HealthPOWER!

Prevention News • WINTER 2012/2013

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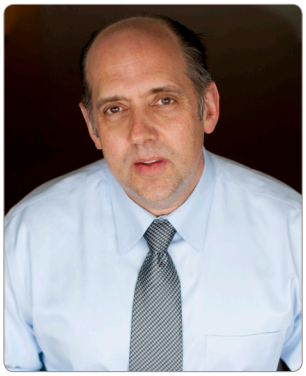


Like most everyone with some free time over the holidays, I came up with a couple of personal resolutions for the new year. I won't tell you what they are, but I can tell you that we at Health*POWER*! also made several for 2013.

With this issue, we've already made good on probably our biggest New Year's resolution for the newsletter: to continue to make it a valuable resource for the field, as well as a vehicle to recognize and promote the successes of Veterans Health Administration (VHA) clinicians and staff.

Inside, we feature bright spots from across the country that include a stairwell redesign at the Charleston Department of Veterans Affairs Medical Center (VAMC), the clinician coaching program at the VA Montana Health Care System (HCS), the intensive MOVE!® Program at the Saginaw VAMC, and Wilkes-Barre (PA) VAMC's recent recruiting accomplishments for the National Telephone Lifestyle Coaching (TLC) Program.

Additionally, we've included an update on a program we featured in 2011, as well as an article written by a Health Promotion and Disease Prevention (HPDP) Program Manager that was featured in another government publication. VHA National Center for Health Promotion and Disease Prevention (NCP) staff members also discuss the impact of the highly successful *Patient Education: TEACH for Success (TEACH)*/ Motivational Interviewing (MI) facilitator training courses held in 2012. All of these stories are "good reads" that highlight the powerful synergy generated by the many collaborations among NCP staff, local HPDP programs, external partners, and clinicians throughout VA.

In part because we've also resolved *not* to rest on our laurels in 2013, we've included in this issue some reader praise for this newsletter. Thanks for your positive feedback; we look forward to making Health*POWER*! an even more useful resource in 2013.

Here's to a Happy—and Successful—New Year!

Jay Shiffler

Stepping it Up: Stairwell Redesign Project at the Ralph H. Johnson VAMC Gets Employees and Veterans Moving

When HPDP staff at the Ralph H. Johnson VAMC in Charleston, South Carolina, started thinking about how to increase Veterans' physical activity, they knew that they had to address the challenge with a creative solution. "The Charleston VAMC is an older facility that's located downtown, and we have some limitations in terms of staffing, space, and equipment," explains HPDP Program Manager Donna Pittman. "Fortunately, we have talented people here who are good at collaborating and thinking outside the box."

Renovation

In January 2012, Employee Wellness Nurse Tammy Gray, who works closely with Pittman, e-mailed her about a grant from the Office of Employee HPDP. "I felt that the grant could support our goal of promoting physical activity here," Pittman says. "So with input from staff, I wrote the grant and cited the sobering statistics on obesity in South Carolina—the eighth most obese state in the nation in 2011—which results in a high burden of chronic health problems on our state's employees and Veterans."

Pittman was awarded the grant for the project, which included an activity program called "Step It Up" to Healthy Living. Soon after, she and Gray presented the concept plans for the VAMC's main stairwell. After initial feedback from the facility's leadership, Pittman and Gray went back to the drawing board with needed assistance from the facility engineers and an interior designer. They reworked the project to focus on the Healthy Living (HL) messages, wellness messages, motivational signs, and include a depiction of a VA timeline on one of the stairway landings. With help from engineering, they were able to present a more polished display of their concepts and renovation plans. Numbers were added to the steps to allow climbers to easily count their steps and set goals for reaching the top levels. Soothing color palettes, and pleasant music in the new stairwell design were used to create a supportive environment for patients and staff, many of whom are Veterans themselves.

Impact

After leadership's approval, the renovation began and Pittman soon realized what a large impact the stairs already had—and would have—on Veterans' and employees' onsite physical activity. "Tammy and I had previously done informal counts of stair use, which was fairly high and indicated that people were already relying on the stairs to be active," she explains. "And during the renovations of the stairwell, we got a lot of questions and concerns about closing the stairs, as well as interest in the project's goals. So we knew that Veterans and staff would benefit even more after the stairs were redone."

The huge turnout for the "grand re-opening" confirmed what Pittman thought about the value of the project and the enhancements to the "most travelled" stairwell in the VAMC. "It was an exciting way to kick things off, and the feedback then and since has been great," she says. "More people are now using the renovated stairwell, and we've seen Veterans increasing their daily step goals." In the future, Pittman says that they will change the stairwell pictures—motivational photos obtained free of charge from the Centers for Disease Control and Prevention (CDC)—to keep steppers motivated, and continue to measure overall stairwell use.

What's Available

Pittman believes that Charleston's project is a model of how to creatively overcome the limitations that are inherent in the VA environment, especially in older, smaller facilities faced with logistical challenges. Getting leadership support is critical, as is working with a multi-disciplinary team. "Our leadership was very supportive from the start—our Assistant Director, Dr. Himanshu Singh, for example, was instrumental in getting this project done," she explains. "We also collaborated with the MOVE!® Program Coordinator Rebecca Luhrs, and worked closely with facility engineers, public affairs staff, and others on the renovation."

Pittman and staff have always encouraged Veterans to be more physically active by using whatever's available to them, and she thinks that this concept also applies to developing and enhancing local HPDP programs. "With limited resources, you still can accomplish things. You just have to find support and make the right connections," Pittman says. "It's all about using what you have available!"

What They're Saying About: NCP's HealthPOWER! Newsletter

"I just reviewed the newsletter, and it is again excellent. I truly enjoy reading and look forward to each edition!"

