

# Health *POWER!*

## Prevention News

Veterans Health Administration

July 2004



*Independence Day—July 4, 2004*

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### ***MOVE!* Progress Report July 2004**

**Virginia Zele, MS, RD  
MOVE! Coordinator**

We have plenty of exciting news to report this summer. Dr. Ken Jones has joined NCP as the ***MOVE!*** Program Manager. Dr. Jones is a clinical psychologist and came to NCP from the VAMC in Biloxi, Mississippi. All 17 pilot study implementation sites have received study approval and are enrolling patients in the ***MOVE!*** pilot study. After months of hard work, dedication and perseverance completing forms and research training, all pilot sites are actively implementing ***MOVE!*** in the research phase. Several sites are already planning for

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**NEW! Journal Search Function now available on the  
NCP website ([www.VAprevention.com](http://www.VAprevention.com)). Keep current,  
weekly, on the latest Prevention articles, updated every  
Sunday! Search all articles on PubMed without effort!**

#### **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.

## From the Director's Desk...

### ***Control of Your Out-of-Control Life***

Follow this thought....

There is so little that we control in our lives, that when and where we can make an impact on this control, it is important that we maximize the effort.

Look at this: you got a notification from the IRS that you miscalculated your taxes from 5 years ago and owe \$200 plus \$500 in interest, and you got summoned for jury duty during the time you're supposed to be on a Caribbean

cruise, and you get picked up for going 76 mph on Interstate 95 while everyone's passing you at 85 mph, and your home air conditioner drain tube plugged up while you were away on vacation and now you have water damage from the ceiling of your second floor all the way down to the first floor oak floors, and your original 11<sup>th</sup> Edition (1911) of the Encyclopedia Britannica has been soaked through from the AC leak, and you just found out that your daughter has skipped the entire semester of classes at college, and the preset memory on your car's stereo button stopped working so now you must manually tune the radio

every time you drive, and the VA network is down and you can't access the documents that are due today to the Sec'ty, and your C-drive just crashed and all your work from the past week is lost, and your new pre-shrunk cotton underwear all shrank in the dryer from XL to S, and you just got a bank charge for a bad check written to you by someone at your garage sale, and the trash men didn't pick up your recyclables because some passerby put a soda can in the glass-only container, and the Cola button on the vending machine just delivered you an UnCola

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## From the Chief of Staff...

### **We Want Wellness!**



As of February 2003, the VA employed 224,724 personnel. The only federal agency having a larger workforce is the Department of Defense. Within the VA, 202,709 employees work in the Veterans

Health Administration, including our medical centers and community based out patient centers. Why wellness? Although we are charged with taking care of patients, we frequently fail to take care of ourselves as well as we could. Employees who practice healthy behaviors serve as role models for patients. Healthy behaviors enhance overall health, enjoyment and quality and years of life. We're talking about health and wellbeing, not Hollywood images. Fitness, not 'looks'. Given the number of employees, the VA can

become a significant force in workplace wellness. In response to popular demand from medical center staff throughout the nation, the NCP is mounting an effort in wellness and taking on workplace health promotion.

The NCP initiated an email distribution list, *VHA Preventive Employee Wellness*. To add your name to the email list, contact Rosemary Strickland or Connie Lewis at the NCP. The NCP also formed a Wellness Workgroup. The 20+ members were listed in the March 04 *HealthPOWER!* Newsletter or you may contact Connie Lewis for the names. The first Wellness Workgroup conference call was held February 12, 2004 and are being held monthly. At this point the workgroup is establishing policies and implementation plans. Soon the conference call will be expanded to include all who are interested in employee wellness.

Early in 2003, the NCP conducted a survey of VA Medical Centers about the availability of employee wellness

programs and these results were presented to senior management at the VA Leadership conference in Chicago. The survey was repeated in Spring 2004 and responses were received from 105 of 158 VA Medical Centers (66% response rate). Of the 105 medical centers that responded, 57 (54%) indicated that they had a wellness program in operation. This represents about a 50% increase within the last year. However, facilities reporting the existence of a wellness committee did not increase (38% this year, versus 37% last year).

In 41 (42%) Medical Centers, the Directors were perceived as leading by example by personally engaging in healthy behaviors. Local leadership was perceived to be somewhat or extremely supportive of employee wellness programming in 33% of medical centers. Leadership expressed support in several ways. Wellness was included in mission statements in 13% of the facilities.

