time from other patients?**

**A:** This is a concern, perhaps, in the short run, but in the end, it saves time. You may spend a minute or two more in time, but it is more productive, and you are less likely to repeat the same conversation next time.

**Q: Do you have any advice to other clinicians?**

**A:** Practice, practice, practice. It takes work to develop the skills. Use the HBCs as coaches and consultants to support clinicians in using these skills—they are there to shoulder the burden of teaching and can help in a variety of ways. They’re able to provide formal training, informal coaching, case consultations, team huddles, joint visits with patients or more in-depth, curb-side consultations.

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**MOVE! Evaluation Update**

Additional findings from the National Center for Health Promotion and Disease Prevention’s (NCP) ongoing evaluation of the MOVE! Weight Management for Veterans were provided during April 2011’s National MOVE! VISN and Facility Coordinators Conference Call. These findings, summarized below, build upon initial findings presented in January from the MOVE! Facility-Level Patient Outcomes evaluation that compared patient weight loss outcomes for patients treated with at least two MOVE! visits during 4Q FY08 through FY09 with a group of similar, but non-treated patients at each facility (including CBOCs). The initial findings are available on the MOVE! Intranet website (access limited to VA staff) at: http://vaww.move.med.va.gov/nationalEvaluations.asp.

**Introduction**

Current non-VA evidence suggests that intensive treatment is required to achieve clinical weight management success, with intensity defined by the US Preventive Services Task Force as more than one contact with the patient per month for the first three months. Figure 1 illustrates the distribution of number of MOVE! visits for patients treated with MOVE! in FY10. Forty-two percent did not participate in more than one visit, and only one fifth participated in six or more visits over the course of one year.

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*Contributed by*

Leila C. Kahwati, MD, MPH
Deputy Chief Consultant for Preventive Medicine

Like many other health behaviors, change is tough, and ultimately a patient’s motivation is a large factor in his or her success.
The MOVE!-treated cohort (N=31,854) of patients first seen between 4Q FY08 and FY09 used in the Facility-level evaluation was also quite heterogeneous with respect to the intensity of treatment received. Within this cohort, we wanted to examine outcomes among patients who received more intensive “doses” of treatment. To do this, we examined the pattern and intensity of MOVE! program visits (individual, group, telephone) using an empirically-derived definition of intense and sustained treatment. We examined the distribution of number of visits between a patient’s first visit and the date on which the approximate six-month follow-up weight was ascertained and selected the 75th percentile of eight visits to be the threshold above which treatment was considered “intense.” We examined the distribution of the number of days between the first visit and the last visit before the approximate six-month follow-up weight was ascertained and selected the 75th percentile of 129 days to be the threshold above which treatment was considered “sustained.” Patients meeting both criteria were considered to have received both intense and sustained treatment (13.6%), while patients meeting neither criterion (62.9%) were considered to have received neither intense nor sustained treatment.

**Findings**

Table 1 provides six-month weight loss estimates and Figure 2 provides weight change categories for the various cohorts of MOVE!-treated patients relative to comparison, untreated patients. Twice as many patients who receive an intense and sustained treatment achieve a clinically relevant weight loss (defined as 5% or more body weight loss) compared with patients who receive neither an intense nor sustained treatment. The group that received intense and sustained treatment also had the lowest frequency of weight gain. Further, patients who received neither an intense nor sustained treatment fare only marginally better than patients who received no treatment at all in terms of clinically relevant weight loss and weight gain. Whether intensity alone is more important than sustained treatment alone is not clear, but it is clear that together they are better than either approach alone.
Table 1. Weight loss outcomes at six months overall and by intensity of treatment for a subset of patients treated with the MOVE! Weight Management Program for Veterans compared to a sample of comparison patients matched on age, gender, BMI class, and comorbidity status.

