



HealthPOWER!

PREVENTION NEWS



November 2003

Veterans Health Administration

From the Director's Desk...

The FATAL Gap!!!

Last issue, I talked about the "Senior SAT Scores". To recap, these are the two MOST IMPORTANT SCORES of your life — two separate categories: Mental Health and Physical Health. The Senior years, where significant health problems from your younger years, residual from accidents, chronically-maintained health risks and "bad" behavior, all are factored into a no-frills final report that is irrevocable — a fast moving one-way flashflood that has no safe harbors, no second chance ropes, no life preservers, no excuses, no bargaining or rebates. Those Senior Years, when most aspirations we deemed critically important in our younger years, pale into insignificance and pettiness when compared with the resultant state of our senior physical and mental health. ...When we'd gladly exchange any of our previous accolades, feats of prowess and other achievements to have better physical and mental capabilities. My call to VA providers was to convey this message effectively to your patients — no hurt feelings, no political sensitivity, no wishful thinking — don't count on second chances in the form of miracle cures (*unless it's too late — then, there's ALWAYS HOPE.*) Most patients haven't had your clinical advantage of seeing the health outcomes from accumulated years of dancing with health risks (outside, maybe, their small family circles), so the first time they realize the importance of Senior SATs, it is too late to "begin studying." Healthcare workers know, when Hope is the plan, there is no plan — so give your patients a plan that truly offers Hope!

How do we get to that point where those Senior SATs are Un-Sat? *I'll address this piece to the vets.*

Let's see... You passed all the medical and physical tests to enter the military. Oh yeah, as minimal as the challenges might have seemed to us back then when we were Super-Humans, a large percentage of the US population would not have had the physical and mental scores to get through the gate — meaning that vets as a group, started out as a very healthy and select cohort. Chances are, most vets maintained the necessary physical fitness standards to be retained in the military, at least for the term of enlistment or commission.

Continued on page 2

From the Chief of Staff

Center Welcomes New Staff



Mary Burdick, PhD, RN

I am delighted and proud to introduce to you our newest and long-awaited staff members at the National Center: Tim Saunders, Jacqueline Howell, Kristy Straits-Troster and Bruce Curran. They bring loads of expertise, energy and commitment to their respective programmatic roles at the NCP.



Tim Saunders, CPA, MCP Information Technology Specialist / Webmaster

Tim Saunders graduated from Virginia Tech in 1994 with a BS in Accounting. He is currently responsible for the networking infrastructure, website design/development and general IT support at the NCP. He has nearly a decade of experience as a software developer, and has written scores of applications with Visual Basic, ASP, SQL Server, MS Access, XML and Crystal Reports. Tim has extensive experience with business process refinement, software application specification and project management.

Before joining the NCP, Tim worked as a software developer working primarily on customizations and modules for various accounting software applications such as Platinum, Solomon, MAS90 and BusinessWorks. He also spent extensive time working as a contractor for a major manufacturing company. There he wrote various customizations to their manufacturing execution system. He also wrote a web-based reporting/charting tool that tied together data from the manufacturing equipment and the manufacturing execution system to provide real-time monitoring of the manufacturing process.

(mail to: timothy.saunders2@med.va.gov)

IN THIS ISSUE

| | |
|---|------|
| Center Welcomes New Staff | p 1 |
| VA National Center for Health Promotion and Disease Prevention Holds First Prevention Training Conference | p 3 |
| Balancing Religion and Spirituality in Healthcare | p 6 |
| Is Diabetes Preventable? | p 6 |
| Prevention Conference Calls .. | p 8 |
| Promotion of Health and Life: Organ Donation | p 8 |
| World AIDS Day | p 10 |
| Prevention Champion Award .. | p 11 |
| Progress Report on the MOVE! Program | p 11 |

Continued on page 5

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

Continued from page 1

Those who stayed in the military until retirement endured and passed the annual/semi-annual PT tests, while also meeting the required height/weight standards for retention. *THEN, you began your new/second career. Let me tell you, ALL my buddies who left the Army after my first tour ('68 -'72) confess to me that those were the most fit years of their lives. Everything was downhill after that, and they've been thinking about "getting back into shape" but... yeah yeah yeah. You leave the military, where no one's nipping at your heels to do PT everyday, with no threat of the dreaded height/weight standards hanging over you — well, you lose it. Even the "Nippers" (the First Sergeants and Sergeants Major) forget what seemed to be their primary mission. All the unhealthy behavioral factors surface, full force: physical inactivity, while still maintaining that 4000 Cal trainee diet; nothing but the best of the hedonistic sources (steaks, cakes, you name it — everything that tastes good); smoking, alcohol, and, hey, even drugs — I ain't no ostrich! We work at jobs to be able to live as comfortable and accommodating a life as possible — TV, other passive entertainment, labor-saving devices, Home Shopping Network, pizza delivery, drive through fast food, even vehicles to take us hunting and golfing, across fields, over lakes, to the mall, etc. — things that make life as EFFORTLESS and COMFORTABLE and NON-STRESSFUL as possible. Yeah yeah yeah, I know and use all the excuses, myself — after all, we've earned it, Life and Work are hard enough as it is, right??*

