

Health **POWER!**

PREVENTION NEWS



Veterans Health Administration

March 2004

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“Colorectal cancer (CRC) is the fourth most common cancer and the second leading cause of cancer deaths in the United States.”

Read more about the screening colonoscopy program at the VA Pittsburgh Healthcare System on page 8 of this newsletter.

Spring is Here!!

NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for “All Things Prevention”, to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

Visit our Website at www.vaprevention.com

From the Director's Desk...

Prevention On the Move

I'm happy to confirm that we have received approval by the Secretary to conduct the PC Training Course 10-13 MAY 04. It will very likely be held in the DC-VA-MD area, and EES is going through the procedures to find us the next best thing to a cruise ship – a relatively isolated, completely self-contained, conference center, where “The Force” -- field Prevention Commandos (PCs), VISN Prevention Generals, and NCP Strategists -- can be lodged, fed, watered, schooled, indoctrinated, and solicited as a unit. This is the best scenario to obtain unprecedented field input and feed-back to help plan the campaign for the VA Prevention war front, while developing the sense of cohesion, common purpose, camaraderie, and esprit de corps, and pride necessary to establish a VA Prevention identity and a lineage.

The PC course was approved for a “one-time adjustment”, to reposition it annually into Spring/Summer, as opposed to last year's EOY timeframe. This makes better sense for participatory reasons – increased availability of participants and staff, deconfliction with kids' vacations, better chances for funding, etc. Everyone knows last year's course was great. Input from the VISNs and field, as well as lessons-learned by the NCP staff, are already shaping this year's conference to be even better. The knowledge, experience, and insight from the field, driven by their/your overall enthusiasm and sense of common purpose, is almost unbelievable, and I continue to wonder when and if it will ever run out of gas. ...Never, I hope.

Along the lines of other NCP advancements, I want to keep you abreast of some other big projects and key items on which the NCP is working.

The MOVE! The pilot sites for the Weight Management/Physical Activity initiative (*MOVE!*) are proceeding extremely well – see *update in this issue*. All sites should now have obtained IRB approval, and several are even nearing the six-month end point. Work has begun with several researchers (VA and Academia) to design an evaluation of the pilots' implementation, as well as provide a sense of cost-benefit. Collection and evaluation of mid-point data from the pilot sites will provide the first measurable assessment of *MOVE!*, from which more clear assessments and plans can be derived. This mid-point evaluation (JUL/AUG 04 timeframe) will determine the timing of the next VA National Weight Management Executive Advisory Council meeting, after which, the first VA Steering Committee meeting will be held for VA leadership to contemplate and recommend subsequent actions and the best strategies. Concurrent with this, we are moving forces to plan a larger evaluation instrument for the future, when the *MOVE!* is implemented more broadly throughout the VA. This would be the basis for a database that would not only be used for obesity research, but also would feed the continual evaluation of programmatic effectiveness to guide improvements to the *MOVE!*. The most exciting part of *MOVE!* is that the VA will be leading the nation in the scope, design, implementation, evaluation, and *prn* revision and improvement of probably the most ambitious weight management/ physical activity program, ever -- spanning race, culture, age, gender, health condition, and geography. Other agencies have been producing recommendations, but they lack authority to test grandiose implementation, or simply are focused on small subpopulations. VA is taking on the nation, the results of which, both good and bad, will provide unparalleled insight into the subject of Weight.

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On the cover: Coreopsis Flower—a plant with daisylike variegated or yellow flowers.

VA National Center for Health Promotion and Disease Prevention

Steven J. Yevich, MD, MPH
Director

Mary B. Burdick, PhD, RN
Chief of Staff

Richard T. Harvey, PhD
Assistant Director, Preventive Behavior

Linda Kinsinger, MD, MPH
Assistant Director, Policy, Programs, Training, and Education

Jacqueline Howell, RN, BSN, MPH
Health Educator

Timothy Saunders, CPA, MCP
IT Specialist

Susi K. Lewis, MA, RN
Assistant Director, Field Operations

Connie F. Lewis
Program Analyst

Eileen G. Ciesco, MHA
Assistant Director, Resources, Data and Administrative Operations

Pamela Frazier
Staff Assistant/Logistics

Rosemary Strickland, MSN, RN
Kristy Straits-Troster, PhD
Virginia Zele, MS, RD, LDN
Special Projects Coordinators

Address and Phone:
3000 Croasdaile Drive
Durham, NC 27705
919-383-7874
(Fax) 919-383-7598

Address suggestions, questions and comments to the Editorial Staff:

Connie Lewis, ext. 233
Editor/Publisher
Rosemary Strickland, ext. 239
Assistant Editor

From the Chief of Staff... VA "Employee Wellness" is Growing

There has been a great deal of interest expressed about wellness programs since last year's article in this column, which discussed findings of a survey of VA wellness programs. The VA Leadership Meeting Planning Committee had asked the NCP to report on the status of employee wellness programs in the VHA. Of the 62 medical centers that responded to the survey, 24 reported having a wellness program in operation. These programs were found to vary widely in the type and extent of their activities.

Since last year's survey, the overwhelming interest and enthusiasm from staff in all quarters in the VHA has generated related activities at the Center. The NCP initiated an email group composed of individuals who expressed interest, (VHA Preventive Employee Wellness). Send your name to Connie Lewis or Susi Lewis here at the NCP if you'd like to be included. Additionally, a wellness-working group was recently formed and has begun to work via conference calls. The first conference call was held on February 12th, and we plan to schedule another conference call in the near future. Please advise any of the following members of your ideas.