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Twenty-one facilities surveyed employees to determine their wellness needs and preferences. Incentives were offered for participation in wellness programs in 21% of the medical centers. Written policies in support of employee exercise during work hours were available in 8% of the medical centers. Designated healthy food choices were available in 27% of facilities. Policies were formalized in 39 of the 57 (68%) of wellness programs. Budgets were allocated for 9 of the 39 (23%) wellness committees.

VA medical centers offer good support for physical activity in the following ways: onsite physical fitness classes (45%), indoor fitness facilities (50%), outdoor walking sidewalks or trails (48%), bike racks (36%), showers, lockers, or changing areas available to employees (42%), and discounted health club memberships (26%).

Health promotion activities for employees varied among the

respondents. Some type of screening (blood pressure, cholesterol, blood sugar) was offered by 47% of the facilities. Body fat, weight, or physical fitness measurement was availability in 31% of the facilities. Additional health promotion activities included signage to encourage the use of stairs (12%), and providing self-help materials (46%). Approximately one-half of the medical centers offered employees one or more of the following health promotion services: nutrition/weight management classes (48%), tobacco cessation programs (57%), stress management classes (49%), a special event, such as a competitions (35%), or a health fair (46%).

These results show impressive improvement over last year in general, yet we have a great opportunity for improvement. The NCP is working on a number of employee wellness initiatives to address this opportunity.

The NCP will provide two presentations this year at the multi-agency forum, Steps to a Healthier US Workforce Symposium, sponsored by

the National Institute of Occupational Safety and Health's (NIOSH). Look for the newly established NCP Wellness team awards announcements (beginning October 1, 2005) and send your nominations to Rosemary Strickland. There will be a Wellness track at the next Prevention Training Conference, early next year. The NCP is building a database of employee wellness activities and programs to help disseminate best practices. Send Rosemary Strickland a description of your wellness program activities if you haven't already. You may also send a description of your wellness program for publication in next edition of HealthPOWER! Newsletter. Readers might be interested in how your program was established and is supported. NCP is considering adding an employee wellness section on the website. Also under consideration is the development of an Employee Wellness Step-by-Step Resource Manual. NCP is preparing a Prevention Directive to lay the foundation for employee wellness

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continuation of **MOVE!** in primary care as a non-research program later this year or in early 2005 when the research phase concludes.

Principal investigator and clinical psychologist, Dr. Margaret "Peg" Dundon at the Buffalo VAMC, has been recently named as the VISN 2 **MOVE!** Coordinator. Dr. Dundon will oversee the implementation of **MOVE!** in the primary care setting for the VISN 2 hospitals and clinics in addition to completing the pilot study at the Buffalo facility. Buffalo is nearing enrollment of 100 veterans in the pilot study, with almost half of these patients completing the 6-month point.

In addition to the New York region, VISN 8 (Florida) is planning for implementation of **MOVE!** in the primary care setting. Deborah Ingram, RN has been selected to serve as the VISN 8 **MOVE!** Coordinator. Ms. Ingram is stationed at the Gainesville VAMC, where she will coordinate VISN-wide **MOVE!** activities. She will work closely with Susi Lewis at NCP to develop a plan to initiate **MOVE!** throughout the VISN during the next year.

While still working closely with the **MOVE!** pilot sites, NCP is developing a staff training manual with assistance from EES. Dr. Ken Jones is coordinating the project with a projected completion date of September 30, 2004. This manual will serve as a guide and reference tool to staff implementing **MOVE!** and will provide detailed descriptions of motivational interviewing techniques and scripted patient counseling suggestions. Other **MOVE!** projects at NCP include: revision of the patient computerized assessment tool, poster presentations at both the VA Mental Health Best Practices Conference (June '04) and VHA Senior Management Conference (August '04), and a plenary session at the Force Health Protection Annual Meeting (August '04).

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instead, and somebody mangled your mailbox with a baseball bat last night, and your 86 year old parent was found wandering confused in the street, and you just dripped olive oil on your Armani, and the water main just sprang a leak on your side of the water meter, and the battery on your cell phone just ran out of power while you're awaiting the phone call back from the Water Company, and you just got a phone bill with 50 calls charged from Canada, South Africa, Guatemala, and Indonesia, and the "good deal" AK47 ammo you ordered from that once-in-a-lifetime Eastern European deal was actually for an AK74, and you checked into the airport and found that somehow your government ticket did not get confirmed and the flight is sold out, and it pours all day on your annual family reunion picnic in the park, and you have been named in a lawsuit served against a company in which you worked for only 3 days, five years ago...