WRONG! You have just entered **THE FATAL GAP**. This is the gap that starts when you were last healthy and in-shape (for most of us, sadly, that was during military service), and progresses downward as you cultivate an unhealthy lifestyle, ending when you get that first BIG disease ("the Big One"). This Gap starts like the swirl in the draining tub—slowly at first, imperceptibly pulling us in, as we slowly expand and maximize our health risks. But the drain swirl gets a clutch on us, and progressively accelerates to a mad spin from which we can't pull out by ourselves — ending with an irrevocable health calamity, that, too late, abruptly jolts us to cold-steel Reality. How many healthcare providers have witnessed those dramatic behavior changes, AFTER the heart attack, AFTER the stroke, AFTER the insulin pump, AFTER the arthritic concretions and LROM, AFTER the wheelchairs equipped with O2 bottles... Why didn't they wake up earlier? Couldn't they see it coming? The Fatal Gap.

We, as healthcare providers, are often aware of patients' health risks, and we watch these health risks progress to pathology every day in our practice. We watch the seeds sown and watered with "bad" behavior, and we see resultant disease spring out. We are the ones who know that the drain water is circling in a death spiral. Patients have no idea how ugly disease can be — nor what it is like to live as a prisoner in one's own mind or body — nor what the burden disease is to all those around — nor how often disease is irrevocable, or at best, only mitigated. Are we, as healthcare providers, doing what it takes to pull our patients out? Are we getting the message out loud and clear, telling our patients to live healthy and prevent disease — stop tobacco use, excess weight gain, physical inactivity, substance abuse, prevent accidents, avoid "situations" that can lead to bad outcomes? Are we mincing words, afraid to confront our patients? Can we possibly think that patients WANT to have bad Senior SAT scores? What is the limit for respect for our patient's "right to choose"? YOU TELL ME. Is it ethical? YOU TELL ME.

The Fatal Gap — Senior SAT Scores! ...One-way, no rebates, no second chances... YOU TELL ME. Who knows best? Who has seen the ravages of disease more? You or your patients?

Throw out a rope; lean out and pull someone in. Stop the Fatal Gap!

Get the message out, strong and clear — Prevent disease. Save your patients; don't let the drain swirl carry them into THE FATAL GAP.

yevich out!



Steven J. Yevich, MD, MPH
Director
VA National Center for Health Promotion and
Disease Prevention
3000 Croasdaile Drive
Durham, NC 27705
(919)-383-7874 ext. 224
steven.yevich@med.va.gov

A Note From the Editorial/Publisher Staff: WOW!! VA NCP had a busy and exciting Year 2003. Through our newsletters, we have been able to provide you with updates on prevention activities, including highlights from our first ever Prevention Training Conference (see next page for conference highlights). We initiated the Prevention Champion Award Program (in recognition of meritorious and distinguished accomplishments in the field of prevention and health promotion). This year, we recognized eight (8) individuals ("Clinical - Hands On" and "Administrative - Behind the Scenes") for their achievements. In April, NCP introduced the *MOVE!* Program - Managing Overweight/Obesity for Veterans Everywhere. Program materials were developed and provided to programs selected as pilot sites. The pilot programs are currently underway at this time. We also had two special weeks of activities: National Public Health Week (April 6-12, 2003), and National Women's Health Week (May 11-17, 2003). In addition, we have published articles written by Chaplains, Dietitians, Physician Assistants, Social Workers and others who believe that prevention is a multi-disciplinary responsibility and fully support our efforts.

What's new for 2004: As activities and programs evolve for the upcoming year, we will increase publications (bi-monthly) in order to continue updating our readers on NCP initiatives. Please continue to submit your articles for publishing. We hope to hear from others about prevention activities during the year. See you next year...

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 B. Frazier

Administrative Assistant/Logistics

Rosemary Strickland, MSN, RN

Assistant Director, Center Operations

Bruce Curran, MA

Assistant Director, Health

Communications and Development

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

Rosemary Strickland

Co-Editors and Publishers

VA National Center for Prevention Holds First Prevention Training Conference

The VA National Center for Health Promotion and Disease Prevention (NCP) held *Building the Prevention Workforce: The First Annual Preventive Medicine Training Conference* on August 11-14, 2003, at the Albuquerque Convention Center, Albuquerque, NM. The Training Conference represented the first major collaboration with DoD prevention assets (specifically, the US Army Center for Health Promotion and Preventive Medicine) and the 6th Annual Force Health Protection meeting.

About 160 VA attendees joined with 1800 DoD participants in the joint opening plenary session Monday morning, August 11, which featured, among other speakers, the US Surgeon General, Vice Admiral Richard Carmona, at the invitation of the NCP. Following an introduction by Steven Yevich, MD, MPH, Director, NCP, Dr. Carmona gave a lively presentation on "The Continuum of Fitness from Active Military to Veteran Status," emphasizing the need to maintain physical activity throughout life.