- Susan Baumann, RN - VAMC Fort Wayne, IN

- Jim Berglund, PA-C, Employee Health - VAMC Fargo, ND
- Brenda Burdette, Dietitian - VAMC Tampa, FL
- Carol Ceresa, Dietitian - VAMC San Francisco, CA
- Pam Chester, RN, Regional Educator - VAMC Canandaigua, NY
- Elaine Der, NP - VAMC San Francisco, CA
- Leora Elli, PA-C, New Patient Assessment Program - VAMC Memphis, TN
- Patsy Ellis, Librarian - VAMC Mountain Home, TN
- Joyce Jones, MD, Primary Care Svc Line Mgr/Deputy Chief of Staff - VAMC Murfreesboro, TN
- Michael Mitchell, Program Coordinator - VAMC Houston, TX
- Bettye Morgan, Education Specialist - VAMC Cincinnati, OH
- Philip Oliphant, LMSW, Substance Abuse Treatment Clinic - VAMC Wichita, KS
- Deb Peoples, EES, Education Service Representative - Birmingham, AL
- Audrey Rice, MS, PAC, Employee Health/Occ. Medicine - VAMC Baltimore, MD
- Mrinalini Sehgal, MD, ACOS for Ambulatory Care - VAMC Miami, FL
- Grace Stringfellow, MD - VAMC Amarillo, TX
- Alicia Swanson, Dietitian - VAMC Indianapolis, IN
- Ann Talbot, Administrative Assistant - VAMC Detroit, MI
- Gary Ungar, PA-C, Employee Health - VAMC Nashville, TN
- Richard L. Vroman, CTRS - Recreation Therapist - VAMC Miami, FL
- NCP staff (Lewis, Strickland, Kinsinger, Harvey, Straits-Troster, Burdick, Yevich)

In the meantime, a resurvey was undertaken to reevaluate the status of VHA wellness programs. This survey is currently in progress and reports from 100% of the Prevention Coordinators are being sought.

There has been no objective determination or consistent evidence for workplace wellness strategies that are effective across varied settings. However, an article published in a recent health promotion journal

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Go Red for Women!

Heart disease and stroke are the No. 1 and No. 3 killers of women. They are 2 of the many cardiovascular diseases that kill nearly 500,000 women each year. That's more than the next seven causes of death combined, including all forms of cancer. On Friday, February 6th, everyone was encouraged to wear red in support of all women who have been touched by cardiovascular disease.

Go Red for Women is the American Heart Association's national call for women to take charge of their heart health and live stronger, longer lives. Red is the American Heart Association's color for women and heart disease. See www.americanheart.org for more information about heart disease and stroke.

Women's Heart Health

During the month of February, Women Veterans Program Managers across the country planned a variety of activities to increase the awareness of women and heart disease. Activities that were innovative, informative and fun were the order of the day. Thank you to all of the WVPMs who shared how they, and their medical centers, increased awareness on the number one killer of both men and women.

- Birmingham: Linda Gaddy had a Valentine theme display showing factors such as stress, exercise, diet, smoking and weight reduction. She provided numerous pamphlets on prevention and diagnosis of heart disease in women. Over 200 women visited the display in a 2-hour period.
- Mt. Home: Judi East partnered with Cardiology and Education services to create a display of heart healthy information for women that was up for the last 2 weeks of February.
- Wilmington: Regina Lane enlisted the help of her children to make heart pins in addition to purchasing the "Red Dress" pins from the American Heart Association. The postmaster sent out a request to all employees for all women to wear red on Feb. 6. She then visited each floor and department offering the heart/dress pins with "Turning Over a New Leaf; Your Heart-Healthy Living Guide."
- Saginaw: Janis DePauw, 2 cardiology nurse practitioners and the lead nutritionist teamed up to plan a women veterans luncheon to promote the theme and to raise awareness for women's health and heart disease. The program



Linda Gaddy, Women Veterans Program Manager, Birmingham VAMC, (pictured center) and participants at the "Women and Heart Disease" display

included a heart healthy lunch from Subway, fruit, and healthy drinks. Dr. Jack Ferlinz, Cardiologist was the featured speaker. The nutritionist presented heart healthy recipes. Gifts to attendees included the Red Dress Pin, Heart Healthy Cookbooks and coupons. The auditorium at the Aleda Lutz VAMC was packed and their switchboard received many calls asking for information to be sent out by mail.

- Alexandria: Patricia Smith and the Women's Advisory Committee sponsored a "Go Red for Women and Time is Life" mini fair with speakers for women veterans and staff. Display boards and handouts on heart disease and risk factors, and staff were available to answer questions and check blood pressures. Speakers discussed the warning signs of heart attack and stroke, the importance of a heart healthy diet, and relaxation techniques. Staff earned 1 education hour for attending and more that 120 staff and veterans were in attendance.
- Lebanon: Diane Hoover and the Women Veterans Programs Committee sponsored "Wear Red Day". In spite of inclement weather, more than 80 people attended this event. Speakers included the Lebanon Director of the American Heart Association and the Director of the Cardiac Rehabilitation Program of the Good Samaritan Hospital.
- Albany: Linda Carpinello-Dillenbeck coordinated a 4-day event at the

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Stratton VAMC that highlighted February 6 as "Go Red for Women" day. Over 900 documents were shared with staff, volunteers and the general public in early morning greeter campaigns in the main lobby. Poster displays and Red Dress pins highlighted the need to educate on lifestyle modification and support of research. Volunteers created a donation raffle basket with proceeds going to the American Heart Association.

- Atlanta: Brenda Melton and the Women's Wellness clinic sponsored an in-service entitled "An Intimate Affair: Issues of the Heart on February 5. A speaker from the St. Joseph Cardiac Rehab Unit spoke about cardiovascular disease in women and focused on the 'physical heart'. Another speaker spoke about forgiveness and focused on the 'emotional heart'. A physician recited poetry he had written about the spiritual aspect of the heart. In addition, massages, aromatherapy and educational exhibits were available. Attendees were given heart shaped balloons and Red Dress pins.
- Erie: Lori Rizzo collaborated with Donna Kiehlmeier to coordinate an open house for women veterans planned for April 19. They will have brochures, leaflets, and a heart shaped key chain for the participants. A speaker on women and heart disease and a lunch approved by the American Heart Association will round out the event.
- Clarksburg: Karen Leon distributed over 200 Go Red for Women's Day pins. A "Go Red" poster display and handout materials were placed throughout the medical center for women veteran patients and employees.