"[HealthPOWER! has] helpful information to use when I provide educational tips to my patients..."

"It's nice to hear what other VA facilities are doing! What I read I enjoyed!"

-- Praise for NCP's newsletter from VHA clinicians

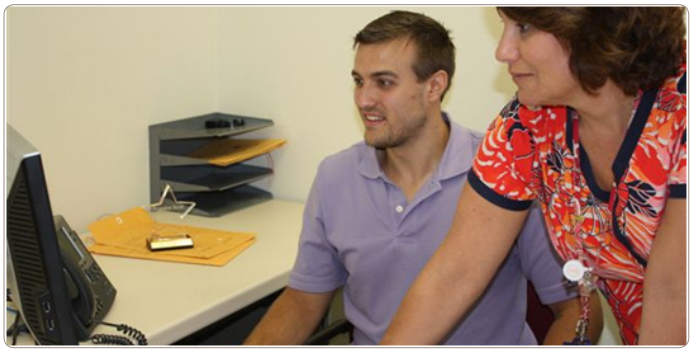
VISN HPDP Bright Spot Briefs

Bringing a Veteran's Perspective to HPDP—*Mary Rodowicz, HPDP Program Manager, VA Central Western Massachusetts HCS (VISN 1)*

"The Veteran/Family Advisor Program (VFAP) is a patient-centered care initiative in Veterans Integrated Service Newtork (VISN) 1 that allows Veterans, family members, and other stakeholders to serve on VAMC committees and activities. These volunteers partner with VA to help ensure that we get the much-needed insight from Veterans and caregivers to help us provide exceptional care to our patients. At our facility, Veteran Brandon Scott serves in the role of VFA on our HPDP Committee by attending monthly meetings, and has contributed to this and other programs as a valuable member of our interdisciplinary team.

Mr. Scott co-facilitates a Traumatic Brain Injury Support Group with HCS' Polytrauma Program Coordinator, and sits on the Compliance and Business Integrity Committee. He recently volunteered to coordinate an environmental scan of central and western Massachusetts' health and wellness resources, which were made available to clinicians to help patients make healthy lifestyle choices. Through his work at the Springfield (MA) Community-Based Outpatient Clinic (CBOC), he has helped the HCS meet performance measures for secure messaging. Mr. Scott also was recently considered for the Post-Deployment Health Veterans Community Board formed by the Office of Public Health's VHA Post-Deployment Health Group.

Mr. Scott brings a unique, but essential Veteran's perspective to our facility's preventive care and HPDP activities. He receives accolades on a daily basis from VA staff and patients, and his commitment to VA's mission and enthusiasm for promoting health and wellness make him a role model for other stakeholders. All of Mr. Scott's contributions have directly impacted the success of the HPDP Committee and its initiatives, as well as the health of Veterans. Because of this success, we hope to have an additional VFA stakeholder serve as an active member of the HPDP committee in the future."



Veteran Advisor/ Volunteer Brandon Scott works on Environmental Scan with R.N. Care Manager and HPDP Committee member Joanne Folger

Integrating HPDP into SMAs—*Dr. Shannon Cohen, HPDP Program Manager and Dr. Sarah Lucas Hartley, former HBC, Salem (VA) VAMC (VISN 6)*

"Shared medical appointments (SMAs) are a novel approach to managing chronic illness that engage patients with an interdisciplinary team that enhances and supports behavior change. SMAs also promote the population-based, proactive, long-term management of chronic health care. The Salem VAMC HPDP Program has helped develop two new SMAs: The Women's Lipid Clinic and a Coronary Artery Disease (CAD) Clinic. In these SMAs, the nine HL msessages are incorporated into each group appointment and health behavior coaching is used by the Health Behavior Coordinator (HBC) and modeled for other clinical staff.

The Women's Lipid Clinic SMA provides comprehensive, intensive treatment for female Veterans with high low-density lipoproteins (LDLs). The CAD clinic provides targeted group treatment for those patients who have had a cardiac event and are at risk for future events. Both SMAs use a small, group-based format (four to ten Veterans) that incorporates medication management, behavioral change, and lifestyle interventions. A variety of staff members are involved, including the HPDP Program Manager, HBC, nurses, dietitians, primary care providers, and psychologists. The Women's Lipid Clinic evolved into Women's MAGIC (metabolic assistance group intervention clinic) and continues to help Salem reduce gender disparity as it pertains to hyperlipidemia. MAGIC is an SMA that addresses weight management, hypertension, diabetes, and hyperlipidemia for both male and female Veterans.

Analyses of outcomes data from both groups are ongoing, but look promising, including lower LDLs, weight, and total cholesterol. Veterans have confirmed the value of the SMAs by saying that:

- 'This group helps to keep me motivated to stay healthy. It helps to listen and share with others our experiences with exercising and choosing the right foods. I've learned a lot from others. I'm not facing this alone.'
- 'The group helped me to make healthier decisions about my diet, encouraged me to exercise often in small steps and gradually increase. [It] made me more aware that other women deal with some of the same issues as I do, and [I] received new ideas.'
- 'This program greatly helped everyone who attended.'

Many have contributed to the SMAs' success. Primary Care and Mental Health leadership staff (Dr. Tom Eldridge, Chief of Primary Care; Dr. Jerry Gilmore, Associate Chief of Mental Health Service Line; and Deannie Craft, Associate Chief of Nursing, Primary Care) have greatly supported providers and clinical staff. In addition to Drs. Cohen and Hartley, members of the health care teams who have helped develop and run the SMAs include Dr. Terry Golden, Joni Goldwasser, Cathy Burton, Jane Tabb, Mia Anglin, Sherry Secrest, Dr. Melisa Schneider, Kara Kielmeyer, Bonnie Harbourt, Dr. Christina Shook, Pam Moreland, Dr. Jena Willis, Dr. Andrew Forest, and Dr. Ashraf Iranmanesh."