Sound familiar? They're all real-life situations in which we have a variable, or maybe negligible, amount of control – look over the list and think HOW you really could have averted several of those situations. They are daily matters that make us swerve from the path of equanimity, that disrupt our daily work ethos and decrease our performance at work, that interfere with our outlooks and attitudes on life, that open the door for "exceptions" to the use of four-letter words, that try our patience, that lead us to a sense of hopelessness, that are the real-life source for the adage "when it rains it pours", that distract us from happiness and validate the bumper sticker "Stuff Happens."

Oh sure, you're sitting there all nice and smug and warm/cool and comfortable, well-fed and dry, with a job and car payments and a tank full of gas, and groceries, and it's a Friday – BUT WAIT!!! Calamity is around the corner.

Life is full of situations and factors that are out of our control, or barely within our control, or only visible for control after the fact. Because

of the vagaries of life, it is OUR responsibility to tackle everything in our lives that we can control. Think of the analogy of driving a car. Cars can "wander" onto the gravel shoulder, but do you drop your hands from the wheel and duck down to the floorboard? Not before you attempt to steer it back onto the pavement! It's Prevention!

Similarly, just because a significant part of life is uncontrollable doesn't mean you forfeit all attempts to address factors that ARE well within control. Prevention! Anyone remember me talking about taking personal responsibility for one's personal behavior? ... about recognizing the hazards of going into a biker bar and ordering a Chardonnay? ...about doing something about that behavior so that the potential bad outcomes do not occur? Stop tobacco use; watch your weight; be more physically active; don't abuse drugs and alcohol; get disease screening and immunizations as recommended; don't take unnecessary risks.

Control your risk factors; control your life where you can! Don't expect others to steer your car. If you're on the shoulder, NOW is the time to pull it back onto a safe path -- the path to inner calm, tranquility, equanimity -- ***serenity now.***

Providers Lead The Way!  
yevich out



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programs. The NCP is working with various other offices, such as the Infectious Disease office and the Occupational and Environmental Health office, to increase rates of employee flu vaccination. This year's flu toolkit emphasizes employee vaccinations. The *MOVE!* national weight management program is currently being piloted in 17 sites. When implemented throughout VHA, employee participation will be strongly encouraged.

Leadership support for employee wellness is critical. Clarifying the legal ramifications of providing employee wellness services is an important step. The NCP has sought assistance on this question from the Office of General Council. Last, but not least, we must be able to evaluate the effectiveness of employee wellness activities. Wellness interventions are generally low in cost, and high in benefits to the organization in terms of higher employee morale, higher productivity, and lower absenteeism. The NCP will work to continue evaluating VHA's employee wellness programs.

**Mary B. Burdick PhD, RN**  
**Chief of Staff**  
**VA NCP**  
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### **NCP Welcomes New Staff!** **Leila C. Kahwati, MD, MPH**



**L**eila grew up in Rochester, NY and received a BS degree from Cornell University. She received her MD degree from the University of Pittsburgh and completed her first residency in Family Practice at the Duke University/Southern Regional AHEC program in Fayetteville, NC. She worked as a civilian contract physician at the Hanau Army Health Clinic in Germany for several years before returning to Chapel Hill, NC

to complete residency training in General Preventive Medicine and Public Health at the University of North Carolina at Chapel Hill. Concurrent with this training she completed a fellowship in Primary Care Research and a MPH degree in Epidemiology from the UNC School of Public Health.

At the Center, Leila works primarily within the Policy, Programs, Training, and Education Section. She is affiliated with UNC as an adjunct assistant professor in the School of Medicine where she teaches and is an advisor. She is a Major in the Medical Corps of the US Army Reserve and is married to Richard Oh, MD who works as a hospitalist for Johnston Memorial Hospital in Smithfield, NC. They have a one-year old daughter named Caroline.