- Altoona: Denice Duman and the Women's Advisory Committee of the James E. Van Zandt VAMC hosted a "Healthy Heart" program on February 17 for veterans, veteran's families, and all employees. A cardiac consultant was the featured speaker focusing on the risk factors affecting men and women and the differences in those factors for the different genders. They also offered blood pressure screening, nutritional information, exercise information and the Healthy Heart Cookbook for all who attended. In addition, free lipid profiles were offered to employees during the first two weeks of February and on February 6, they joined the nation in wearing red.

Meri Mallard, RN
Deputy Field Director, Women's Health
VA Medical Center
508 Fulton Street
Durham, NC 27705
Meri.mallard@med.va.gov

National Public Health Week

The VA National Center for Health Promotion and Disease Prevention, in collaboration with Dr. Francis Murphy, Deputy USH for Health Policy Coordination, EES, Public Affairs, and others in VACO, will promote National Public Health Week in the VA. National Public Health Week is celebrated April 5-11, 2004. NCP has prepared National Public Health Week handouts and they are available on our website:

http://vawww.nchpdp.med.va.gov/MonthlyPreventionTopics/2004April/NCP_Public_Health_Week_2004.pdf

The American Public Health Association (APHA) Announces "Call For Solutions To End Health Care Disparities "Eliminating Health Disparities: Communities Moving from Statistics to Solutions." Please review APHA's toolkit on their website: <http://www.apha.org/NPHW/toolkit/Toolkit-PHW04-LR.pdf>

Because of the high level of visibility that National Public Health Week will receive, any efforts (big or small) will be noteworthy and will be reported to VHA's Under Secretary for Health. This is a great opportunity to gain visibility for your ideas, energy, and efforts! Following the event, please provide a brief summary and pictures to NCP on how your medical centers and CBOCs participated, so we can complete a national report and highlight your events in the upcoming edition of HealthPOWER! Prevention News. Any questions may be addressed to Susi Lewis at (919) 383-7874 ext. 234 or susi.lewis@med.va.gov.

Risk Reduction Clinic

In the winter of 1996, chart reviews at the Durham VAMC indicated that patients with Coronary Disease had LDLs that were much higher than those recommended by the current National Cholesterol Education Panel guidelines. Ways were being explored for better management of Lipids without increasing patient visits to their PCPs. The Chief of Ambulatory Care asked the Outpatient nursing staff for their input. With an MPH in Health Education and a strong interest in patient education, I felt this would be a perfect fit for my interests and expertise and volunteered to develop a clinic that would address lipid management. In collaboration with another nurse, we did literature searches and networked with multiple other VA facilities.

Several other facilities had programs focusing on Lipid management by pharmacists, but the emphasis was almost totally on medication management and very little on patient education. We wanted this clinic to combine an emphasis on lifestyle change along with medication modification. Lifestyle change factors, of course, have such a strong impact on lipids and on overall morbidity and mortality from cardiovascular disease that we felt we would be remiss in not strongly emphasizing these factors.

We gave a general proposal for the clinic structure to the Chief of Ambulatory Care who approved the plan. From there, we worked with one of the Attending Physicians who had an interest in Lipid Management on developing protocols so the nurses could modify cholesterol lowering medications. We enlisted Nutrition and Food Service to get a dietitian assigned to our clinic part time. A Physician's Assistant was also assigned part time to this clinic to help with assessment and writing of prescriptions to cover medication change, since neither of the nurses had prescribing privileges. We developed patient education materials and ordered various food and cholesterol models for visual reinforcement.

The Risk Reduction Clinic has grown from about 650 nurse visits the first year to almost 1600 in 2003. It has grown approximately 20-40 % each year.

Late in the planning process, we discovered that there were a number of other nurse-managed lipid clinics around the country. We attended one of the training programs offered by the nurses from the Lipid Clinic at UNC. Most of these clinics in the private sector were associated with Cardiology practices and ours was to be associated with primary care. However, we were able to incorporate much of the information they shared into our clinic.

We also had an Endocrinologist who ran the Lipid Clinic at nearby Duke University Medical Center working with us one half day a week. Since his clinic was to be called the Lipid Clinic, we picked the name "Risk Reduction Clinic" for the name of our nurse-managed clinic. The name chosen reflected our interest in comprehensive cardiovascular risk reduction, not just control of cholesterol numbers.

In the spring of 1997, we started enrolling patients. Our consults came from the Primary Care staff. The Chief of Ambulatory Care, Dr. Dave Simel, and other physician and PA advocates promoted the clinic in the provider meetings. Initially, the patients required counseling but very few medication changes. As the providers became more comfortable with our clinic and the patients expressed their satisfaction to their providers, the number of consults increased.

Shortly after we began the Risk Reduction Clinic, the Lipid Clinic run by Dr. John Guyton began. The two clinics had a perfect fit and I was soon coordinating both clinics. I reviewed all consults and made appropriate appointments. If the veteran's needs were relatively simple in terms of lipid management, the patient would be seen by the dietitian, Kay Alexander, RD, and myself, and any medication modifications would be reviewed by the Physician's Assistant, Bill Smith. If they were more complex, Kay and I met with them to do the lifestyle counseling and the veteran was seen by Dr. Guyton the same day.

We have continued this as our basic process. The nurses and dietitian worked one day a week initially with this clinic, but it has gradually increased to a full time clinic figuratively bursting at the seams.

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The Lipid Clinic has added an endocrine fellow and a primary care resident. Risk Reduction now has one part time nurse, Shirley Gentry, RN, MS, and one full time nurse, myself. Kay Alexander is now almost full time as the Risk Reduction dietitian. We have an LPN and clerical help also assigned to the clinic.