<table>
<thead>
<tr>
<th>Six-month outcome</th>
<th>MOVE!-treated patients overall</th>
<th>MOVE!-treated patients Intense/sustained *</th>
<th>Comparison patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>n=31,854</td>
<td>n=4,282</td>
<td>n=71,725</td>
</tr>
<tr>
<td>Mean Weight Change (lbs)</td>
<td>-3.6 (95% CI -3.9, -3.3)</td>
<td>-8.2 (95% CI -8.9, -7.5)</td>
<td>-1.0 (95% CI -1.1, -0.9)</td>
</tr>
<tr>
<td>Mean % Body Weight</td>
<td>-1.50% (95% CI -1.5%, -1.3%)</td>
<td>-3.20% (95% CI -3.5%, -2.9%)</td>
<td>-0.40% (95% CI -0.4%, -0.4%)</td>
</tr>
<tr>
<td>Mean BMI change (kg/m²)</td>
<td>-0.5 (95% CI -0.5, -0.5)</td>
<td>-1.2 (95% CI -1.3, -1.1)</td>
<td>-0.2 (95% CI -0.2, -0.2)</td>
</tr>
</tbody>
</table>

* Intense is defined as eight or more visits within time period between first visit and six-month follow-up weight measurement, sustained is defined as a span of at least 129 days between first visit and the last visit before the six-month follow-up weight measurement. Thresholds for intense and sustained were empirically derived based on the 75 percentile distribution for the number and span of visits over six months in this cohort of patients.

b Rounded to one decimal place

Figure 2. Weight change categories among the subset of MOVE! patients (N=31,854) and comparison patients (N=71,725) for which effectiveness measures were estimated overall and by gender. MOVE! patients are further stratified according to whether they received intense (at least eight visits), sustained (over at least 129 days), both intense and sustained, or neither intense nor sustained treatment.
Implications for Facilities
These findings emphasize the need to provide intense and sustained treatment to patients. Facilities can ask themselves the following questions to evaluate current MOVE! care:

- **What percent of our patients receive an intense and sustained treatment?** Can we increase this percentage?

- **How are our patients referred to MOVE! and do they have reasonable expectations of treatment and of the required effort to achieve success?**
  - How is readiness assessed?
  - Do referring staff use motivational counseling techniques to discuss referral to MOVE!?
  - Are patients helped to set reasonable goals?

- **Why do our patients stop participating in MOVE!?!**
  - Is our facility’s program offered at convenient times and dates?
  - Is our facility’s program easy to get to?
  - Is our program engaging?
  - For facilities that rely predominantly on group treatment—is our program meeting the needs of ALL individuals in the group?
  - Are we reaching out to those who stop participating to encourage them to return?

- **Are physical or mental conditions creating barriers to active participation?** Can these be addressed with the patients’ providers?

- **Are we using effective, evidence-based strategies like goal setting, self-monitoring, cue reduction, skills training, problem-solving, positive behavioral reinforcement, relapse prevention, and social support so that patients can see results, stay highly motivated, and continue to engage in care?**

Like many other health behaviors, change is tough, and ultimately a patient’s motivation is a large factor in his or her success. However, facilities can do their part by screening for readiness, using motivational counseling techniques when appropriate, and offering engaging and convenient services.

Future Directions
In FY2011, NCP and the Office of Telehealth Services introduced a new option for providing an intense format of weight management care. This version of MOVE! is hosted on the home-based messaging devices used with the VHA’s Office of Telehealth Services/Home Telehealth Program. Veterans can participate in 90-day cycles of daily dialogs focused on setting and achieving goals in the areas of diet, physical activity, and weight-related behaviors along with meeting weekly weight-loss goals. Trained Home Telehealth nurses or dietitians monitor progress remotely. To date, over 6,500 Veterans have enrolled in this format of MOVE! care. Work is ongoing to translate these dialogs to a telephone interactive voice response (IVR) system, thereby opening access to Veterans with cellular or voice-over-internet telephones. The IVR version of TeleMOVE! will also enable patients being treated through Home Telehealth with co-morbid conditions of hypertension, diabetes, depression, chronic obstructive pulmonary disease, or heart failure to self manage their weight while also managing their other health condition(s).