[*Editor's note: Drs. Cohen and Hartley recently published an article on SMAs that can be found in the November 2012 issue of the Journal of Military Medicine.*]

Promoting Patient Self-Management—*Dr. Kathleen Parker, HPDP Program Manager and Dr. Lindsay Avritt, HBC, Oklahoma City VAMC (VISN 16)*

"As team members of the Facility's Transformational Care Collaborative (TCC), we set the goal of decreasing the readmission rate of patients with congestive heart failure (CHF). We collaborated with the TCC and others to develop the *CHF Self-Management Handbook*, an effective, informative, portable, Veteran-centered tool that would accomplish this TCC project goal.

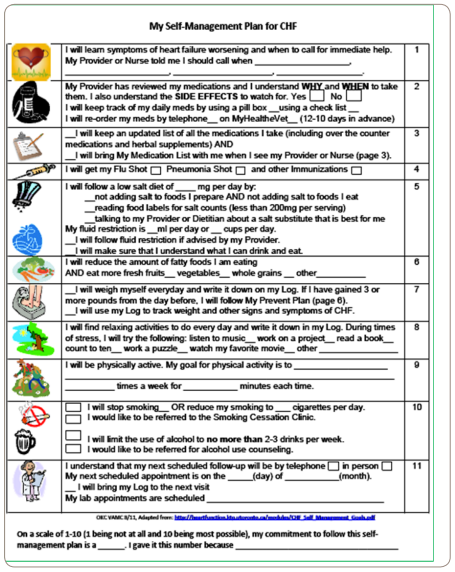
A one-sheet CHF guide was created and piloted with clinical staff and Veterans. Feedback on this guide was used to develop the final document, a 14-page, full-color handbook that is based on the concepts of high-quality, patient-centered care; the nine HL messages; and raising awareness and improving the health and well-being of Veterans. It is now available nationally as a part of the *PACT Toolkit*.

The handbook was a model of interdisciplinary collaboration. A number of staff were critical to the development of the handbook, including MOVE!® Coordinator Josh Brown, My Health*e*Vet Coordinator Travis Villani, and Chief of Medical Media B. Mark Hooten. The members of the CHF Self-Management Task Force met regularly and developed several excellent tools, such as a self-management plan, medication log, and a computerized patient record system (CPRS) template for providers. These tools were well-received and well-promoted: Cardiology staff and hospitalists, for example, requested these tools for use in managing their clinic's patients.

Veterans have responded positively to the resource; providers have expressed how instructive and useful it is for involving Veterans in their care. It also seems to have had an impact on patient outcomes. In May 2012, for example, the 30-day CHF

re-admission was down 5 percent from 26 percent—the best rate in the VISN, and due in part to the tailoring of patient materials in accordance with the handbook guidance. Performance measures at our facility continue to demonstrate the positive impact that delivering patient-centered CHF care can have on improving readmissions and patient outcomes.

In the future, the handbook will be used in care delivery across the facility from Primary Care to discharge planning and the Emergency Room. The document is already being used as the template for the self-management documents for other chronic diseases in our facility."



My Self-Management Plan for CHF

	I will learn symptoms of heart failure worsening and when to call for immediate help. My Provider or Nurse told me I should call when _____.	1
	My Provider has reviewed my medications and I understand **WHY** and **WHEN** to take them. I also understand the **SIDE EFFECTS** to watch for. Yes ☐ No ☐ I will keep track of my daily meds by using a pill box __using a check list __ I will re-order my meds by telephone__ on MyHealtheVet__ (12-10 days in advance)	2
	__I will keep an updated list of all the medications I take (including over the counter medications and herbal supplements) AND __I will bring My Medication List with me when I see my Provider or Nurse (page 3).	3
	I will get my Flu Shot ☐ Pneumonia Shot ☐ and other Immunizations ☐	4
	I will follow a low salt diet of ____mg per day by: __not adding salt to foods I prepare AND not adding salt to foods I eat __reading food labels for salt counts (less than 200mg per serving) __talking to my Provider or Dietitian about a salt substitute that is best for me My fluid restriction is __ml per day or __ cups per day. __I will follow fluid restriction if advised by my Provider. __I will make sure that I understand what I can drink and eat.	5
	I will reduce the amount of fatty foods I am eating AND eat more fresh fruits__ vegetables__ whole grains __ other_____	6
	__I will weigh myself everyday and write it down on my Log. If I have gained 3 or more pounds from the day before, I will follow My Prevent Plan (page 6). __I will use my Log to track weight and other signs and symptoms of CHF.	7
	I will find relaxing activities to do every day and write it down in my Log. During times of stress, I will try the following: listen to music__ work on a project__ read a book__ count to ten__ work a puzzle__ watch my favorite movie__ other _____	8
	I will be physically active. My goal for physical activity is to _____ _____ _____ times a week for _____ minutes each time.	9
	☐ I will stop smoking__ OR reduce my smoking to ___ cigarettes per day. ☐ I would like to be referred to the Smoking Cessation Clinic. ☐ I will limit the use of alcohol to **no more than** 2-3 drinks per week. ☐ I would like to be referred for alcohol use counseling.	10
	I understand that my next scheduled follow-up will be by telephone ☐ in person ☐ My next scheduled appointment is on the _____(day) of _____(month). __I will bring my Log to the next visit My lab appointments are scheduled _____	11

OEC VAMC 3/11, Adapted from: http://heartfunction.hsc.utoronto.ca/modules/CHF_Self_Management_Goals.pdf

On a scale of 1-10 (1 being not at all and 10 being most possible), my commitment to follow this self-management plan is a _____. I gave it this number because _____

Increasing Access to Healthy Foods—*Karen White, HPDP Program Manager, Dr. Abby Harris, HBC, and Ashley Bremer, MOVE!® Coordinator, Phoenix VAHCS (VISN 18)*

"We initiated the *Fresh2U* program at the Phoenix VAHCS to increase healthy food options for employees and Veterans, who often cite cost and busyness as barriers to a better diet.