### **ASK DR. LINDA**

**Linda S. Kinsinger, MD, MPH**  
**Assistant Director**  
**Policy, Program, Training and**  
**Education**  
**VA NCP**

**Dear Dr. Linda,**

**Two questions:**

- 1) our facility plans to order 5/8" length needles to use with the flu vaccine - is that the right length? and**
- 2) what are the current recommendations for giving flu shots to pregnant women?**

**Primary care nurse**

**ANSWER:** Dear primary care nurse,

Good questions! In regard to the needle length issue, the CDC guidelines recommend that 1-1.5" needles are generally to be used. Individual decisions on needle size and length should be made for each person but keep in mind that inactivated influenza vaccine is to be given IM and, for many people, a 5/8" needle won't get deep enough into the deltoid to be intramuscular. The consequence is that patients may not effectively receive the full dose of the vaccine and so don't build up the immunity that's needed. Additionally, the possibility of a reaction to the vaccine is higher with a subcutaneous injection than it is with an intramuscular injection. We have heard that a lot of medical centers use 5/8" needles, so that's why we decided to make a point of it in this year's upcoming Influenza/Pneumococcal Resource Toolkit. For a reference on this, you might want to look at this article: <http://bmj.bmjournals.com/cgi/content/full/321/7271/1237>.

About the current pregnancy recommendations, CDC changed their stance this year to include, for the first time, women in the first trimester of pregnancy. They previously recommended flu shots only for women in the 2nd and 3rd trimesters, but they now recommend that all pregnant women get it. Specifically the inactivated influenza vaccine (the "flu shot"), not the live attenuated influenza vaccine given by nasal spray, is recommended, since it cannot transmit active influenza infection.



## The Low-Carb, Net-Carb, What's the Buzz?

Supermarkets are overflowing with “carb smart,” “carb aware,” and “carb sense” foods designed for consumers who are following low carb diets, whether it is South Beach, Atkins, or any of the other diet books stressing good carbs, bad carbs. Here are some facts that may help when going to the supermarket:

- Net carbs are unclear. Manufacturers get “net carbs” by subtracting sugar alcohols, fiber, and other carbohydrates that supposedly have “minimal impact on blood sugar.” Is a carb that doesn’t raise blood sugar no longer a carb? Should a company have to test a food to make sure that it doesn’t boost blood sugar? Minimal impact on your blood sugar doesn’t mean minimal impact on your hips. If a low-carb food is high in calories, a person can still gain weight. That’s why consumers need to know the truth about low-carb labeling and how to ensure that the proliferation of low-carb products doesn’t defeat the very diet principles-proven or not- that have made low-carb diets a runaway hit.
- The original low-carb diets probably worked because they were monotonous and low in calories. Today’s low-carb comfort foods are neither. Breyers CarbSmart Ice Cream has six grams of saturated fat and 130 calories-about the same as Breyers regular ice cream. With all of the low carb choices now, the low carb diets are no longer monotonous. Taking the boredom out of the low-carb diet with low-carb comfort foods, such as ice cream, chips and beer, could reduce its effectiveness.
- Low-carb claims are illegal. The Food and Drug Administration prohibits any nutrient claim that it hasn’t defined. Lower carb foods don’t have to have fewer

carbohydrates, just fewer net carbs. The surge of low-carbohydrate products has been so swift that regulatory agencies are scrambling to catch up.

People can lose weight on any diet as long as it reduces the number of calories consumed below those expended. To avoid the pitfalls of a low-carbohydrate diet:

- Eat whole foods whenever possible. The U.S. government, American Heart Association, American Cancer Society, National Cancer Institute and American Diabetes Association all recommend getting at least five servings of fruits and vegetables a day. Eat plenty of whole grains.
- Read the calorie count on the Nutrition Facts label. Many low-carb foods are even higher in fat than their regular counterparts, yet fat doesn’t register on the “net carbs” count.
- Junk food is junk food, no matter what the carb count.



Charlotte Thiessen  
VA Nebraska/Western Iowa Healthcare System

Studies show that a low carbohydrate approach can cause people to lose weight more quickly than a low-fat diet for the first six months, but the low-fat approach catches up after a year.

*The National VA Chaplain Center and the National Center for Health Promotion and Disease Prevention offer this article (describing an American Indian understanding of Health and Spirituality) for the purpose of raising awareness and sensitivity among VHA healthcare providers. This article may not reflect the opinions of other American Indians.*

## **Élan Kumankw: "We Are All Related"**

**J** am humbled and honored to respond to a request from my first CPE Supervisor and colleague, Hugh Maddry. In my Shawnee and Delaware traditions, he would be considered an Elder. For it was in that initial unit of CPE that I truly felt he was walking with me in my moccasins.

It must be acknowledged that writing about my Delaware ways and teachings is very challenging. I cannot speak for all American Indians, which would include over 560 Federally recognized nations/tribes and the over 100 state recognized—nations/tribes or organized Indian villages or groups. I can only rely on my personal experience.