Over the next year, NCP will be making modifications to the current MOVE! ProClarity data cube to assist facilities with being able to better track engagement in treatment, including the use of TeleMOVE. With the support of the VHA Service Support Center, a new Microsoft Reporting Service will also be available to provide ongoing weight loss outcomes at the facility level.
Men can reduce their risk for some of the most common cancers by avoiding smoking and receiving regular colorectal cancer screening tests starting at age 50.

The 10 most commonly diagnosed cancers among men in the United States in 2007* included cancers of the prostate, lung, colon and rectum, and bladder; melanomas of the skin; non-Hodgkin lymphoma; kidney cancer, mouth and throat cancer, leukemias, and pancreatic cancer. Overall, 758,587 men were told they had cancer and 292,853 men died from cancer in the U.S. in 2007.

Prostate Cancer

Prostate cancer is by far the most common cancer in men. In the U.S. in 2007*, 223,307 men were diagnosed with prostate cancer, and 29,093 died from the disease. Prostate cancer is more common among African-American men than men of other racial and ethnic groups, but medical experts do not know why. In 2007, 226.0 out of 100,000 African-American men were diagnosed with prostate cancer, compared to 145.1 white men, 121.6 Hispanic† men, 78.2 Asian/Pacific Islander men, and 71.7 American Indian/Alaska Native men.

Since there is not enough medical evidence to decide if the potential benefits of prostate cancer screening outweigh the potential risks, CDC supports informed decision making.

Lung Cancer

More men die from lung cancer than any other type of cancer. In the U.S. in 2007*, 109,643 men were diagnosed with lung cancer, and 88,329 men died from the disease. African-American men also are affected more by lung cancer than men of other races and ethnicities. In 2007, 95.1 out of 100,000 African-American men were diagnosed with lung cancer, compared to 79.9 white men, 49.3 American Indian/Alaska Native men, 47.1 Asian/Pacific Islander men, and 43.4 Hispanic† men.

About 90% of lung cancer deaths in men in the U.S. are due to smoking. The most important thing a man can do to prevent lung cancer is to not start smoking, or to quit if he currently smokes.

Colorectal (Colon) Cancer

Colorectal cancer is the third most common cancer in men. It affects both men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older. In 2007, 72,755 men were diagnosed with colorectal cancer, and 27,004 men died from the disease. In 2007*, 62.0 out of 100,000 African-American men were diagnosed with colorectal cancer, compared to 51.5 white men, 44.8 Hispanic† men, 39.7 Asian/Pacific Islander men, and 33.5 American Indian/Alaska Native men.

Deaths from colorectal cancer could be cut by as much as 60% if all people aged 50 years or older received regular screening tests. Speak with your doctor about colorectal cancer screening.


*2007 is the most recent year for which statistics are available.
† Hispanic origin is not mutually exclusive from other categories.
‡ Rates are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130).
Real Men Go to the Doctor

A 2009 report by the Centers for Disease Control and Prevention (CDC) found that U.S. men were 80% less likely than woman to have a usual source of health care.

Dr. Linda Kinsinger, Chief Consultant for Preventive Medicine in VHA’s National Center for Health Promotion & Disease Prevention (NCP), explained that men often don’t go to doctors unless they have a medical emergency.

“The message to men is encouraging them to pay attention to their bodies,” she said. “There are a lot of things they can do to stay healthy and take care of themselves.”

A health checklist for men will vary by age group, but tracking basic health measures like blood pressure and body mass index (BMI) are important at any age. Getting an annual flu shot, keeping up-to-date on tetanus shots and getting an HIV test are also important preventive health practices for men.

Visit the U.S. Department of Health & Human Services to read the 50+ men’s health checklist (http://www.ahrq.gov/ppip/healthymen.htm).

Your VA health care team wants to know

There is a higher prevalence of mental health issues, like Post-Traumatic Stress Disorder (PTSD), among Veterans. Dr. Kinsinger explained that a patient’s physical and mental health are related.

“Generally, taking care of yourself physically is a really key point in taking care of your mental health,” she said. “Getting enough sleep, eating well, not over-indulging in alcohol — all things that are critically important in maintaining your mental health as well as your physical health.”