Dr. Richard Carmona, welcomed by Dr. Steve Yevich

The sessions for VA prevention personnel (VAMC prevention coordinators, VISN preventive medicine leaders, and other staff interested in prevention) began Monday afternoon and concluded Thursday morning, August 14. Dr. Jonathan Perlin, Deputy Under Secretary for Health, gave the VA keynote address on "Prevention in the 21st Century: Using Advanced Technology and Care Models to Move from the Hospital and Clinic to the Community and Caring." He addressed the innovative ways VA is approaching safety, quality of



Dr. Jonathan Perlin

care, and technology issues to improve overall care of our patients. Drs. Perlin and Yevich then presented the 2003 Prevention Champion Awards to 8 individuals who had been nominated by peers for outstanding contributions in prevention in their medical centers or VISNs.



The 2003 NCP Prevention Champions (From left to right: Steve Yevich, Gurmukh Singh - accepting for Lawrence Biro - Douglas Lanska, Kristin Nichol, Jonathan Perlin, Bettye Morgan, Mona Benson, Robert White, Mary Burdick)

Dr. Yevich presented his ideas about "Prevention in VA: Now and Future" in which he discussed the role the National Center for Prevention can and will play to promote and support prevention activities across VHA. Dr. Russell Harris of the University of North Carolina – Chapel Hill and a member of the US Preventive Services Task Force spoke on "Prevention Recommendations: The US Preventive Services Task Force Approach" and Dr. Linda Kinsinger, Assistant Director, Education, NCP, gave an update on VHA Prevention Recommendations.



Dr. Russell Harris

Education, NCP, gave an update on VHA Prevention Recommendations.

On Tuesday morning, August 12, Susi Lewis, RN, Assistant Director, Field Operations, NCP, presented a draft version of "Putting Prevention into VA Practice: A



Susi Lewis, MA, RN

Continued on page 4

Continued from page 3

Step-by-Step Guide to Successful Program Implementation,” a new manual written by NCP staff to help Prevention Coordinators function in their roles. Participants met in small groups by VISN to discuss and review the manual and were encouraged to give feedback to the NCP for revisions to be included in the final version.

Following a noon poster session, in which about 30 VA posters on innovative preventive care practices were presented, the Tuesday afternoon session included 3 brief presentations about other federal prevention initiatives: “Steps to a Healthier US and Healthy People 2010” by Karol Thomas Rattay, MD, MS, of the Office of Disease Prevention and Health Promotion, DHHS; “The Task Force on Community Preventive Services” by Peter Briss, MD, MPH, of CDC; and



Dr. Linda Kinsinger

“Behavioral Risk Factor Surveillance Survey” by Marie Richards, PhD, MPH, RD, Asst. Director, Research, NCP (presented by Linda Kinsinger). Later Tuesday afternoon speakers included two presentations on group and orientation clinics as examples of new models for delivering preventive care by Paul Heineken, MD, San Francisco VAMC, and Brenda Sizemore, RN, NP, Atlanta VAMC.

The Wednesday morning session focused on the problem of overweight/obesity. The first speaker, Mr. Larry Peterson, of Arnold’s Park, Iowa, told his story of losing over 300 pounds with the help of Heidi Hoover, MS, RD, LD and others at the Minneapolis VAMC. He presented his story in a very compelling manner that touched the attendees deeply. Richard Harvey, PhD, Asst. Director, Preventive Behavior, NCP, presented



Mr. Larry Peterson

the MOVE! (Managing Overweight/Obesity for Veterans Everywhere) Program, a new weight management/ physical activity program that is being pilot-tested in 17 VA facilities this year. Dr. Dan Kasprzyk of the Bay Pines VAMC spoke about motivational counseling as a useful technique for addressing behavioral change issues with patients.



Dr. Marc Ofstein of VISN 22 presenting his group’s VISN Prevention Action Plan

Wednesday afternoon included a set of 6 Clinical Update sessions, presented concurrently, on Smallpox, Screening for Depression, Screening for Colorectal Cancer, Metabolic Syndrome, Women’s Health, and Smoking/Tobacco Use Cessation. The presenters were: Robert Mott, MD; Robert Albanese, MD; Dennis Ahnen, MD; Russ Harris and Linda

Kinsinger; Meri Mallard, RN, and Connie LaRosa, RN; and Linda Ferry, MD. Following the concurrent sessions, Dr. Adam Darkins gave a talk on “Prevention in Telemedicine.”

On Thursday morning, the conference concluded with brief presentations by each of the VISN Preventive Medicine Leaders or designees on Preventive Action Plans, developed in small group discussions on Wednesday afternoon. These plans covered a variety of preventive services, including immunizations, breast and colorectal cancer screening, depression screening and follow-up, diabetes care, and weight management. The plans clearly reflected the energy and creativity of the members of the groups who developed them.