Our beliefs, practices, and stories were transmitted in our oral tradition and life experiences. I am enrolled in the Eastern Delaware Nation of Wyalusing, PA, though I am Shawnee, *Shawano linu (Shawnee man)*. The Shawnee consider the Delaware the 'grandfathers'. Both nations are Algonquin-speaking nations. I have been taught the Delaware language, traditions and stories. I share these understandings out of my culture, community, teachers and chiefs (medicine people, *mpisun xkweyok ok linuwak, sakimas*), clan mothers, *pukuwanku (turtle clan)* and life experiences. These aspects are integral to

our healing as an Indian people, though different for each individual.

I learned early on that we Delaware people are deeply spiritual and connected to all. Our Delaware words are *Élan Kumankw*, meaning "we are all related." The implication is clear. We mean WE. We are connected to the two-legged ones (human beings), but also Earth Mother, the trees, those of fin, feather, the four-legged ones, the rocks, the air, plants and the insects. Because we are all related, our ways acknowledge the importance of balance and harmony of community, body, mind and spirit.

When any of these are out of balance, we are susceptible to physical disease and disease of the spirit. For us, herbal medicines and sacred ceremonies go hand in hand, heart to heart, earth to human, earth to the natural world, the natural world to the community. It is imperative that we be allowed to practice our sacred ceremonies, especially in times of being out of balance, i.e. illness or hospitalization. Physicians and staff are well advised to ask about herbal medications and practices.

*Élan Kumankw* has the implication of community. We, as Delaware people, operate from a strong extended-family context. This is how we see and understand ourselves. While the individual is important, the community is even more significant. We have this saying: "The arrows are stronger together." When someone is ill or out of balance, the relatives, the clan, the community is brought together. Few hospitals are prepared to understand this powerful Delaware spiritual investment in community. People may arrive at any time prepared to "sit" with the individual receiving care. Even if people are unable to get to the place, there will be contact with the family. This can be seen as overwhelming by the hospital. Yet, for our people, to do any less is

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seen as disrespectful of the relationship that is so essential for healthy balance in the family, the community and the clan.

But it doesn't stop there. *Élan Kumankw*, because it includes all life forms from the spiritual, *manito*, and natural worlds, that all things need to be done out of respect for seven generations. The Delaware words, *Wemi nisas awenik yukwe*: "We are the 7<sup>th</sup> generation now." This encompasses the past, the present and the future. The implication of this belief cannot be overstated, since many American Indian people have this concept and belief as a part of their well being of harmony and balance.

Everything must be done in a manner to maintain the positive balance that allows life and our people to exist. We have numerous stories and prophecies which tell us of this. Storytelling is significant for it reflects the activity in the event and is not bound by time. Equally important is the appreciation and sanctity of silence, of words not spoken. Silence is sacred and has spiritual power for Delaware people. Prayers may be unspoken but heard by all. We were taught to listen more and talk less, for one cannot hear the Creator, *Kishelemukonk*, if one is talking. Our being quiet, or perceived as silent, is the way we hear what the Creator puts in our heart.

For our Delaware people to thrive as well as survive, we remember the stories of survival and the promise of thriving. From the Judeo-Christian tradition, one only has to think of Moses taking the people to the

Promised Land through the Wilderness of life so that future generations will survive. There is the story of the Rainbow in the Noah story, where God sets a rainbow in the sky as a promise of thriving and healing. Our Delaware story of Mother Corn gives corn to the people and for the people to learn to be humble and thankful. The continued existence of corn allows us to survive and thrive. Creation is as much a part of the 7<sup>th</sup>-generation healing, as are human beings.



Rev. Ken R. Hayden  
(Cooplequay Olechay), Eastern  
Delaware Nation, Endorsed  
United Methodist Chaplain,  
ACPE Supervisor, Director of  
Pastoral Services,  
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Decision-making is affected by this Delaware understanding of "the 7<sup>th</sup> generation." Since decisions have been influenced by the previous seven generations, how we got to this "place" is informed by previous actions. For example, our Delaware people are greatly affected by tobacco use. We were taught "traditional use but not abuse." We are now re-educating our people to use tobacco in the traditional way, for ceremonies and offerings, but not to promote personal harm. This is a tremendous challenge since we have been influenced by the previous seven generations, which heavily promoted tobacco use.