“Having men feel OK about reporting any disturbing feelings that they’re having that could possibly be symptoms of depression or PTSD is something that we really want,” said Terri Murphy, RN, MSN, NCP National Program Manager for Prevention Policy.

VA offers a wide range of services (http://www.mentalhealth.va.gov/) to help Veterans readjust to civilian life and cope with the mental and emotional impact of their military experiences.

The importance of communicating with your doctor can prevent unnecessary medical procedures as well.

“The most common misconception is that more screening is always better,” said Murphy. “It’s a little more complicated than that; not

“Healthy living takes commitment, but the payoff is huge.”

—Terri Murphy, RN, MSN
everyone needs to be screened for everything every year.”

For some patients, the risks of a screening procedure may outweigh the benefits. Prostate cancer, for example, is usually a very slow-growing cancer and a biopsy to confirm the screening results is not without risks.

Consulting your personal physician is the best way to determine if or when a prostate screening is needed.

Healthy living

The NCP has outlined nine key health messages to encourage Veterans to choose healthy behaviors and communicate with their health care team. These address nutrition, physical activity, weight management, smoking, alcohol use, stress management, preventive immunizations and screenings, safety, and good communication with your doctor.

This message of healthy living is being promoted at VA medical facilities nationwide to raise awareness among providers and patients alike. But it will come down to the Veteran to put these health tips into practice.

“You can’t just take a pill instead of watching your weight, stopping smoking or limiting your alcohol use,” said Murphy. “Behavior change in those areas is hard work! We’re here to introduce the topics, to support Veterans, to give them the information they need, and to give them the latest evidence-based care, but the Veteran is the one who needs to decide he/she is ready to improve their health.”

“Healthy living takes commitment, but the payoff is huge.”
Promoting Healthy Living at the 25th National Disabled Veterans Winter Sports Clinic

This year, the VA and the Disabled American Veterans (with private and public support) cosponsored the 25th National Disabled Veterans Winter Sports Clinic (WSC) in Snowmass Village, Colorado. For 6 days beginning March 27 ending April 1, nearly 400 Veterans participated in adaptive Alpine and Nordic skiing, scuba diving, curling, trap-shooting, sled hockey, and a variety of other adaptive activities and sports. Hundreds of VA staff volunteers, coaches, team leaders, sponsors, and family members all contributed to the great success of this annual event.

Also on hand to promote the Health Living messages was “Team NCP,” comprising NCP staff Sue Diamond, Sophia Hurley, and Lynn Novorska. Their contributions were many and varied, and included hosting a booth at the WSC’s first-ever information night. This booth provided a wonderful venue for sponsors, vendors, and VA programs to interact directly with participants. In addition, an exhibit table in the dining hall gave the NCP staff the daily opportunity to discuss the nine Healthy Living messages with Veteran participants and other attendees during meals throughout the week. There they offered NCP promotional items, such as colorful silicone wristbands (each sporting a different Healthy Living message), and information about MOVE!. NCP staff encouraged Veterans to use the bands as a reminder of the many components of healthy living.

The team also conducted a workshop entitled AHA! Active, Healthy, Alive, in which Sue, Sophia, and Lynn presented an overview of the vision and rationale for increased focus on prevention in the VA’s transformational initiatives and what NCP is doing to help make that vision a reality. Additionally, Sophia introduced the importance of being physically active, a conversation that reviewed the 2008 Physical Activity Guidelines for Americans. Lynn’s presentation of the new 2010 Dietary Guidelines for Americans was fun and interactive, and even involved some ball bouncing and throwing. Who knew a discussion about salt could be so entertaining?

The team also introduced the concept of setting Specific, Measureable, Action-Oriented, Realistic and Time-based (SMART) goals and then invited the workshop participants to practice making their own SMART goals. This interactive part of the workshop again involved some ball throwing and bouncing, but no snowball fights!

The Veteran participants at the WSC are inspiring examples of how individuals can overcome obstacles, take rehabilitation to a higher level, and continue to be active, healthy, and alive. To see videos and photos of the event, a Winter Sports Clinic promotional video, and to learn more about participating, visit http://www.va.gov/opa/speceven/wsc/index.asp.