The program is actually two in one. The *Bountiful Baskets* program allows employees to order produce through a national co-op, pay online, and then pick up it up in our Community Living Center (CLC) Rec Room. Supported by our new Facility Director and through a partnership with the VA Employee Association, *Bountiful Baskets* demonstrates our commitment to employee wellness and health. And the program is popular: we went from a bi-weekly to weekly event in June 2012, and employees currently receive 60-70 baskets per month!

The Farmer's Market offers bulk produce to Veterans and staff, increasing their access to healthy, fresh food at a discount price. It also gives us an opportunity to interact with Veterans—through weekly sales and educational events—with whom we might not otherwise have the chance to talk about diet and nutrition. The market is paired with the Healthy Kitchens Program, which offers samples, recipes, and demonstrations involving healthy eating. We started the Farmer's Market with seed money from a healthy snack bake sale; now, it's completely self-funding. We are currently tracking servings of fresh fruits and vegetables and plan to assess the program's effectiveness in the near future.

Staff, employee, and Veteran feedback on the *Fresh2U* activities has been overwhelmingly positive, and includes comments such as:

- 'The quality of the produce is excellent. It's kind of fun getting different items in the basket each week and trying new things.'
- '…Having [*Bountiful Baskets*] here at work is a huge positive…I like the variety you get throughout the year...'
- 'I love getting the baskets almost every week. There is often some vegetable or fruit in there that I've never tried before…'
- 'I've used the wide variety of fruits and veggies to entice some non-veggie eaters to expand their palate.'"

Coaching Better Communication: *TEACH*, MI, and a "Re-Start" Help Enhance Veteran-Centered Care at the VA Montana HCS

HBC Jason Wilcox thinks that one of the best ways to enhance Veteran care is to improve the communications skills of clinicians. He also believes that *TEACH* and MI are probably the most effective tools that VA clinicians have to develop these skills. "When providers aren't 'connecting' with their patients, communication is often at the heart of the problem," explains Wilcox, a Licensed Clinical Social Worker who recently joined the VA Montana HCS from private practice. "So we've incorporated *TEACH* and MI training into a coaching program for clinicians here at the HCS—with excellent results."

Early Success

In the early days of the program, Wilcox typically began coaching a clinician at the request of a service leader, most often to help improve clinician-patient communication skills. After briefing the provider or nurse on the process, he would shadow several patient appointments and observe their interactions. "After the initial observations, we'd discuss what they wanted to improve, I'd coach them on how to increase their skills, shadow them some more, and then develop recommendations to accomplish small steps of change—all in the context of a shared decision-making process," Wilcox says. "I'd leave each clinician with an individualized assessment and goal-directed action plan—say, for achieving fewer patient complaints—and follow-up with him or her over time to chart outcomes and gauge improvement."

Initially, this approach really worked. "One provider, for example, dramatically improved his communication with and expression of empathy for patients—he went from having three to four Veterans each month leave for another provider to having none leave over the next six months. Because of this early success, leadership continued the program," Wilcox explains. "But we did have to revisit some providers as the same issues gradually resurfaced. Unfortunately, the individualized coaching was sometimes perceived as 'punitive' and for 'problems,' which led to the program becoming voluntary. So we recently revamped it and staff members are now beginning to view it as an *opportunity*, not a punishment."

Re-Start

Wilcox worked with other staff and HCS leaders to brainstorm a new plan and approach for the program, which is now being implemented as a trial at two of the HCS' CBOCs. Wilcox now teams with Dr. Jonathan Bechard and Jeffrey Neuberger (Associate Chief, Patient Care Services) to visit the clinics 1 week each month to train local Patient-Aligned Care Teams (PACTs). "We do it a little differently now—I work with the local nurse manager to coach CBOC staff on the PACT model and implementation, while Jason shadows providers and coaches patient-centered communication based on *TEACH* and MI," explains Bechard, who is Montana's Associate Chief of Staff for Ambulatory Care Services. "We start off the week with a discussion and assessment of needs, and address the 'technical' PACT stuff. First, we discuss and illustrate how team-based care can enhance the care delivery experience for both Veterans and the health care team. Next, we work on formulating a plan with each team where specific goals and next steps are put in writing." Each training day at the CBOC ends with brainstorming and a briefing; each week ends with a processing meeting for PACT staff.

Agreement

This re-start, which integrated clinician-patient communication training with team building, has helped the coaching program start to reclaim its past success, according to Bechard, who has oversight over the HCS' often distant clinics and spends a good deal of travel time visiting them.

"Communication issues often arise among clinical staff members, and that can affect patient care," he says. "We work within their time constraints to help develop a basic foundation for better communication as well as a road map and follow-up for improvement." Wilcox adds that they typically develop a "communications agreement" that outlines definitive, measurable goals for staff. He reports that "the feedback has been great so far—clinic and PACT staff love how our new team-oriented coaching approach helps them determine their strengths and weaknesses, create a plan for positive change, and ultimately start to improve how they work together. Word is getting out and other clinics want us to work with them, too."

Sustainability

With their sights set on sustainability, Wilcox and Bechard are now developing long-term plans for the HCS' clinical coaching program. "We'll continue to pilot the revised program at more CBOCs, and we aim to hand off some of the coaching to local staff in the near future," explains Wilcox. Bechard, who himself has benefited from *TEACH* and MI training, says that they will continue to partner with HCS leadership, who have been very supportive of the program. "Some of our facility leaders and many of the clinicians in our 47 PACTs have experience with or have been trained in these two approaches. About 90 percent of our staff have taken the courses and know the value of *TEACH* and MI first hand." says Wilcox. "The hard part is changing old patterns of practice and sustaining this new approach to health care delivery. So we've opened the training to anyone at our facility—physical therapists and MOVE!® staff, for example, have taken it—which is great in terms of overall promotion and implementation."