Patient satisfaction surveys in the past have been outstandingly positive. The patients express appreciation of the close follow-up and trust that they developed with the staff. We have good patient outcomes with 80% of these hard to manage patients reaching their LDL goal and an additional 12% very close to it. Ninety-two percent (92%) of our patients make positive dietary changes and 85% are doing more exercise. Fifty-six percent (56%) of tobacco users quit and remain off tobacco for at least a year.

The Risk Reduction Clinic has grown from about 650 nurse visits the first year to almost 1600 in 2003. It has grown approximately 20-40% each year. The staff expresses satisfaction at being able to provide a needed service to so many high risk cardiovascular patients while expanding their own professional expertise and pioneering expanded roles for VA nurses.



Carol Robinson, RN, MPH, CDE
 VA Medical Center
 508 Fulton Street
 Durham, NC 27705
 Carol.robinson@med.va.gov

BUILD BETTER BONES

Osteoporosis is a health risk that can become much more serious with a lifetime of poor nutrition and exercise habits. Adequate intake of calcium throughout one's lifetime as well as a variety of weight bearing exercise is a must to insure good bone health.

The body stores most of its calcium in the bones. If you don't get enough calcium throughout the years, the bones will not have very much calcium to store. You can think of your bones as a calcium bank: a bank that you should deposit calcium into each day. This will give your body calcium stores to rely on later when aging and other health issues can take its toll. Young girls and women often reduce their intake of dairy as a way to decrease their calorie intake. Nearly half of all bone development occurs in the teen years, so a low intake of calcium as a teenager will increase the risk for osteoporosis in later years. The teens and early 20's are the best time to make deposits into the calcium account.

Dairy products are the best source of calcium. The amount of calcium varies in dairy products, and often non-fat products are higher in calcium because they are fortified with dry milk solids. This debunks the theory that all dairy products are high in calories. Choosing low or fat free products will provide you with a good source of calcium and fewer calories. Serving recommendations vary according to age, but most people should strive for at least three servings a day which include: 1 cup milk, 1 cup yogurt, 1.5 oz natural cheese or 2 oz processed cheese. The following non-dairy food sources of calcium are equal to about 1 cup of milk: 4.5 oz of canned salmon with bones, 1 cup collard greens, 3 cups broccoli or 1.5 cups okra.

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Regular exercise is another way to combat osteoporosis. Weight bearing exercise helps to keep bones strong by stimulating bone formation. This can include any exercise that involves the repeated action of your feet hitting the ground. Brisk walking, jogging, racket sports and aerobic dancing are the best options. Weight lifting and strength training are also beneficial. Your bones will benefit from this exercise, but your heart and lungs will thank you too.

It's important for men and women of all ages to get an adequate intake of calcium. Warning signs that may alert you to a problem are height loss, back pain, brittle teeth and an above average number of fractures. Women who are small framed may also be at an increased risk for developing osteoporosis.

A healthy diet not only includes calcium every day, but also a variety of fruits, vegetables, high fiber grain products, lean meats, nuts and legumes. Portion control and low fat cooking techniques are important factors in healthy eating as well. **SO**, be sure to get regular exercise, pay attention to your calcium account and your bones will be happy bones.



Janice Carlin, DTR
VA Medical Center
Omaha, NE
Janice.carlin@med.va.gov

SCREENING COLORECTAL CANCER

Colorectal cancer (CRC) is the fourth most common cancer and the second leading cause of cancer deaths in the United States.¹ Screening for colorectal cancer is recommended if individuals of average risk are 50 years of age or older because the incidence of adenomas and subsequently that of CRC increases significantly between 40 and 50 years of age. The detection and removal of adenomas and early stage CRC has been shown to result in increased survival.² Two studies reported in July 2000 *New England Journal of Medicine* support the belief that colonoscopy should be the standard for screening for CRC. They found that asymptomatic people who had polyps in the lower colon were more likely than those who did not to have cancer and other precancerous growths higher up in the colon.³

In April, 2003 a pilot program to offer screening colonoscopies was initiated through a collaborative effort between the Primary Care Service Line and the GI Lab of the Medical Specialty Service Line at the VA Pittsburgh Healthcare System. The program was implemented on a trial basis with two large primary care teams at University Drive. After six months of relative success, the program was opened to additional primary care teams. The long-standing screening flex sigmoidoscopy program continued primarily to service veterans affiliated with CBOCs.

The process to participate is initiated during routine primary care visits. The PCP offers the exam as an option for colon cancer screening. After a thorough explanation is given to the veteran and an agreement is reached to proceed, the PCP completes an electronic consult labeled and templated specifically for screening colonoscopy. The PCP orders laxative preparation that may be picked up or mailed. He then sends the veteran to see his primary care nurse for an appointment and teaching.

To date, 120 veterans have been screened in this program. Forty-five percent have had "clean" colons and will be screened again in ten years. Fifty-five percent had polyps removed and will be rescoped within a timeframe in accordance with ACG (American College of Gastroenterology) guidelines

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based upon size and tissue pathology of the polyp(s) removed.

Two areas of concern were identified, and they are: 1) the initially high cancellation/"no show" rates – approximately 35% and 2) veterans who had a consult placed appropriately but bypassed the nurse for appointment and teaching. The first concern was addressed by developing a simple marketing tool in the form of a poster highlighting the first three months data results of the project. The posters were hung in each Primary Care waiting room. The hope was to have veterans notice the poster and initiate the process with the PCP. This would likely increase personal "buy-in" and commitment to completing the exam. The current cancellation/"no show" rate is 15-20%. The problem of patients bypassing the nurse continues to be ongoing. It is currently dealt with by the GI department sending view alerts to assigned primary care nursing staff of appointment date/times and the need to enter the templated order set for pre-colonoscopy.

Precalls are made two days prior to the appointment by Observation Unit staff to clarify appointment times and answer questions.

The screening colonoscopy program at the VAPHS can be considered a success and is an important service for veterans.

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3. Williamson D . Studies: Sigmoidoscopy fails to show proportion of colon cancers, polyps, *On-line UNC-CH News Services* 7/19/2000 – No. 373.