Overall, the conference was a tremendous success in bringing together people with shared interests and ideas who may not have known each other before and in presenting a comprehensive approach to prevention programs and preventive care in VHA. The NCP will encourage participants to sustain their enthusiasm for developing and implementing prevention activities that support high quality health care for VA patients.

Submitted by: Linda Kinsinger, MD, MPH, Assistant Director for Policy, Programs, Training and Education (mail to: linda.kinsinger@med.va.gov)

Continued from page 1



Jacqueline Howell, RN, MPH, BSN, Health Educator

Mrs. Howell received a Master's Degree in Public Health with a concentration in Public Health Nursing from the University of North Carolina, School of Public Health, BSN from North Carolina Central University and Diploma in Nursing from Kate Bitting Reynolds Memorial Hospital

School of Nursing. She has held certifications in Nursing Administration and Public Health Nursing by the American Nurses Credentialing Center. Mrs. Howell has 34 years of nursing experience, 29 of which have been with the VA. She has expertise in administration, education, and research. Clinical expertise is in the areas of acute care, ambulatory care, long-term care, and community health. At the NCP, Mrs. Howell serves as a content expert and author in the area of health education with primary responsibility for providing health information for veterans nationwide via the My HealthEVet website. She also serves as a resource in activities/projects related to health promotion and prevention. (mail to: jacqueline.howell@med.va.gov)



Kristy Straits-Tröster, Ph.D., Special Projects Coordinator

Dr. Straits-Tröster joined the VA National Center for Health Promotion and Disease Prevention (NCP) in September, 2003. She received her Ph.D. in Clinical Psychology at the University of California, San Diego and San Diego State University Joint Doctoral Program, with a specialty in Behavioral Medicine in 1993. During her initial years as a VA psychologist in Kansas City, she served as HIV Coordinator and Infectious Disease Team consultant, provided behavioral medicine services in Primary Care Clinics, and was on faculty at the University of Kansas. Dr. Straits-Tröster's research interests include prevention, management and correlations of chronic disease. Her training interests include teaching psychology interns, medical students and residents through clinical supervision and didactics about strategies for behavior change. She is a national trainer for the APA's HIV Office for Psychologist Education (Project HOPE). Most recently, she has been on the faculty of the Department of Psychiatry and Behavioral

Sciences at the University of Washington and on staff at the VA Puget Sound Health Care System, where she served as staff and core investigator with the Northwest Hepatitis C Resource Center (HCRC), the Center of Excellence for Substance Abuse Treatment and Education (CESATE) and the Post-Traumatic Stress Disorder (PTSD) Program. She currently serves as co-investigator on several studies examining veterans' hepatitis C knowledge, attitudes and preferences, quality of life, smoking cessation outcomes, physical activity, and impact of substance abuse on cognition. She will be joining NCP efforts to develop, implement and evaluate state-of-the-art prevention interventions. (mail to: kristy.straits-troster2@med.va.gov)

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Bruce Curran, MA Assistant Director Health Communications and Development

Bruce H. Curran holds a BA in communications and history from the University of Connecticut and a Masters of Journalism for the University of North Carolina at Chapel Hill. He has

been on the faculty of the School of Journalism and Mass Communication at UNC Chapel Hill since 1992 teaching business journalism and medical communications. He has nearly twenty years experience with the pharmaceutical industry including positions, that were responsible for global medical communications in the areas of HIV, malaria and hepatitis. He has worked with the WHO and the medical establishments in numerous developing countries on communications strategies for both prevention and treatment for significant infectious diseases. Mr. Curran has won a number of prestigious broadcasting awards for his work in health communications.

Mr. Curran's responsibilities at the National Center include developing strategies to effectively communicate NCP's programs to vets and other important audiences. As a veteran himself he understands the importance of the center's prevention mission with our veterans. After graduating from college he served in the US Air Force as a pilot and flew in Southeast Asia.

(mail to: bruce.curran@med.va.gov)

Mary Burdick, PhD, RN Chief of Staff

VA National Center for Health Promotion and Disease Prevention
3000 Croasdaile Drive
Durham, NC 27705
(919) 383-7874 ext. 227
mary.burdick@med.va.gov

Balancing Religion and Spirituality in Health Care

Introduction: In recent decades, the terms **spirituality** and **religion** have begun to acquire different meanings. Sociologists suggest two possible reasons for the distinction: secularism and a general disillusionment with religious institutions at large (e.g., Sheldrake, 1992).

Currently "religion is viewed as being linked to formal religious institutions, whereas spirituality does not depend upon a collective or institutional context" (George et al., 2000, p 103). In fact, the National Institute of Healthcare Research's (NIHR) definition of **religiousness** includes the primary focus on the validation and support individuals receive from an identifiable collective. NIHR has defined **spirituality** as "the feelings, thoughts, experiences and behaviors that arise from a search for the sacred" (Larson et al., 1997, p.21). These NIHR definitions present spirituality and religion as two distinct points on the continuum of relationship with a higher power. However, from a theological perspective this bifurcation is artificial and does not reveal the wealth of either concept fully. Spirituality also contains elements of community and can arise from an experience with a collective. Likewise, religion can elicit feelings, thoughts, and behaviors that convey comfort and security through ritual.