In his role as HBC, Wilcox also will continue to fine-tune the clinical coaching program to help providers better assess, develop, and nurture their clinical communication skills. "Good communication drives the kind of high-quality, patient-centered clinical care that we're providing in VA," he says. "And we know that *TEACH* and MI can help ensure that our providers' passion for improving Veterans' health doesn't get 'lost in translation.'"

Motivational Interviewing: Some Definitions

A technical definition - How does it work?

MI is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to stengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

A pragmatic definition - Why would I use it?

MI is a person-centered counseling method for addressing the common problem of abvivalence about change.

A layperson's definition - What's it for?

MI is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

Source: Miller WR, Rollnick S. Motivational Interviewing: Helping People Change. 3rd ed. New York, NY: The Guilford Press; 2013.

NCP's Fiscal Year 2012 *TEACH* and MI Facilitator Training Course Receives High Marks from Attendees

A recent survey has confirmed the value of NCP's clinician coaching course designed to develop clinician coaching, facilitation, and presentation skills among *TEACH*- and MI-trained facilitators. "The results of our Fiscal Year (FY) 2012 Employee Education System (EES) program evaluation make it clear that facilitators have gotten a lot out of the training and found it to be very useful," says Becky Hartt Minor, NCP's Health Educator and one of the training's facilitators. "Survey respondents were overwhelmingly positive in their assessments of the newly developed training in clinician coaching that we provided last year."

The EES-generated survey, which assessed the overall value, usefulness, and relevance of the *Clinician Coaching, Facilitation, and Presentation Skills for TEACH and MI Facilitators* course, garnered 137 responses from primarily clinical psychologists (55 percent of respondents) and registered nurses (25 percent). Over 97 percent of them agreed or strongly agreed that they were satisfied with their course learning, would recommend it to others, had acquired new knowledge and skills, and had received content that was up-to-date and relevant to their daily needs.

"About 98 percent of the respondents also said that they agreed or strongly agreed that they had accomplished the objectives of the learning activities," says Dr. Michael Goldstein, NCP's Associate Chief Consultant and one of the lead faculty members for the course. "This is the kind of excellent feedback you want to see as a faculty member. We at NCP believe that the *TEACH* and MI courses are truly 'transformational' training that can enhance the Veteran-centered care that clinicians provide. So, it's great to see that our facility-level *TEACH* and MI facilitators feel that they are better prepared to implement *TEACH* and MI training and clinician coaching after the course."

Developed by NCP staff, the EES-supported course is composed of 2 1/2 days of training designed to provide attendees with the clinician coaching, group facilitation, and presentation skills to help other clinicians adopt and use Veteran-centered communication, health coaching, and MI. The course audience includes Veterans Health Education Coordinators (VHECs), HBCs, and HPDP Program Managers who have previously received training from NCP as *TEACH* and MI facilitators and have been offering *TEACH* and MI sessions to clinicians at their facilities. "We basically train and encourage the facilitators to do follow-up clinician coaching at their facilities," says Hartt Minor. "We know that most clinicians need coaching to help them apply the skills they have learned in *TEACH* and MI sessions to actual clinical practice. The ultimate goal is to help PACT staff better partner with Veterans to help them adopt healthier lifestyles, change their risky health behaviors, and better self-manage their health."

Using a mix of didactic and hands-on educational activities, the "train-the-trainer" course emphasizes practical, specific, brief approaches that participants can use to help clinicians apply *TEACH* and MI skills in clinical settings. Classroom work is supported by an extensive *Clinician Coaching, Facilitation and Presentation Skills* Manual that was a joint collaboration between NCP, EES, and the Institute for Healthcare Communication and is replete with training materials, audio-visual resources, and other tools. Many of these resources are available from NCP and on the NCP SharePoint for post-course reference.

Attendees lauded the course's use of real-time role-playing (with actors who were trained to play the role of primary care clinicians), hands-on learning in very small workgroups, and interaction with NCP's training staff, which also included Health Education Coordinator Barbara Snyder and National Program Manager for Health Behavior Dr. Peg Dundon. Hartt Minor also credits the work of local VHECs, HBCs, and HPDP Program Managers who completed the pilot or initial courses in late 2011 or early 2012 and then served as volunteer faculty for the current training. "A large number of the respondents said that *all* of the course content was useful, which is great to hear," says Hartt Minor. "Most of the attendees also felt very

confident that they could build stronger relationships with local clinical staff and management, and better facilitate *TEACH* and MI locally. We also received feedback on ways to improve the training, and we'll be looking to incorporate that in the future." More small group exercises, role-playing and time to practice skills, training on engaging clinicians and leadership, and post-course follow-up activities, for example, are potential additions to the FY 13 courses.

"By the end of FY 12, 156 *TEACH* and MI facilitators had been trained in Clinician Coaching, and approximately 95 percent of facilities had a *TEACH* and MI facilitator who had also completed the Clinician Coaching course," says Hartt Minor. "We did several facilitator courses in FY 12 and we hope to do more in FY 13. We've created really practical, valuable training for *TEACH* and MI facilitators, and so we'll strive to make this excellent course even better yet next year."

Intensity and Opportunity: Saginaw VAMC's New MOVE!® Intensive Outpatient Program for Veterans Achieves Early Success

MOVE!® Coordinator Sonya Mack, R.D., C.D.E., and HPDP Program Manager Rose Birkmeier, D.N.P., discuss the Saginaw VAMC's MOVE!® Intensive Outpatient Program (IOP), one of only 2 residential MOVE!® programs in the country.