Melinda ODonnell, RN
VA Pittsburgh Health Care System
Melinda.odonnell@med.va.gov

Ira Richmond, Associate Director for Patient Care Services, VA Pittsburgh Health Care System, reviewed this article.

D.I.G.A. - The Results Are In!

D.I.G.A. is an acronym for Diabetic Intensive Group Appointments. Oh no! Not another article on diabetic group appointments! Well, yes, I am afraid so - but wait until you see the staggering results. We won't go into the much publicized annual cost of diabetic care (cost to patient in quality of life and cost to the health care system); or the 16 million diagnosed diabetics in the United States, (with another estimated 1 million undiagnosed), *and* the additional 17 million new diabetic patients anticipated in the next 10 yrs.

D.I.G.A., one of the progeny of the HOT* teams of 2002, was delivered to our patients January 28, 2003 after 4 months of intense labor. A four-month patient education program, patients are required to commit 2 hours a month for 4 months. The DIGA delivery team consists of a nurse practitioner/physician assistant, pharmacist, registered nurse, licensed practical nurse and team clerk.

The classes are presented much in the same way as originally conceived by the HOT Team, with CHIPS data used to identify the high-risk diabetic. Through the Risk Stratification Scores (Table 1), patients are identified by these criteria and referred by their primary care providers to the intensive program. The program strives to optimize Glycemic control, blood pressure, and lipids through patient education and medication management.

In the four classes, patients are educated heavily on diet and exercise, foot care and behavior modification. They are advised of the complications of diabetes (cardiac disease, retinopathy, neuropathy, nephropathy, diabetic ulcers, amputations, depression) and the interventions to treat and help prevent these complications. Education on medication, their mechanisms of action, side effects, benefits and laboratory monitoring of medication and disease is explored. Goals of therapy and personal action plans are developed. Medications are added, deleted or adjusted after collaboration by the Team Provider and Pharmacist.

The effectiveness of the education provided is evaluated objectively and subjectively. Entrance lab values (Hga1c, LDL, Triglycerides) and blood pressures are compared with the graduation values at

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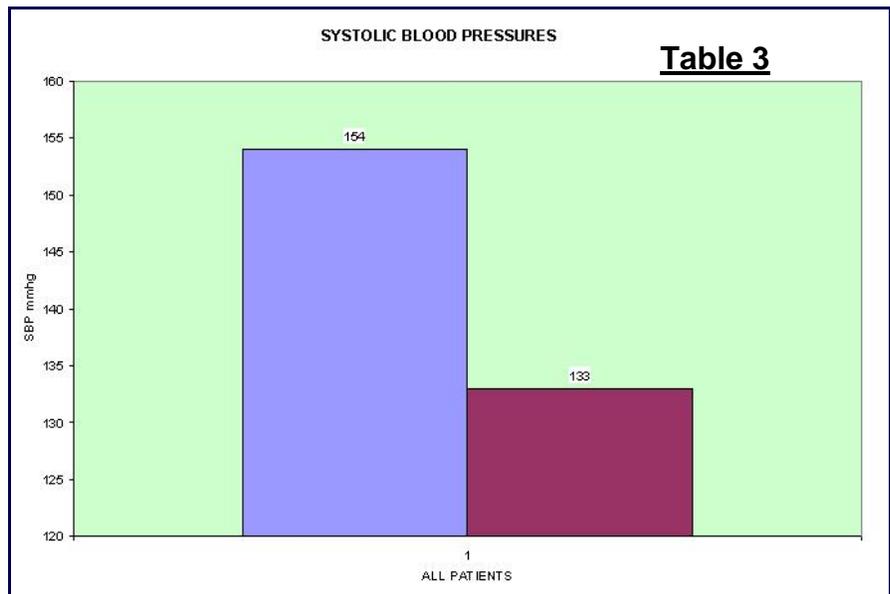
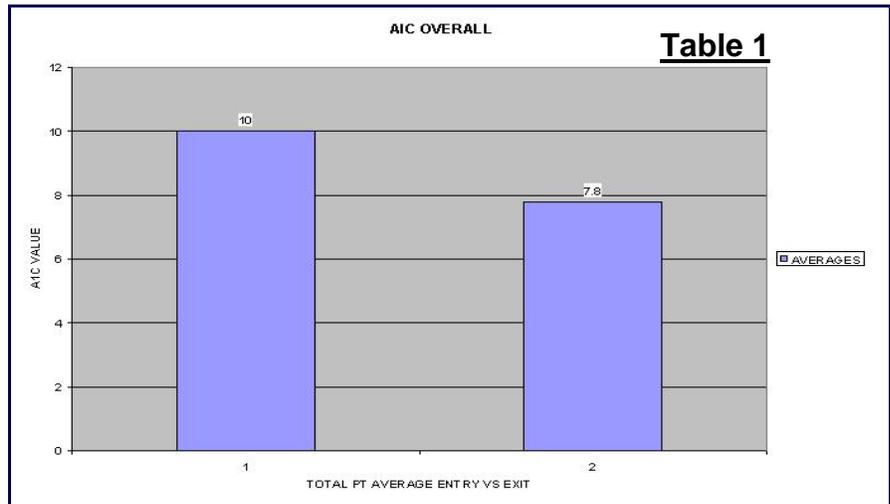
the end of the 4 months. Patients are also given a simple 10-question test in class one, and again in class 4 to evaluate for an increase in knowledge base. The course is evaluated by the students via patient satisfaction surveys.

As one can see by the Entry/Exit laboratory values and blood pressures (Tables 2 through 5), the class is making an impact. A rather large one at that! We will not quote percentages - the graphs will show the improvements. To this provider, it is the satisfaction and sense of empowerment, the excitement that is reflected in the faces and actions of the patients as the 4 classes are completed that best portrays class benefit. The patients become the teachers, eager to share with other group members an expanding understanding, 'helpful hints' they have learned as they begin to gain control over their disease. At class 4, graduation, they walk away with a diploma in recognition to their commitment to learning, bags of goodies and coupons, and with an achievement award. Most of all, they walk away with a newfound confidence they did not have 4 months ago and optimism for the future knowing that they have regained control of their health and health care.