NCP staff members recently participated at the National Disabled Veterans Winter Sports Clinic at Snowmass Village Colorado to promote the Healthy Living messages to Veterans and other event participants. Pictured are Lynn Novorska, Sue Diamond, and Sophia Hurley.
Release of the National Prevention and Health Promotion Strategy

On June 16, members of the National Prevention, Health Promotion, and Public Health Council, including Department of Health and Human Services (HHS) Secretary Kathleen Sebelius, Surgeon General Regina Benjamin (Chair), as well as Senator Tom Harkin and Domestic Policy Council (DPC) Director Melody Barnes, announced the release of the National Prevention and Health Promotion Strategy, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy recognizes that good health comes not only from receiving quality medical care, but also from clean air and water, safe worksites, and healthy foods.

The strategy was developed by the National Prevention Council, composed of 17 federal agencies. Secretary Shinseki is a member of the Council, represented by Under Secretary for Health Robert Petzel. Many VHA staff provided input to the Strategy at several points in its development.

“This National Prevention Strategy, called for under the Affordable Care Act, will help us transform our health care system away from a focus on sickness and disease to a focus on prevention and wellness,” said Secretary Sebelius. “We know that prevention helps people live long and productive lives and can help combat rising health care costs.”

The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation’s prosperity. The strategy outlines four strategic directions that, together, are fundamental to improving the nation’s health. Those four strategic directions are:

- **Building Healthy and Safe Community Environments:** Prevention of disease starts in our communities and at home; not just in the doctor’s office.
- **Expanding Quality Preventive Services in Both Clinical and Community Settings:** When people receive preventive care, such as immunizations and cancer screenings, they have better health and lower health care costs.
- **Empowering People to Make Healthy Choices:** When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices.
- **Eliminating Health Disparities:** By eliminating disparities in achieving and maintaining health, we can help improve quality of life for all Americans.

Within this framework, seven Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The Priorities are:

- **Tobacco Free Living**
- **Preventing Drug Abuse and Excessive Alcohol Use**
- **Healthy Eating**
- **Active Living**
- **Injury and Violence Free**
- **Reproductive and Sexual Health**
- **Mental and Emotional Well-being**


**WIN with MOVEmployee! Resource Manual**

We are pleased to announce that the WIN with MOVEmployee! Resource Manual is now posted on the MOVE! website (www.move.va.gov). If you have any questions or comments, please call or email:

Dr. Ken Jones (919-383-7874 ext. 228) [kenneth.jones6@va.gov](mailto:kenneth.jones6@va.gov)

Susi Lewis (919-383-7874 ext. 234) [susi.lewis@va.gov](mailto:susi.lewis@va.gov)
Veterans Health Administration (VHA) Launches New Pilot Electronic Health Record (EHR) Training Website

The Department of Veterans Affairs (VA), the Office of Health Information (OHI), and the Office of Informatics and Analytics (OIA) are pleased to announce the launch of the pilot web-based project MyVeHU Campus (MVC).

MyVeHU Campus is a web-based application that provides staff with electronic health record (EHR) training regardless of staff location. Launched April 26, 2011, MyVeHU Campus also offers access to EHR training tools created from a collection of VA eHealth University conferences.

MyVeHU Campus online training is designed to provide the very best learning on VA’s award-winning EHR. All resources are at your fingertips, available for access from the comfort of your own office or from anywhere with an Internet connection—inside or outside of VA’s firewall.

Phase I of MyVeHU Campus has a simple, smart search tool to make searching for specific EHR training courses quick and efficient. Whether searching for a course on disease management or for a specific health prevention topic, MyVEHU Campus is your one-stop, online solution. Once logged in, users can enter, for example, “disease” as a search criterion and get a return on all related courses. If you don’t know where to begin, the questions in “Interview Search” will help narrow your search by Track, Topic, Keywords, Year, Title, or some other detail until you arrive at the selected course. MyVeHU Campus also offers “bookmarking” and “favorite” features to enhance the user’s learning experience.