The ultimate goal of Spirituality and Religion is not the achievement of health, wealth and happiness. It is, rather, the development of a deep, committed and serene relationship with a higher power that improves the quality of life regardless of circumstance. To prescribe religiosity or even spirituality as a remedy for physical ailments seems to miss the point of a religious or spiritual experience. Religious and spiritual experiences offer the means for transcending the physical through acts of giving over to and establishing a relationship with a higher power (Shuman & Meador 2003). It is my contention that spirituality and religiosity in proper balance guide and remind persons how to live life to its fullest even in the midst of physical suffering. I see the Chaplain's role (all ministers for that matter) as helping patients find this balance by helping them remember their own religious and spiritual resources. To do this effectively, means ministers need to understand how spirituality and religion balance one another. The following is a tool I developed to help illuminate this balance.

Use of Metaphor: Metaphor is and has long been a tool by which theologians and mystics have lived into their religion and spirituality. The world over, individuals and collectives adhere to various bodies of metaphors to experience and understand their faith. In the following couplets I highlight the differences between and possibly more crucial, the interdependence of religion and spirituality.

Religion and Spirituality

Religion establishes language
Spirituality invites dialogue
Religion seeks security
Spirituality trusts
Religion trains, molds, and corrects
Spirituality redeems
Religion creates communities
Spirituality is communion
Spirituality sings
Religion records
Religion sets the table
Spirituality enjoys
Religion seeks repentance
Spirituality forgives
Religion seeks justice
Spirituality seeks freedom
Religion grounds
Spirituality soars
Spirituality lights the way
Religion interprets the steps
Religion establishes method
Spirituality seeks meaning

Spirituality breathes
Religion regulates
Religion measures the distance
Spirituality mediates the gaps
Religion speaks
Spirituality listens
Religion is the map
Spirituality is the territory
Religion is the Technique
Spirituality is the Passion
Religion establishes rule
Spirituality seeks Relationship
Religion Illumines
Spirituality Warms
Religion discerns either/or
Spirituality accepts both/and
Religion is the steps
Spirituality is the dance
Spirituality lives
Religion remembers

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Rev. John P. Oliver, D.Min.
Chaplain/CPE Supervisor, ACPE
VA Medical Center
508 Fulton Street
Durham, NC 27705
john.oliver@med.va.gov

Is Diabetes Preventable?

Yes! Often it is. Type 2 diabetes, by far, the most common type of diabetes is a disease characterized by insulin resistance and insulin deficiency causing elevated blood glucose (sugar). It is a chronic incurable disease affecting almost all parts of the body and associated with numerous complications including heart disease, stroke, high blood pressure and kidney disease.

Who's At Risk?

- Obese or overweight individuals, especially those with a waist measuring at least 35" (women) and 40" (men)
- Physically inactive persons
- Those with a family history of diabetes (parents, brothers, sisters)
- Women who have had gestational diabetes
- People of African, Hispanic/Latino and Native American descent
- Some people of Asian and Pacific Island descent
- Those with pre-diabetes plasma glucose levels (fasting plasma glucose under 126 mg/dl but over 95 mg/dl or a 2-hour oral glucose tolerance test with plasma glucose values of 140 to 199 mg/dl)

The National Institutes of Health (NIH) Diabetes Prevention Program (DPP) Clinical Trial proved that diabetes can be prevented or its onset delayed in those at high risk. Because of this compelling evidence, the NIH Diabetes Prevention Program's Small Steps, Big Rewards, Prevent Type 2 Diabetes Campaign was initiated to help the 16 million Americans with pre-diabetes learn how to prevent this devastating disease. Pre-diabetes means that blood glucose levels are higher than normal, but not yet high enough to be diagnosed with diabetes.

Are you are at risk? If so, this is what you can do:

1. Lose 5-7% of your body weight: For example, if you weigh 200 pounds, lose just 10-14 pounds. Cut calories by reducing your portions of meat, starch, sweets or sweet beverages; switch to sugar-free beverages; eat more non-starchy vegetables; eat slowly; eat small amounts frequently. To increase your success, work on just one change at a time.
2. Get 30 minutes of physical activity on all or most days. Brisk walking, biking and swimming are good choices; just be sure to get your physician's approval.
3. Contact a Registered Dietitian (RD) or other health care provider for guidance and support in making these life-style changes.

For more information, please see the web site, www.ndep.nih.gov/get-info/dpi.htm.

(Picture not available)

Submitted by Gretchen Mottice, MS, RD, LD, CDE, BC-ADM
VA Maryland Health Care System
3900 Loch Raven Boulevard
Baltimore, MD 21218
gretchen.mottice@med.va.gov

Update: National Women's Health Week (May 11-17, 2003)

In the May and August editions of this newsletter, we highlighted the VA facilities that submitted reports of their week's activities. Activities reported by the Lexington, KY, VAMC were inadvertently excluded in the final report and not summarized in the previous newsletters. We want to acknowledge their participation in National Women's Health Week.