***HOT Teams were groups of medical professionals assigned by VISN 20 Southern Cascade Alliance to Explore and establish Group Visit strategies for High Utilizer/High Cost patient subsets.**

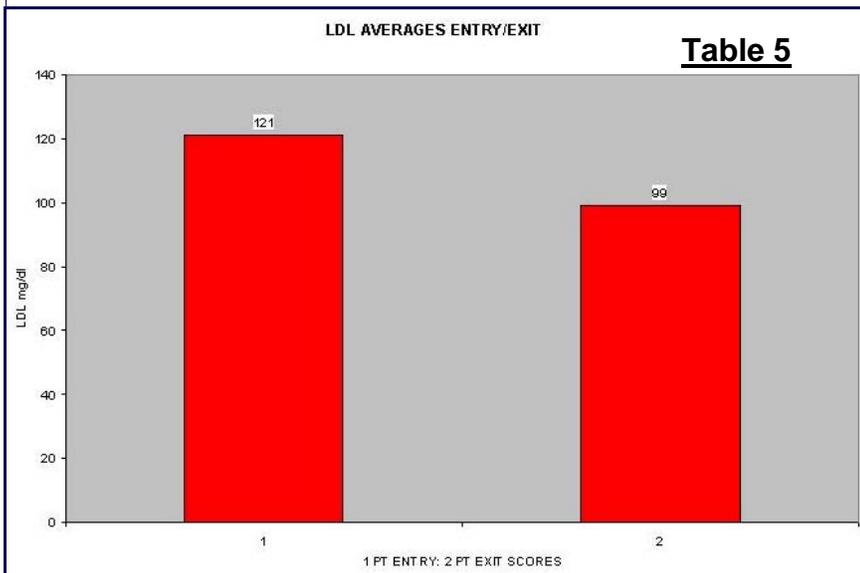
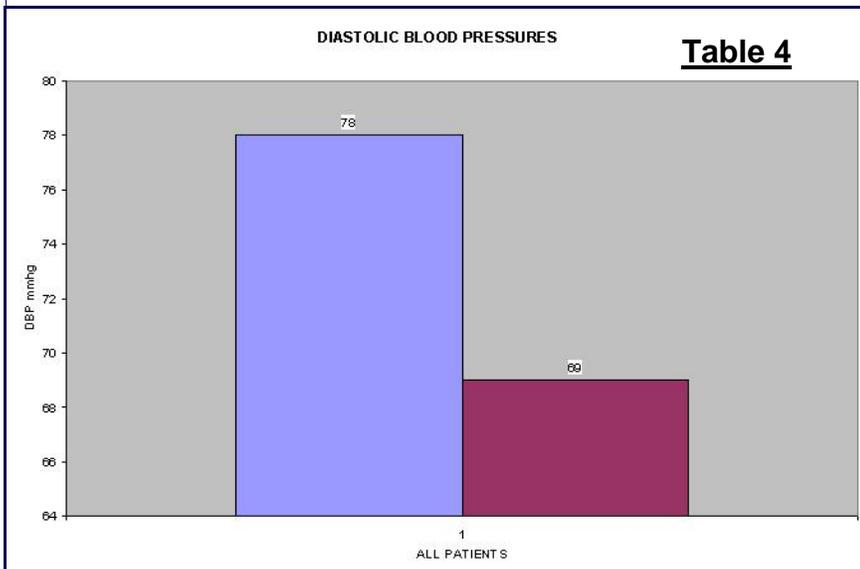
Table 2

ID	Hga1c Entry HGA1C-IN	Exit/Grad HGA1C-O
1	8.1	7.2
2	9.4	9.2
3	8.7	8.4
4	10	7.2
5	10.2	10
6	8.6	8
7	12.7	6.3
8	9.8	8.4
9	9.1	8.3
10	9	7.9
11	16.1	7.4
12	8.9	7.4
13	9.8	8.7
14	9.2	9.1
15	10.4	8.9
16	10.8	6.9
17	7	5.5
18	9.7	7.6
19	12.1	5.5



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Ask Dr. Linda



Linda Kinsinger, MD, MPH

Assistant Director for Policy, Programs, Training, and Education
 VA NCP
 3000 Croasdaile Drive
 Durham, NC 27705
 Linda.kinsinger@med.va.gov

Question: Is it a VHA policy that Vaccine Information Sheets are to be given out for EVERY vaccine which is given to patients and/or employees? We use them for Hepatitis B vaccine for employees and also for influenza for employees. But are we to use them for all patients, for all vaccines? Thanks for your help.

Answer: Currently, there is not a VHA policy or directive on immunizations in general. Federal law requires Vaccine Information Statements to be given for certain vaccines (including hepatitis B) and CDC recommends that VISs be given to everyone receiving other vaccines (such as influenza), because the statements inform people about the benefits and risks of the vaccines. The VA National Center for Health Promotion and Disease Prevention endorses this recommendation, which applies to both patients and employees. The statements are available in many languages, in addition to English. For a list of vaccines covered by the federal requirement and additional information, see http://www.cdc.gov/od/nvpo/factsheets/fs_table1_doc5.htm and to download pdf files of the VISs, see <http://www.cdc.gov/nip/publications/VIS/default.htm>



Theresa J. Brooks
 Physician Assistant
 VA Domiciliary
 White City, OR
 Theresa.brooks2@med.va.gov

MOVE! Progress Report - March 2004

The **MOVE!** weight management and physical activity initiative currently has 12 of the 17 VHA facilities enrolling patients in the six month pilot site trials. Several sites, including Albany, Clifton Park CBOC, Buffalo, Albuquerque and San Diego; have patients nearing the mid point of the trial. The remaining 5 sites are expected to enroll their first patients in March or early April. It is difficult to adequately express the level of dedication, perseverance, and patience our individual pilot site **MOVE!** co-coordinators and staff have shown during the past 10 months to get this trial up and running. After running a preliminary data analysis on the computerized patient assessment, results show that we have approximately 200 veterans participating in **MOVE!**. Buffalo has received IRB approval to expand their subject number to 500, bringing our expected participation in the **MOVE!** pilot site trial to 1000 patients.