“We hope VA staff will make MyVeHU Campus their campus for EHR learning by enrolling in and bookmarking www.MyVeHUCampus.com today,” encourages Gail Graham, acting Assistant Deputy Under Secretary Health, VHA Office of Informatics and Analytics. “MyVeHU Campus will continue to expand and meet users’ needs.”

For questions, e-mail Becky Monroe, Director, Director of Training and Strategy, VHA Office of Informatics and Analytics, at Becky.Monroe@va.gov, or call her at (319) 430-0445. Take time today to log in and join the nearly 2250 global users already taking advantage of MyVeHU Campus.

CDC announces new Health Literacy Website

The Centers for Disease Control and Prevention (CDC) invites you to visit Health Literacy: Accurate, Accessible and Actionable Health Information for All, the agency’s new health literacy website (www.cdc.gov/healthliteracy). The site provides information and tools to improve health literacy and public health and makes accurate health information accessible and actionable for all. The resources are for all organizations that interact and communicate with people about health, including public health departments, health care providers and facilities, health plans, government agencies, childcare facilities and schools, the media, health-related industries, and non-profit, community, and advocacy organizations. The site lists health literacy organizations by state and provides planning tools to use the National Action Plan to Improve Health Literacy. The site’s corresponding health literacy blog, Bridging the Health Literacy Gap, provides a public forum to discuss vital issues in health literacy improvement.
New Talent Management System (TMS) Courses Available for VHA Staff and Leadership

NCP’s Office of Veterans Health Education, the Harvard School of Public Health’s Health Literacy Program, and the Employee Education System partnered to create three new Talent Management System (TMS) courses for Veterans Health Administration (VHA) staff and leadership. Designed to help facilities offer Veteran-centered care, the following courses also help to meet the new Joint Commission Standards on Patient- and Family-Centered Care.

Selecting Print Materials to Enhance Health Literacy

This course helps you select or design print materials and use them to effectively meet Veteran and family member needs.

Health Literacy and the Clinical Encounter

This course helps you assist Veterans with the literacy and numeracy issues needed to:
- Take medications correctly
- Manage chronic conditions
- Deal with health care reading and writing tasks
- Share information with their team about their needs and changes in their conditions

The Health Literacy Environment of VA Health Care Facilities

Take this course to assess your facility’s or clinic’s environmental health literacy. The course also suggests ways to make it easier for Veterans, family members, and visitors to navigate your facility. It covers:
- Initial contacts
  - Website
  - Phone system
  - Walk to entrances
- Facility navigation
  - Signage/postings
  - Print resources
  - Verbal exchanges
  - Technology use

Preventive Medicine Resident—Christine DeLong Jones

Our newest resident, Christine DeLong Jones, completed her residency in Internal Medicine at the University of New Mexico in Albuquerque, New Mexico and is currently a first-year preventive medicine resident at UNC. She is working toward her Master’s of Science in Clinical Research at the UNC Gillings School of Global Public Health. Prior to residency, she attended Emory University School of Medicine in Atlanta, Georgia where she earned her MD. Dr. Jones received her undergraduate BA degree from Saint Olaf College in Northfield, Minnesota where she majored in Classical Studies. Her interests in health care include cardiovascular disease prevention, heart failure self-care interventions, and medication adherence.

NCP Staff Member Accepted to LVA Program

Sue Diamond RN, MSN, National Program Manager for HPDP Programs has been accepted to the Leadership VA (LVA) class of 2011. Throughout its 34-year history, LVA stands as a unique flagship institution that cultivates high-performing leaders for a 21st century VA. Congratulations Sue!

Evidence-Based Behavioral Medicine Special Interest Group (SIG)

Drs. Sherri Sheinfeld, (left) and Karen Oliver (right) stand together during the recent Evidence-Based Behavioral Medicine Special Interest Group (SIG) section meeting at the annual meeting of the Society for Behavioral Medicine in Washington, DC. Dr. Oliver is the Health Behavior Coordinator at the Providence VA Medical Center, Rhode Island and was recently named as the SIG Chair.
Monthly Prevention Topics
All Monthly Prevention Topics include downloadable patient handouts and useful website links, and many topics correlate with the National Health Observances. You can make handouts available in waiting rooms, health fairs, and other educational forums.