Influenza/Pneumococcal Resource Toolkit Revised Edition for 2003-04

The revised Influenza/Pneumococcal Resource Toolkit for the 2003-2004 flu season is available in PDF format for downloading, printing, and inserting in a 3 ring binder. To download, visit the NCP website www.vaprevention.com.

If you have any questions or comments, please contact:

Susi Lewis, ext 234 or
Susi.lewis@med.va.gov

Rosemary Strickland, ext 239 or
Rosemary.Strickland@med.va.gov

Dr. Linda Kinsinger, ext 222 or
Linda.kinsinger@med.va.gov



VHA Prosthetic Clinical Management (PCM) Workgroup on Pedometers

This workgroup had its first conference call on October 7. The workgroup has 2 tasks: development of specifications of the product for contract negotiation; and development of clinical practice recommendations, following formats established by prior workgroups. Conference calls will continue every two weeks with the goal of accomplishing the tasks within 6 months.

Membership includes contract specialists, representatives from Prosthetics, patient safety, NCP and the VFW. Members include: Willie Anthony, Robert Baum, Patricia Benson, Margaret Burns, Eileen Ciesco, Jackie Collins, Kimberly Cowan-Tucker, Mary Kay Fletcher, Richard Harvey, Robert Jesse, Larry Long, Lynn Novorska, Bryanne Patail, Kathleen Pessagno, Rosemary Strickland, and Cindy Wilkerson.

Promotion of Health and Life: Organ Donation

At first glance, you might wonder why a magazine dedicated to disease prevention and health promotion would contain an article about organ donations. Organ donation is a multi-faceted, complex concept and procedure. Most people are aware of the initial, up-front practice of becoming an organ donor by checking a box on their license. At the other end of organ donation is the life-giving, life-enhancing aspect of preserving life.

At the Durham, NC VAMC, Social Work Service has a monthly staff development program to provide staff with an opportunity to enhance their clinical skills, increase their awareness of issues affecting the social work profession and

provide educational opportunities for staff to maintain their clinical licenses. The Staff Development Committee invited the hospital liaison from the Carolina Donor Service to their staff development meeting in the fall of 2002. (The Staff Development Committee also invited staff from other key services [Nursing, Medical, Surgical and HAS] to this training). Most attendees had some knowledge of organ donation, but were not totally aware of the many facts regarding organ donation. Nationally there are currently more than 80,000 men, women and children currently awaiting life-saving transplants. Seventeen individuals die each day while waiting for a transplant. One donor alone can save or enhance the life of more than fifty people.

This staff development meeting resulted in a much greater awareness of the need for organ donations and a desire by social workers to be more pro-active. In follow-up meetings with the Medical/Surgical Social Work Section more information was discovered and discussed. From the literature we received at the in-service we learned that most hospitals in this country are required to report all deaths to the regional, federally designated, procurement organization. This federal mandate requires any hospital receiving Medicare funding to report all deaths to the appropriate local procurement agency. This mandate does not apply to Veterans Health Administration Medical Centers and other federal hospitals.

Sometimes the communication process involved in organ donation limits the number of organ donors. During a serious illness and death, many other issues other than organ donation are in play. Often times wallets/purses are returned to family members and donor cards are discovered, usually too late to involve the donor service. We would hear after the patient's death how they had wished they had known that their family member wanted to be an organ donor. In spite of the Durham VAMC's desire to be a resource and in spite of Medical Center memorandums detailing the entire

VA National Center for Health Promotion and Disease Prevention (NCP) "Prevention" Conference Calls

Prevention calls are held on the 2nd Tuesday of each month at 1:00pm ET. Prevention Coordinators, VISN Preventive Medicine Leaders and all others who are interested in health promotion and disease prevention are invited to dial in, 1-800-767-1750, access code 18987. Below is the conference schedule for calendar year 2004:

January 13
February 10
March 9
April 13
May 11
June 8
July 13
August 10
September 14
October 12
November 9
December 14

The purpose/goal of the Prevention Call is to:

1. Share the latest prevention recommendations
2. Discuss prevention issues the field is facing
3. Share prevention programs and best practices throughout the nation
4. Share NCP's top initiatives

Susi Lewis, Assistant Director for Field Operations, is the moderator for the calls. Please contact her if you wish to be included in the VHA Prevention e-mail group, and you will receive notices about the calls.

Continued on page 9

Continued from page 8

process of organ procurement, the actual occurrence of donated organs and tissues was limited.

Over 1,000 of our veterans are dying daily in VHA hospitals across the country. The Durham VAMC experiences approximately 25 to 30 deaths a month. Not all of these individuals dying would be ideal candidates as organ donors due to their disease process and other factors. However, one of the myths that was discussed in the initial presentation was the mistaken belief that organ and tissue donations of the elderly are not accepted. The fact is that in community hospitals all deaths, regardless of age are called into the responsible regional procurement agency and their acceptance of the referral depends on many factors. Organ, tissue, bone, bone marrow, eyes, etc. are sometimes needed, procured and used.