San Diego, under the guidance of Principal Investigator Kathy Ober, completed their initial enrollment of 60 patients in November 2003. The facility formed a multidisciplinary Obesity Task Force to develop a comprehensive program beginning with the **MOVE!** pilot study. Brief staff highlights are listed below:

- ♣ Kathy Ober, FNP, PhD, coordinates group education sessions and individual counseling in addition to the initial patient enrollment process and record maintenance.
- ♣ Vanita Aroda, MD, works in the Endocrinology clinic. Dr. Aroda has a second set of enrolled study patients with a primary diagnosis of morbid obesity seen the Weight Management clinic. Dr. Aroda has received approval through pharmacy to use weight loss medications when appropriate for **MOVE!** subjects for Level 3 of the **MOVE!** treatment plan.
- ♣ Julie Wetherell, PhD, facilitates behavior modules and provides evaluation of potential candidates for bariatric surgery. The Lifestyle Enrichment and Ability Program "LEAP" run by Dr. Wetherell, includes both patients scheduled for and those already completing gastric bypass surgery (GBS).
- ♣ Teresa Hilleary, RD, schedules group classes and leads the nutrition modules. She provides individualized nutrition counseling to **MOVE!** patients upon referral. A Nutrition Information support group is facilitated by Ms. Hilleary for GBS patients, pre and post surgery.
- ♣ Kay Griver, RD, works with Dr. Aroda in the Weight Management clinic, providing the initial computer assessment help, counseling, and goal setting for Level 1 patients.
- ♣ Lauren Pada, MS, Patient Education Coordinator, assists with IRB consenting of research patients and coordinates organization/distribution of patient materials for **MOVE!**.
- ♣ Michelle Savu, MD, joined the San Diego VA in October 2003 as their bariatric surgeon. Dr. Savu works with patients in the Weight Management clinic.

The **MOVE!** physical activity workgroup* completed its initial task of expanding **MOVE!** patient materials. This group of enthusiastic RTs, KTs, PTs and exercise specialists convened bimonthly via conference calls to share information and review physical activity /

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exercise materials for use in **MOVE!**. The overall progression of **MOVE!** has been greatly assisted by staff in the field during the past 18 months.

*Physical activity workgroup contributors:

Vicki Booth, RT Puget Sound
 Charlie Gardner, KT Richmond
 Bryan Gibson, PT Salt Lake City
 Sherri Heim, RT Palo Alto
 John Jacobson, MS Richmond
 Larry Long, RT Washington DC VACO
 Demetrius McLeod, RT Durham
 Barry Murphy, RT Gainesville
 Barbara Parker, RT Bay Pines
 Jim Rettler, KT Minneapolis
 Susan Ruiz, RT San Juan

Virginia Zele, MS, RD
 MOVE! Coordinator
 VA NCP
 3000 Croasdaile Drive
 Durham, NC 27705
 Virginia.zele@med.va.gov



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describes some strategies to consider (Chapman, LS. American Journal of Health Promotion,; 18:4,6-9, March/April 2004). Chapman describes the "Best Practice Principle" which includes four program strategies:

1. The Program Planning Perspective includes the following strategies:
 - Strong senior management support during the planning phase and over time
 - Compatibility of the employee wellness program with the strategic plan and objectives of the agency.
 - Need-based programming
 - Employee participation in the planning process
 - Development of clear goals and objectives
 - Use of inter-disciplinary teams

2. The Program Design Perspective reflects the functionality of an effective program. It should include:
 - Annual Health Risk Appraisal process
 - Menu-driven programming
 - Active recruitment process
 - Broad scope of relevant prevention targets
 - Provision of "virtual" as well as site based interventions
 - Effective targeting of the high-risk individuals
 - Maximization of program accessibility
 - Integration of programming
3. The Program Operations Perspective recommends:
 - Maximizing participation levels
 - Consistent follow-up process
 - Use of appropriate incentives
 - Use of effective communications
 - Creation of supportive cultures
 - Creation of supportive environments
4. The Program Evaluation Perspective specifies:
 - Sound program evaluation process
 - Evaluation of participant satisfaction
 - Evaluation of program goals and objectives
 - Evaluation of changes in risk prevalence and health behaviors
 - Evaluation of organizational gains

The employee wellness movement is clearly on its way and growing. At least one medical center is planning to pilot NCP's **MOVE!** program in their employee health program. A vibrant wellness program in every VHA facility will strengthen each of us individually and the overall workforce, will bring VHA employees closer together as a family, will make us healthy role models for patients and colleagues, and will ultimately benefit the veterans we serve. *Vive' la Wellness!!!*



Mary B. Burdick, PhD, RN
 Chief of Staff
 VA NCP
 3000 Croasdaile Drive
 Durham, NC 27705
 Mary.burdick@med.va.gov

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MOVE! and Antipsychotic Meds. As a sidebar of the weight management topic, NCP is working with Dr. Weissman at Bronx VAMC in regards to a research project involving weight management in patients using atypical antipsychotics. VA has long had a vested interest in the health of this population, and we think that, ultimately, the design and implementation of a weight management/physical activity program directed at this group will not only help the growing numbers of patients on these newer wonder drugs, but may even provide keys to more successful development and implementation of the standard *MOVE!* program.