When a physician or hospital wants an immediate decision regarding health care, this could be frustrating to both the Delaware family and the hospital staff. This is most intense during end-of-life decisions. We will likely "sit and wait" for "the people" to come to make this decision. Since the Euro-American concept of time is by the hour and minute hands, the Delaware family's delay may be misunderstood as indecisiveness, lack of comprehension or stubbornness to respond. In our culture, the relationship between human beings and Creator doesn't exist apart from the community or created order. The balance of

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health is restored to the individual as part of the community – in the present, the past and for the future. A community approach to health is an integral part of our spiritual response to our existence.

We are significantly less likely to sign documents such as advance directives, since our harmony at any one time depends on our relationship with the Creator, the community, our family and the creation. Signs such as “immediate family only” are very strange to us. This limitation clearly clashes with our values. There is a tendency for people to think of immediate family as spouse, children, brothers/sisters or parents. A hospital seems to reduce the support system to the smallest number possible. This is not so in our Delaware ways. Adopted members are considered the same as family. Elders are a part of family. Our definition of immediate family may also include “elder”, “brother”, “cousin” or “aunt” as part of our support system. The presence of a dozen or more family members and supporters is a spiritual statement of the value, worth and connection to the community. Hospitals may have to redefine what they mean by hospitality to serve their needs.

We know the traditional ceremonies help to right a wrong, balance the unbalanced, or promote harmony amid the discord. Our ceremonies are usually done in community. This is one of the reasons that community ceremonies or rituals are highly accepted and practiced by our Delaware people. Sacred ceremonies or rituals often include words of thanksgiving. I was taught the words of Tecumseh, “When you arise in the morning, give thanks for the food and the joy of living. If you see no reason to give thanks, the fault lies only in yourself.” Illness can be the time we purify our spirit. We are more likely to make out of the illness experience an

opportunity to promote harmony in the relationship with the Creator and all his creation.

Rituals may include the use and burning of herbs, sacred sayings, songs, dances, drumming, prayers, fasting, recollection and interpretation of dreams, and use of sacred objects, medicine bags and feathers. These are being done out of respect for the Creator and the natural order of life.

A common sacred ceremony for Delaware is the Pipe Ceremony. It is a part of *Élan Kumankw*. The ways of the Sacred Pipe were instructions on how to live in a good way. The pipe symbolizes the gifts of the Creator: the bowl, created by the Earth Mother. The wood stem represents all that grows upon the earth. The eagle/hawk feathers represent the winged ones who fly highest to the Creator. The tobacco used to fill the pipe symbolizes the offering and connection with the prayers to the spiritual powers. In having a group smoke the Pipe, we make a covenant relationship with *Kishlemienkw*. Kishelmukonk is speaking of Creator. Kishlemienkw is speaking TO Creator. The central focus of the Delaware nation is to live a spiritual life based on relationships with our brothers and sisters and with all things, natural and supernatural. Many hospitals have policies regarding American Indian ceremonies (cf. Susquehanna Health System).

I have tried in a brief way to give a positive look of one aspect of our Delaware ways as we strive to be healthy in relationship to illness and hospitalization. Many people seek the knowledge and wisdom of our Indian people. The common road is that we all strive for understanding and to make sense of our world. We all have a responsibility to learn and to teach. We have a responsibility to pass on to future generations the gifts of our Delaware ways. *Élan Kumankw*. **We are all related.**

## Bay Pines VAMC Pulmonary Rehabilitation Program



**By Erich Kalbfell RRT  
Bay Pines VAMC  
Pulmonary Rehabilitation  
Coordinator**

For the most of us, breathing is something we take for granted - it requires little attention on our part. But for people with chronic obstructive pulmonary disease (COPD), it can be a

constant effort that drains energy from the body and enjoyment from life. Left untreated, symptoms like dyspnea (shortness of breath) can limit both physical and social activities for COPD sufferers and deprive them of their independence and self worth.

COPD currently is the 4<sup>th</sup> leading cause of death in the U.S. COPD affects up to 600 million people worldwide.

Pulmonary rehabilitation is a restorative and preventive process for patients with chronic respiratory diseases. Pulmonary rehabilitation has been defined by the American Association of Cardiovascular and Pulmonary Rehabilitation as a "multi-disciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy."

Pulmonary rehabilitation services include critical components of assessment, physical reconditioning, skills training, and psychological support. We work hand in hand with our medical director, Claudia Cote, M.D., F.C.C.P., and other ancillary services when evaluating and treating our patients.

The Bay Pines VAMC Pulmonary Rehabilitation Program meets three days per week, for seven weeks and consists of education and exercise

wellness that is designed to improve the overall well being of our veterans with lung disease.