There was a desire on the part of social work staff to have a positive impact on the organ donation process at this facility. After reviewing the facts regarding the need for donations and the lack of donations occurring at this facility, a two-fold plan was developed. The first part of our plan was to educate our veterans and staff on the organ donation process and, secondly, to develop a system that would readily identify those veterans wanting to have their organs donated at their death, if their death occurred at this Medical Center. The first step in the process of educating our veterans of the organ donation process already had a "Best Practice" model in place that worked quite well for this hospital. The model is the process used regarding advance directives. When patients are admitted and during their initial nursing assessment, they were asked if they would like to see a social worker to receive information regarding advance directives. If the veteran indicates that he/she would like to see a social worker, an electronic consult is sent to Social Work Service, with the expectation that the veteran would be seen within one day.

Now, along this same line, consults are sent to Social Work Service when the veteran indicates that they are an organ donor, they want to be an organ donor, or would like more information. If the individual is already an organ donor, the social worker will see this individual, confirm the veteran's donor status, answer any questions and enter an electronic note entitled "Organ Donor". If the individual is not an organ donor but wants to be, the veteran is given the necessary material and instructions and again the social worker will enter an "Organ Donor" note. This "Organ Donor" note is linked within the electronic medical record to automatically generate a clinical warning that is obvious and available for all clinical staff to view. If, in the course of this individual's hospitalization he/she expires, there is a very

obvious alert given to clinical staff regarding the patient's wishes regarding organ donation that even provides clinical staff with directions of what to do upon a patient's death.

It would be wonderful to conclude with how this intervention improved and saved a recipient's life. We cannot claim this now. What we can document is that in the two months this improved practice has been in place, there are over sixty veterans who have indicated they wish to be organ donors and that information is now part of the medical chart with a clinical warning in place. The fact that we have this many veterans indicating they want to be donors is another example of veterans giving of themselves for their country. They have given a lot and want to continue to give, even in death.

Organ donation is truly a humanitarian act. It is a gesture that transcends the individual, going "beyond oneself". Giving the gift of sight, health, and life itself is the ultimate in health and life promotion.

(Note: The author of this article wishes to acknowledge and thank the Social Workers in the Med/Surg section. It was their insight and persistence that brought about these changes. Even more significant, they do the daily tasks of making organ donation a potential for our veterans and for those individuals whose lives, health and well-being are compromised.)



From left to right:
Bill Cooley, Jennifer Green, Patrice Burkitt, Carrol Harris

William H. Cooley, LCSW
Assistant Chief, Social Work Service
Durham, NC
(919) 286-6974
Bill.Cooley@med.va.gov



World AIDS Day will be observed on December 1st. This important "Day" began in 1988 "bringing messages of hope, solidarity and understanding about AIDS to every country in the world."¹ Every year it serves as an important reminder "that HIV has not gone away and that there are many things yet to be done."¹

The VA is the largest provider of HIV care in the United States and the Houston VA currently provides care to over 600 HIV-infected veterans. The Houston HIV Program, under the direction of Dr. Maria C. Rodriguez, will utilize World AIDS Day to promote HIV prevention and education. Bringing together clinical staff, social workers and research coordinators, the Unit will culminate a yearlong effort directed at HIV prevention and education across all disciplines. Our lobby display will focus on HIV epidemiology, preventive measures and local resources that assist in HIV education and prevention. Red ribbons will be distributed along with educational literature to increase HIV awareness among hospital staff, patients and visitors.

Our prevention/education efforts became more focused when, in August 2002, we were selected to participate in a VA HIV Collaborative through the VA Center for Quality Management. A primary goal was to catalyze improvement in HIV clinical care through strategic use of CPRS. We implemented an HIV focused health summary that includes disease screening (hepatitis A, B, and C; syphilis, colon cancer), immunizations (influenza, pneumovax), and HIV specific information (MAC and PCP prophylaxis, CD4 and viral load monitoring). New patient and follow-up HIV patient progress note templates were created to capture a detailed HIV and co-morbid illness history. They also capture each patient's

sexual history with an emphasis on safe sex practices. Condoms can reduce the risk of HIV transmission by 85-95% and they are available at the VA by prescription. Inclusion of the sexual history also provides an opportunity to discuss potential transmission of resistant virus, a growing problem in the HIV epidemic.

Though significant strides have been made with antiretroviral therapy, there is still no cure for HIV. As the veteran population ages, co-morbid illnesses further complicate treatment regimens and often increase pill burden. As with any other major illnesses, it has been shown that patients with HIV who remain in regular follow-up care have decreased morbidity. If a patient is a no-show for a visit, no preventive care can be initiated. This concern led to a second goal: to improve patient satisfaction when calling the VA for specific information. A Patient Handbook (based on a template on the Collaborative website¹) was developed and includes information about clinician availability, laboratory, radiology and other special procedures, social services/case management, dental care, research and a guide to pharmacy refills. This comprehensive Handbook along with a visit "Checkout List" guides the patient through the system. Through the efforts of other Collaborative Team members (Tammy Welcome, RN, MS-Telecare Nurse Manager, Donna Kyle, RPh, MS-Assistant Chief of Pharmacy) we have scheduled HIV in-services for Telecare nurses every 6 months and have a 60 day refill policy on HIV meds for all patients on stable regimens.