Healthy VA Employees. NCP has begun work on a strategy to address Wellness in VA employees (the Healthy Role Model), and NCP Chief of Staff gives an update in this Newsletter. This is truly another immense project, which is righteously right, not only because it is both “*common-sensical*” and supported by scientific evidence, but because it is right for our employees and helps our patients! ...and, oh, yes, *it’s about HEALTH, not LOOKS.* NCP will be offering a quarterly “Wellness Champion” Team award, just like our Prevention Champion awards – so join in on this, give us your ideas, and help design a VA plan.

The VHS. The Veterans Health Survey (VHS) is growing beyond a mere gleam in my eye, and Dr. Kristy Straits-Troster is kindling the support and collaboration with other agencies, including other VA sections and Academia. This survey is envisioned to ultimately be an annual scan of prevention needs, preferences, and barriers of all enrolled and, eventually, non-enrolled (“future patients”!) veterans. In addition, we aim to include an assessment of prevention capabilities of VA medical facilities, and marry the two perspectives – veterans and VA. This would be the first comprehensive and meaningful assessment of prevention of this magnitude, in any healthcare industry. The collection of this information should provide NCP with facts, from which prevention goals can be more intelligently selected, and a much more clear prevention strategy can be defined and recommended – again, based on FACTS, and not spotty and anecdotal reports. In addition, this survey would provide a data-based source for NCP’s mandatory annual report on the state of prevention in VA.

Public Health Week. The latest and most impending Prevention initiative for the field is Public Health Week, 5–11 APR 04. This year’s theme is “Eliminating Health Disparities.” Like last year, Dr. Fran Murphy will be energizing the initiative from the VACO side of the house, and we’ll be informing the field side. Details are available in this Newsletter, as well as on our website -- <http://vaww.nchdpd.med.va.gov/>

NPHW_2004.asp (or go to www.VAprevention.com and follow the hot links.) Help make Public Health Week a success again – and take pictures of your efforts for the report to Dr. Roswell/Mr. Principi!

New NCP Website Changes. Lastly, start checking the NCP website – easiest approach is www.VAprevention.com. Ms. Jackie Howell is putting a concentrated effort into populating our site and making it more useful and informative for the field. We will soon start posting the most current journal abstracts on prevention on the NCP website to make it easier for the front-line workers to keep in touch with research by accessing a single source. If you have other ideas on how the NCP website can be more helpful to you, contact Jacqueline Howell directly, or Dr. Linda Kinsinger, or me.

Final Sendoff (for this month). Remember that FATAL GAP, and do what you can to help your vets maximize their Senior SAT scores (Mental Health and Physical Health) and their quality of life! Personal responsibility for one’s health is the key, but it also is the responsibility of the provider to make sure that the vets understand what this means, and that they have the tools to take it on!

“Life is War – if you’re not getting shot at, then you’re playing dead, or you’re too far in the rear.” sy

yevich out!




Steven J. Yevich, MD, MPH
Director, VA NCP
3000 Croasdaile Drive
Durham, NC 27705
Steven.yevich@med.va.gov

Making a Difference in the Year 2004 Prevention Champion

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **National Prevention Champion Award**, which will be presented to one VA employee per quarter in recognition of meritorious and distinguished accomplishments in the field of Prevention and Health Promotion in the Veterans Health Administration*

Name of Nominee: _____

Where Employed: _____

Service, Department, Unit	Work Phone #	Email Address
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Immediate Supervisor: _____

Printed Name	Signature	Work Phone #
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Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- ♣ Someone who has made significant contributions in the field of health promotion and disease prevention (clinical, education, research)
- ♣ Someone who has done an excellent job in a function or on a project related to prevention/health promotion
- ♣ Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in prevention/health promotion to veterans served
- ♣ Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen
- ♣ Team awards will be considered in FY 2004

The winners will receive:

****A Special Award**Recognition in the HealthPOWER! Prevention News and the Magazine of Ambulatory and Primary Care**Recognition at the Annual Prevention Conference**Recognition on the NCP Website showcasing accomplishments**An opportunity to visit the National Center in Durham, NC.**

1st Quarter

Submission deadline: November 15, 2003
Award announcement: December 15, 2003

2nd Quarter

Submission deadline: January 15, 2004
Award announcement: March 15, 2004

3rd Quarter

Submission deadline: March 30, 2004
Award Announcement: May 15, 2004

4th Quarter

Submission deadline: July 30, 2004
Award announcement: August 15, 2004

You may submit nomination forms via:

Website: www.vaprevention.com

E-mail: susi.lewis@med.va.gov

Fax: 919-383-7598

Mail: NCP

Attn: Susi Lewis
3000 Croasdaile Drive
Durham, NC 27705

Questions? Please call 919-383-7874

Ext. 233 (Connie) or Ext. 234 (Susi)

**Submit an abstract for a poster presentation at the
Second Annual Preventive Medicine Training Conference
May 10-13, 2004**

We invite you to submit an abstract for poster presentation at the *Second Annual Preventive Medicine Training Conference*, May 10 - 13, 2004. The abstract is to focus on an initiative(s) or intervention(s) to improve the delivery of preventive care services or to provide health promotion education to patients and staff. Topics for consideration include best practices related to weight management/physical activity, immunizations, screening, substance abuse, tobacco use, women's health issues, hepatitis C, emerging infections, or other areas of health promotion and disease prevention at the clinical, community, and/or population level. If an abstract has been presented as a poster at another meeting in the past year and is applicable to this call for abstracts, it is acceptable to submit it for consideration.

ABSTRACT HEADING: Include title and author names, medical center, other affiliations, and VISN.

ABSTRACT: 250-word limit (excluding abstract heading) organized into Introduction, Methods/Purposes, Results, and Conclusions

ABSTRACT SUBMISSION: Abstracts are to be sent (preferably by e-mail) to:

Rosemary Strickland, RN, MSN, CS
VA National Center for Health Promotion and Disease Prevention
3000 Croasdaile Drive
Durham, NC 27705
Rosemary.Strickland@med.va.gov
919-383-7874, ext. 239



VA National Center for Health Promotion
and Disease Prevention
3000 Croasdaile Drive
Durham, NC 27705

Putting Prevention Into Practice in the VA