"MOVE!® Intensive Outpatient Program—or MOVE!® IOP—is a unique and extremely successful option for Veterans participating within the Saginaw VAMC's very active MOVE!® Program. This option is available for those Veterans who fail to achieve their weight loss goals using self-management and group class strategies, but still have a strong desire to lose weight and improve their health outcomes.

The MOVE!® Team at Saginaw investigated short-term programs and found that Veterans needed structured, longer-term, and more intensive training and activities to successfully lose and maintain weight. The Minneapolis VAMC—the only other VA facility to have a residential weight loss program—was gracious enough to show us their facility, discuss their program, and support us. Our MOVE!® IOP is modeled after their program, but has a few additional features. MOVE!® IOP is reserved for Veterans with a body mass index (BMI) of ≥40, or ≥35 with chronic, obesity-related medical conditions, and who have participated in the standard MOVE!® Program. Veterans who meet these criteria are referred to the program by their primary care providers and the MOVE!® Program Coordinator.

MOVE!® IOP focuses on the restoration of the Veteran's fullest possible medical, physical, mental, emotional, social, and vocational potential. MOVE!® IOP also includes medical management, Veteran and family education, emotional support, exercise, nutritional counseling, and a focus on behavior modification strategies. MOVE!® IOP is an interdisciplinary program lead by the facility MOVE!® Coordinator, with a supporting team that consists of the HPDP nurse practitioner, physical therapists, health behavior psychologist, recreational therapists, dietitians, chaplain, pharmacists, and a peer support counselor.

Each MOVE!® IOP session is a scheduled, 12-day stay in the VAMC's CLC, with up to four Veterans participating in each session. The program is the definition of 'intensive.' Participants follow a low-calorie diet (800 calories per day) of strictly VA-provided foods and are required to attend multiple group, educational, fitness, and recreational activities. Their whole day is scheduled and they are expected to be healthy and stay active during their entire stay. Veterans must track their weight, blood sugar (if diabetic), blood pressure, medications, and personal health care activities daily. Veterans are expected to walk and exercise daily, and they work with staff to set up a personalized physical activity program, which has made a huge impact on their continued success at home. The Veterans truly enjoy the 2 hours per day of structured physical activity in our fitness center and often request additional time.

The busy, multi-activity days provide a variety of opportunities for Veterans to both learn and 'do.' We cover the basics of activity, diet, nutrition, and the HL messages, and

include multiple hands-on activities—journaling, Wii-based physical activity, and group and one-on-one behavior modification therapy. Veterans particularly enjoy the grocery shopping tour and the classes where they plan, prepare, and eat healthy snacks using our healthy teaching kitchen.

Veterans have been 100 percent satisfied with MOVE!® IOP, which one called the 'best program' he had seen. They are typically most proud of reducing both their medications and weight. In our initial summer sessions, Veterans lost between 12 and 22 pounds each per session and gained significant knowledge and skills. A sample group of 23 patients, for example, averaged a 15-pound weight loss during the program, and 17 of them later lost an average of 9 more pounds when they went home! But program outcomes are not limited solely to weight loss. Setting activity goals, understanding food and behaviors that may trigger overeating, planning healthy meals, and developing long-term lifestyle changes are several of the other key components to Veterans' success.

In FY 2013, the Saginaw MOVE!® Team will continue to enhance the program based on clinical lessons learned and through interdisciplinary partnerships. Having a provider available for day-to-day issues has been important, as has the involvement of specialty clinics like Nephrology, Cardiology, Nutrition, Medicine, Nursing, Pharmacy, and Mental Health.

Wide-reaching collaboration at all facility levels has been, and will continue to be, critical to MOVE!® IOP's ongoing success at Saginaw. Recent MOVE!® IOP graduates have been asking us to do a 3-day 'retreat' or 'refresher' course at 6 to 12 months post-program, and with all the great feedback and cooperation we've gotten so far, we plan to make it happen in 2013!"

Articles from the Field: Summer Farmers' Market Piloted for Veterans at Nutritional Risk

By Kathy Sherman

HPDP Program Manager Kathleen Sherman recently published this article on the Manchester (NH) VAMC's Free Farmers' Market for Veterans:

The Manchester VAMC established a Veterans Free Farmers' Market pilot this summer to create a "win-win" connection for the Manchester VAMC, community growers, and Veterans to support healthy eating through increased access to fresh, locally grown produce. The idea for this pilot was sparked by an enthusiastic Manchester VA volunteer/Hannaford employee, and modeled after a successful program at the White River Junction (VT) VAMC. A team of enthusiastic staff and volunteers came together from Voluntary Services, Healthy Living Program, Diabetes Education Program, Nutrition Services, the Homeless Veterans Outreach and VA Supported Housing (VASH) Programs to create three main goals:

- Bridge the gap between the hungry and nutritionally-challenged community, and groups who have excess food (local growers, employees, and local community)
- Increase Veterans' awareness about healthy living options,

and how to include fresh fruit and vegetables in their diets
- Foster the sense of VA community and patient-centered care for Veterans, volunteers, and employees

There were 94 Veterans in attendance at the first market, participation kept growing, and by the last one, we had 146 Veterans! Targeted marketing took place through the MOVE!® Weight Management, Diabetes, and Lipid Management education programs, and VASH and Homeless Veterans Programs. The primary participants identified for this pilot were Veterans on fixed incomes and in need of extra nutritional support. As time went on and community involvement grew, a wider scope of participants was included. The response from community partners was overwhelming. The Elliot Healthcare Systems/ Hannaford's nutritionist provided quick and easy healthy nutritional tips. The volunteers from Hannaford and the community farms enthusiastically helped the Veterans with their produce selections. Their smiles and friendliness was contagious! Bags of fresh produce were even hand-delivered by staff to Veterans receiving infusion care in the Oncology clinic, and Veterans from the Homeless and VASH programs who lacked transportation. Nutritionists from the Home Based Primary Care program picked up produce to bring to their patients at their visits. This provided the perfect opportunity to promote healthy eating in the home setting. The Veterans were very appreciative of the healthy produce and additional personal touch.