Our third goal was to increase HIV counseling and testing and this remains a work in progress. The Social Work staff received pre-and post- test counseling training and a CPRS prompt has been

developed for counseling referral. This was piloted on one Prime Care provider and will now be expanded to all providers of a Prime Care team. Our Education Committee has approved the placement of "Should I Be Tested for HIV?" brochures (based on a template from the West Palm Beach VA²) and "Are You at Risk for HIV?" posters (based on a template from the Fresno VA) throughout the hospital. Our efforts were further enhanced with a \$1,000 HIV/Prevention Education Grant 2003 that we used for patient information pamphlets.

Future endeavors will focus on the Centers for Disease Control and Prevention HIV Prevention Strategic Plan Through 2005. Goals will include but not be limited to: interventions to "maintain HIV risk reduction behaviors", development of strategies to "optimize adherence to prescribed therapies", use of the "full array of existing prevention interventions and services to adopt and maintain HIV risk reduction" and once a person becomes infected with HIV, to make sure that diagnosis is made early and all HIV-infected patients will "benefit from comprehensive, high quality services, including mental health and substance abuse treatment services".³



Katharine Breaux, PA-C
Staff Physician Assistant
Houston VAMC HIV Program

References:

1. <http://avert.org/worldaid.htm>
2. http://www.qualityscholar.com/va_hiv.htm
3. http://www.cdc.gov/nchstp/od/hiv_plan/default.htm

NCP Presents at the Morehouse School of Medicine

The NCP Chief of Staff, **Dr. Mary Burdick**, joined non-VA national leaders in a Plenary Session at the Third Annual



Primary Care and Prevention Conference that was hosted by the

Morehouse School of Medicine in Atlanta, Georgia on October 30 - November 1, 2003. Dr. Burdick presented "*The Role of the VA In Creating Healthy Communities and Eliminating Health Disparities*".

Dr. Burdick was introduced and the VA's participation was



formally recognized by **Dr. David Satcher**, former US Surgeon General, at the Thursday evening Reception and Awards for Excellence in Primary Care ceremony, held at the National Center for Primary Care on the Morehouse School of Medicine campus. Dr. Richard Harvey joined Dr. Frank Vinicor from CDC in a Working Session Friday afternoon. Dr. Harvey presented the NCP's national *MOVE!* (Managing Overweight/Obesity in Veterans Everywhere) program.

The Morehouse School of Medicine was interested in continuing to develop their relationship with the VHA and learning more about the VA's accomplishments and role in eliminating health disparities. Secretary Principi and Dr. Roswell supported VA's co-sponsorship of this conference. Primary care providers from across the Southeast attended the conference. Proceedings of the conference will be published in a medical journal and presentations can be viewed on the conference website, www.i3m.org/pcpc.htm.

Making a Difference In The Year 2004 Prevention Champion Award

The NCP is pleased to announce the quarterly National Prevention Champion Award for year 2004. This award will be presented to a VA employee in recognition of meritorious and distinguished accomplishments in the field of prevention and health promotion in the Veterans Health Administration.

To submit a nomination, please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination. 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 **1st quarter** submission deadline is November 15, 2003 and the

award will be announced on December 15, 2003. You may submit nomination forms via the following:

Website:

www.vaprevention.com

E-mail:

Susi Lewis

susi.lewis@med.va.gov

Postal:

VANCP

Attention: Susi Lewis
3000 Croadsaile Drive
Durham, NC 27705



Progress Report on the MOVE! Program

The *MOVE!* program is alive and well! There are now 16 sites throughout the VHA where *MOVE!* is being field tested for a period of six months. Some of these trials have already begun, and others will begin in November. Trial sites include Asheville, NC; Albany VAMC and Clifton Park CBOC, NY; Albuquerque, NM; Buffalo, NY; Chicago Lakeside and Westside; Des Moines, IA; Durham, NC; Minneapolis, MN; Murfreesboro, TN; Pueblo CBOC, CO; San Diego, CA; Seattle VAMC and American Lake VAMC, WA; and White River Junction VAMC, VT. Lessons learned from the trials will be utilized to make needed changes in the program. Our target date for national distribution is July, 2004 and will be accompanied by a major promotion campaign, as well as a large national training effort. *MOVE!* will become the largest weight management and physical activity program associated with a national health care system in the country!

Contact: **Richard Harvey, PhD**
Assistant Director, Preventive Behavior
(mail to: richard.harvey3@med.va.gov)



The NCP Staff

wishes everyone a happy and safe holiday season!



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

Putting Prevention Into Practice in the VA