Although education provided by a multidisciplinary team is the primary focus of the program, exercise training is the foundation of the pulmonary rehabilitation program.

The Bay Pines Pulmonary Rehabilitation Program focuses on functional training which includes all the elements of any good exercise program: range of motion, flexibility, aerobic training to improve cardiovascular fitness, and strength training.

The program focuses on functional training using free weights, pulleys, medicine balls, swiss balls etc. in order to accomplish our goals. Our goal is to try and simulate their activities of daily living.

Physicians that are not quite sure whether their patients qualify for rehab can follow the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines, which recommends that patients with moderate to severe COPD enroll and participate in a Pulmonary Rehabilitation Program.

**The Bay Pines Pulmonary Program focuses on functional training which includes: range of motion, flexibility, aerobic training to improve cardiovascular fitness, and strength training.**

If there is any doubt regarding whether rehab can be effective, this is what one veteran had to say regarding the Bay Pines Rehabilitation Program:

*"Upon receiving alarming results from a pulmonary functions test in July 2000, I enrolled in the pulmonary rehabilitation class in August of 2000.*

*I believe that I have made significant improvement in the last year. In the beginning, eight minutes on a stationary bike was very difficult. I can now do 30 minutes on the treadmill at 3.0 – 3.5 M.P. H. with relative ease. My cardiovascular system has benefited as well as attaining optimum efficiency from my lungs.*

*Moreover, I had been on a daily dose (15-30 mg) of prednisone for 15 years. This ended a year ago except for one asthma flare up last February. Additionally, I stopped taking Verapamil for BP control in July of this year."*

*Sincerely,  
Bill W. LTC USA Ret.*

## *Bay Pines VAMC Smoking Cessation Program*

It is estimated that approximately 50% of veterans receiving treatment at Bay Pines VAMC are current smokers. Cigarette smoking and tobacco abuse has proven to be a major contributor to premature death and disease. There is overwhelming evidence that smoking cessation is an important and readily available modality to prevent disease processes. Scientific literature has revealed the following:

- The number of deaths in the United States due to tobacco related illness is estimated at 430,000 lives lost annually or one out of every six deaths.
- In the United States between 50 and 73 billion dollars are spent every year on smoking-related medical care.
- Smoking is a known cause of cancer, heart disease, stroke, and chronic obstructive pulmonary disease.
- Recent estimates are that twenty-five percent (25%) of Americans smoke, with thousands of children and adolescents becoming addicted to tobacco each day.
- Seventy per cent of smokers asked in 2002 said they would like to quit tobacco.
- Studies of people who have quit indicate that counseling is a necessary component of smoking cessation treatment and improves the chance for success.

The Smoke Cessation Program at Bay Pines VAMC has been under the Respiratory Disease Section since 1997. Since its' inception the program has received over 8,000 patient consults, 1,600 in 2003 alone.

The program is based on the American Lung Association's Freedom From Smoking Program. It is a multidisciplinary treatment approach designed to achieve abstinence from smoking. Smoking is recognized as a serious addiction requiring a combination of patient education, support, cognitive behavior therapy, relaxation training and relapse prevention techniques. These approaches can be coupled with the use of a variety of medications as indicated on a case-by-case basis. The assessment of a patient's medical and smoking history is important in prescribing the nicotine replacement of choice.

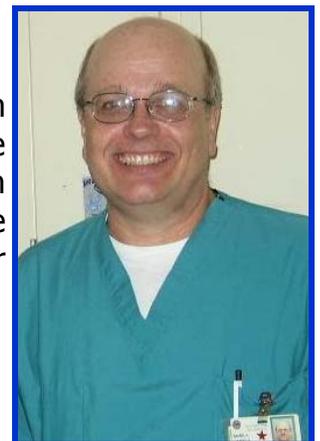
Examples of nicotine replacement therapies used at Bay Pines VAMC are:

- Nicotine patch
- Nicotine gum
- Zyban
- Any combination of Zyban & Nicotine patch or Nicotine gum.

The program consists of 8 class meetings over a 7-week period. Classes last approximately 1 hour. All participants quit on the 4<sup>th</sup> class meeting. Carbon monoxide testing at the end of the program reveals approximately 75% of patients completing the program are not smoking. Follow-up at one year shows a continued abstinence rate of 35%. Three new day classes and 1 new evening class are started approximately every 8 weeks.

We feel the program provides a valuable service to our veterans that wish to quit smoking, improve their health and their quality of life.