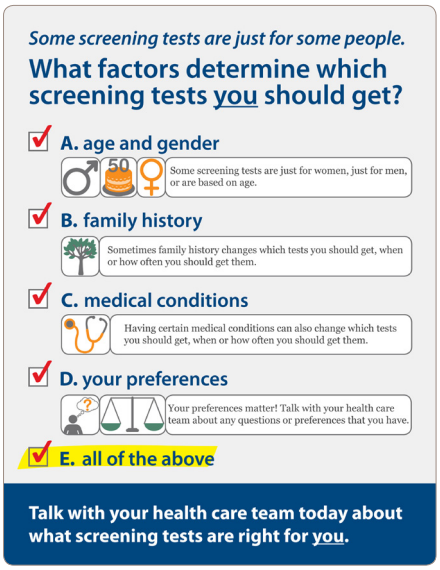
A special thanks goes out to our community partners for supporting this project: Hannaford, Manchester Farmers' Market, Fresh Start Farms, Sunnycrest Farm, International Institute of NH (Common Earth Farms), Mack's Apples, Apple Hill Farm, Stormy Moon Vocational Development Farm, and Elwood Orchards.

If you would like to receive additional information, contact Kathleen Sherman, R.N., M.S.N., in the Healthy Living Program, at Kathleen.sherman@va.gov, or (603) 624- 4366, ext. 6439.

This article is reprinted from the Fall/Winter 2012 issue of "NH Diabetes Digest" and courtesy of the New Hampshire Department of Health and Human Services, Diabetes Education Program (www.dhhs.nh.gov/dphs/cdpc/diabetes/)

Resources

The following is an example of an infographic that has been developed by NCP to support the HL messages. This and other infographics will soon be available for use through NCP's Intranet Web site.



NCP recently announced the launch of a VA pilot of the CDC and National Institutes of Health's **Diabetes Prevention Program** (DPP), a research initiative that showed that pre-diabetic patients who lost a modest amount of weight through dietary changes and increased physical activity sharply reduced their chances of developing type 2 diabetes. At a press conference at the Minneapolis VAMC attended by U.S. Senator Al Franken and VA Under Secretary for Health Dr. Robert Petzel, Dr. Kinsinger discussed the program, which will be assessed for feasibility in a limited number of pre-diabetic Veterans at the Minneapolis, Baltimore, and Greater Los Angeles medical centers, with VA Ann Arbor serving as the Coordinating Center.

NCP was mentioned on the *Tampa Bay Times* Web site, *PolitiFact*, in an updates post titled, "VA Made Strides in Health Reform Goals." The article is available at: http://www.politifact.com/truth-o-meter/promises/obameter/promise/112/make-the-veterans-administration-a-national-leader/

VA works with the American Heart Association's *Go Red for Women* Initiative to raise awareness of heart disease in women Veterans. For **February Heart Month activities**, VA Women's Health Services has developed a **toolkit** to help guide the planning and implementation of local events to raise awareness about heart disease among women Veterans and employees. The kit includes templates for facility activities, awareness campaign materials, and educational resources on cardiovascular disease, and is available at: http://vaww.infoshare.va.gov/sites/womenshealth/communications/default.aspx

Approved and updated **VHA Guidance Statements for Clinical Preventive Services** may be accessed at NCP's Intranet Web site (http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp). The following are recent additions or changes:

- Two new statements, *Cervical Cancer Screening* and *2012-13 Seasonal Influenza Immunization*, have been posted.
- The following Guidance Statements were updated:
  - *Breast Cancer Screening and Colorectal Cancer (CRC) Screening*—language was added to these statements about not screening patients who are not expected to experience a net benefit from screening
  - *Tobacco Screening and Counseling*—updated with minor modifications about the screening of lifetime non-users and former tobacco users who quit >7 years ago
  - *Tetanus and Diphtheria (TD) and Tetanus, Diphtheria and Acellular Pertussis (Tdap)*—updated to include new recommendations, namely, the addition of a one-time dose of Tdap to all adults ≥65, not just to those who will come in contact with an infant
- Clinical reminder guidance associated with the above changes was updated at: http://vaww.prevention.va.gov/docs/Additional_Guidance_on_Clinical_Reminders.pdf
- Statements in development include *Screening for Prostate Cancer, Screening for Syphilis,* and *Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility*
- The *Pneumococcal Immunization* statement is in the process of being updated.

VA Health Services Research & Development recently published two **systematic reviews** on:

- The effects of health plan-sponsored fitness center benefits on physical activity, health outcomes, and health care costs and use. The *Management eBrief* is available at: http://www.hsrd.research.va.gov/publications/management_briefs/eBrief-no56.cfm, and the full report at: http://www.hsrd.research.va.gov/publications/esp/gym_benefits.cfm
- Secure Messaging between providers and patients, and allowing patients access to their own medical records. The *Management eBrief* is available at: http://www.hsrd.research.va.gov/publications/management_briefs/eBrief-no57.cfm, and the full report at: http://www.hsrd.research.va.gov/publications/esp/myhealthevet.cfm

The **VHEC Professional Development** series will continue in 2013. The first session on January 24, 2013, will focus on helping VHECs use System Redesign's *Team-Aim-Map-Measure-Change-Sustain* process to improve the Veteran-centeredness of health education programs. Additional Professional Development sessions will continue throughout the year, and will include Live Meetings, toolkits with readings and resources, and follow-up calls for smaller groups based on facility complexity. Contact NCP's Barbara Snyder (919-383-7874, ext. 2480; Barbara.Snyder2@va.gov) for more information on the series.