- **Spotlight on Health** is featured monthly on the National Center for Health Promotion and Disease Prevention (NCP) website, [www.prevention.va.gov](http://www.prevention.va.gov) for Veterans and the public. These monthly prevention topics support the nine Healthy Living messages that are focused throughout the VHA Preventive Care Program and used by PACT clinical staff. These patient handouts can also be reviewed with patients during primary care clinic visits and be displayed in waiting rooms and other educational forums.

Upcoming topics include:

- **July 2011 – Eat Wisely: Focus on Weight Management & Diabetes**
  Maintaining a healthy weight can help reduce your chances of developing certain medical conditions, such as diabetes, heart disease, and more.

- **August 2011 – Get Recommended Vaccinations and Screening Tests**
  Vaccine development is one of the most important accomplishments of the past 100 years. Find out more about the immunizations that you and your children need to fight certain diseases.

- **September 2011 – Be Safe: Focus on Sexually Transmitted Infections (STIs)**
  Learn more about STIs and how to protect yourself and others.

Book Summaries
NCP recently sent the following books to facility HPDP Program Managers, Health Behavior Coordinators, and VISN HPDP Program Leaders as valuable resources to support their HPDP Programs:

- **Health Promotion and Disease Prevention in Clinical Practice** (Woolf, Jonas, and Kaplan-Liss, 2008). Written by clinicians for clinicians, this book provides an overview of how to help patients adopt health behaviors and to deliver recommended screening tests and immunizations. This book also offers a companion website that features the fully searchable text online.

- **Motivational Interviewing in Health Care** (Rollnick, Miller, and Butler, 2008). This book is an excellent resource on how to bring the heart of Motivational Interviewing (MI) into everyday health care practice. It provides an overview of MI, its evidence base, and how it fits within the broader context of health care. The book presents MI communication styles and skills and also practical examples and guidelines for improving comfort and skill in putting MI into practice.

- **Developing High-Performance People: The Art of Coaching** (Mink, Owen, and Mink, 1995). This excellent book provides models, guidance, and tools for coaching colleagues and learners. It contains information about how to build trust and involvement with colleagues and how to effectively evaluate learner performance.

NCP/Office of Veterans Health Education & Information (VHEI) recently sent the following book to facility Veteran Health Education Coordinators (VHEC) as a valuable resource to support their Veterans Health Education Programs:

**CALENDAR of EVENTS**

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>NCP Conference Call</strong></td>
<td>2nd Tuesday of the month 1:00 pm ET 1-800-767-1750, access #18987 • Upcoming calls—July 12, August 9</td>
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<tr>
<td><strong>Health Promotion/Disease Prevention Conference Call</strong></td>
<td>1st Tuesday of the month 1:00 pm ET 1-800-767-1750 access code 35202 • Upcoming calls—August 2</td>
</tr>
<tr>
<td><strong>VISN MOVE! Coordinators Call</strong></td>
<td>2nd Tuesday of the second and third month of each quarter 3:00 pm ET 1-800-767-1750, access #59445 • Upcoming calls—August 9, September 13</td>
</tr>
<tr>
<td><strong>Facility MOVE! Coordinators and Physician Champion’s Call</strong></td>
<td>2nd Tuesday of the first month of each quarter 3:00 pm ET 1-800-767-1750, access #59445 • Upcoming calls—October 4</td>
</tr>
<tr>
<td><strong>Veterans Health Education Hotline Call</strong></td>
<td>4th Tuesday of the month 1:00 pm ET 1-800-767-1750, Access Code 16261 • Upcoming calls—July 26, August 23</td>
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HealthPOWER! is an award winning, quarterly publication from the VHA National Center for Health Promotion and Disease Prevention, highlighting health promotion and disease prevention activities in VA.

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

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

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