**Mark Daniels, RRT**  
Bay Pines VAMC Smoking  
Cessation Coordinator



# Prevention Champion Awards 3<sup>rd</sup> Quarter Winners



## Clinical "Hands On" Dr. Nancy Plauth VA Palo Alto Healthcare System

Dr. Plauth is a physician at the VA Palo Alto Healthcare System who has demonstrated exemplary practice in individualizing each

patient's management on a personal level. Patients are notified of lab results, changes in medications or test results. She was the creator of the lab form, for all clinicians to use, to keep their patients informed. This has served as a VA-wide lab notification form that is now available on the VA electronic medical record system. This system has helped a number of patients know their test results, which promotes disease prevention by keeping patients informed about their health.

Dr. Plauth has excellent teaching skills as she teaches nurse practitioners, other students and residents. She provides all the residents with the up-to-date guidelines on prevention of disease and is a local leader in this field. She has also published in three peer-reviewed medical journals on disease prevention: The Journal of General Internal Medicine, The American Journal of Managed Care, and Preventive Medicine in Managed Care.

**Congratulations to Dr. Nancy Plauth!**



## Administrative "Behind the Scenes" Dr. Bryan Volpp VA Northern California Healthcare System

Dr. Volpp is a physician at the VA Northern California Healthcare System. Dr. Volpp is a

consultant to the Clinical Reminder Development Team and shares his clinical expertise with the developers in order to help them understand how best to help our providers. Dr. Volpp tests the clinical reminder software, builds clinical reminders and shares them with other facilities, and is often responsible for the programming logic for clinical reminders that are distributed nationally. Dr. Volpp has shared his expertise as faculty at numerous conferences and meetings, has presented to the National Leadership board, and answers multiple phone calls each week, helping other facilities troubleshoot their clinical reminder issues. If there is a face to the clinical reminder software package, he is it.

Dr. Volpp is truly a hands-on practitioner of using the clinical reminder software to help promote health at an national level, and more importantly, at the patient care level.

**Congratulations to Dr. Bryan Volpp!**

*(Continued on page 14)*

*(Continued from page 13)*



### **Prevention Champion Team Award “Wellness Works” VA Medical Center, Tampa, Florida**

The team’s goal is to improve the health and wellbeing of their staff. Each year, the team hosts numerous fairs and seminars on topics including Hormone Replacement Therapy, Men’s Health Tests, Safe Body Mechanics, a New Year’s Resolution Party, the Great American Smokeout, and Healthy Holiday Eating. In addition, a Fitness Challenge contest was held last May and they had a Stress-Reduction Week in April that included free massage, a seminar on including more fun into your workday, instruction on relaxation techniques, and a variety of exercise demonstrations. The team also improved the employee gym with new patient and new equipment, arranged on-site exercise classes and a walking club. They continued to provide an annual employee lipid screening, and offer an 8-week HealthWinners program

for more intense education and intervention. The team instituted a Delegate program to have a liaison in every service produce a bi-monthly newsletter, have a self-enrolled e-mail group with bi-weekly health tips and have an interactive website complete with a “Virtual Health Fair.”

The team began in October 2002 with a mission, goals, and strategic plan, and the program has been named a Best Practice in VISN 8 by the VISN Leadership Work Group.

### **Congratulations to the “Wellness Works” Team**

## 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

**Immediate Supervisor:** \_\_\_\_\_  
    Printed Name                      Signature                      Work Phone #

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 30, 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](http://www.vaprevention.com)

**E-mail:** [susi.lewis@med.va.gov](mailto: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)

## ***Move and Have Fun Doing It!***

**Recreation has many benefits. Regular participation in recreation and physical activity can:**

- **Relieve stress**
- **Boost energy**
- **Strengthen family bonds**
- **Enrich communication**
- **Build unity**
- **Increase productivity**
- **Promote personal interaction between family members**
- **Help with maintaining a healthy lifestyle**
- **Help teach life skills such as problem solving, cooperation, compromise, coping skills, perseverance and appositve attitudes**
- **Cultivate positive character development by encouraging responsibility, respect, honesty, loyalty, integrity, creativity, and flexibility**

**What Are You Waiting For?  
Go For It!**



**For more information about recreation and physical activity (July Prevention Topic), visit the VA National Center for Health Promotion and Disease Prevention (NCP) website: [www.vaprevention.com](http://www.vaprevention.com).**

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

Putting Prevention Into Practice in the VA