Now available is the 2013 edition of VHA's New Patient Orientation Program, ***Know Your VA***, which was recently reviewed and revised. VHEI updated the **New Patient Orientation Program Toolkit** in collaboration with VHA program offices. The toolkit is designed to help VA facilities provide accurate information to new enrollees, and offers authoritative sources to update local orientation materials, alternative models for delivering new patient orientation, and templates for creating local patient materials. The toolkit is available at: http://vaww.prevention.va.gov/VHEI/NPO_Toolkit.asp

Several **articles of interest to VHA clinicians**, including several on tobacco cessation, were published:

- "Opinions: In the VA System, the Future of Primary Health Care." Kanal Y. *The Washington Post*. Available at: http://www.washingtonpost.com/opinions/in-the-va-system-the-future-of-primary-health-care/2012/11/30/c10d5cf0-3b2e-11e2-8a97-363b0f9a0ab3_story.html
- "QuickStats: Current Smoking Among Men Aged 25–64 Years, by Age Group and Veteran Status—National Health Interview Survey (NHIS), United States, 2007–2010." *MMWR*. 2012;61(45):929
- "Inviting Patients to Read Their Doctors' Notes: A Quasi-Experimental Study and a Look Ahead." Delbanco T, Walker J, Bell SK, et al. *Ann Int Med*. 2012;157:461-470
- "Pushing the Envelope of Electronic Patient Portals to Engage Patients in Their Care." Goldzweig CL. *Ann Int Med*. 2012;157:525-526
- "Strategies to Help a Smoker Who Is Struggling to Quit." Rigotti NA. *JAMA*. 2012;308(15):1573-1580
- "How Clinicians Can Help Smokers to Quit." Schroeder SA. *JAMA*. 2012;308(15):1586-1587
- "JAMA Patient Page: Smoking Cessation." Livingston EH. *JAMA*. 2012. 308(15):1599
- "Translating the Diabetes Prevention Program Lifestyle Intervention for Weight Loss Into Primary Care: A Randomized Trial." Ma J, Yank V, Xiao L, et al. *Arch Intern Med*. Published online December 10, 2012
- "Integrating Technology Into Standard Weight Loss Treatment: A Randomized Controlled Trial." Spring B, Duncan JM, Janke EA, et al. *Arch Intern Med*. Published online December 10, 2012
- "The Future of Obesity Treatment: Accessible, Inexpensive, and Technology Based?: Comment on 'Integrating Technology Into Standard Weight Loss Treatment: A Randomized Controlled Trial.'" Rao G, and Kirley K. *Arch Intern Med*. Published online December 10, 2012

Two **reports of interest to VHA clinicians** have been recently published:

- "F as in Fat: How Obesity Threatens America's Future 2012" is published annually by the Trust for America's Health (TFAH) and charts the past, present, and future of obesity in the U.S. The analysis, which was commissioned by TFAH and Robert Wood Johnson Foundation, and conducted by the National Heart Forum, is based on a peer-reviewed model published last year in *The Lancet*. It is available at: http://healthyamericans.org/report/100

- "Best Care at Lower Cost: The Path to Continuously Learning Health Care in America" is the Institute of Medicine's (IOM's) latest installment on the challenges faced by our health care system. The report, which lays out recommendations and a vision for a health care system that uses information and knowledge to learn and provide better patient-centered care, is available at the *Reports* Section of the IOM Web site at: http://iom.edu/

VA and DoD have partnered to develop ***Moving Forward***, a free, online education and life coaching program that teaches problem solving skills to Veterans, Servicemembers, and their families. This evidence-based program uses interactive exercises

and video demonstrations to teach skills for overcoming life challenges, and is available at: http://www.StartMovingForward.org

Through the end of FY 12, over 7,000 staff members attended over 800 local ***TEACH* courses**. At the end of FY 12, all facilities reported having provided the full 7 hours of *TEACH* training to ≥50 percent of PACT staff and clinical staff providing MOVE!® weight management care. At the end of FY 12, over 95 percent of facilities had ≥2 ***TEACH* facilitators**, and around 95 percent had ≥1 ***MI* facilitator**.

Through the end of FY 12, **NCP's National TLC Pilot** has had almost 3,000 Veterans participate in at least three of the nine coaching calls. Forty-six percent of participants who have set a goal to quit tobacco are reporting abstinence 6 months post-enrollment. Thirty-six percent of participants who have set a goal to lose weight have met the clinical benchmark of losing at least 5 percent of starting weight at 6 months post-enrollment. Surveys revealed that 96 percent of Veteran participants who have completed are satisfied with the program, and 96 percent would recommend the program to others.

Staff Updates

Congratulations to NCP's **Trang Lance, Dr. Peg Dundon, and Dr. Rose Mary Pries**, who were recently presented with 10-, 20-, and 30-year VA service pins, respectively.

Congratulations to Program Analyst **Pamela Entzel**, who received the "Above and Beyond" NCP Staff Award from her peers for her outstanding work on a variety of ongoing NCP projects.

Dr. Peg Dundon was recently accepted into the Motivational Interviewing Network of Trainers (MINT), an international organization that recognizes excellence in training in MI. Acceptance into MINT is based on a highly selective and rigorous evaluation of competency in MI, as well as training expertise and experience.

Update: Bay Pines VAHCS Walk With Ease℠ Program

In the fall 2011 issue of Health*POWER*!, we featured the innovative partnership and grant that the **Bay Pines (FL) VAHCS** Recreation Therapy and HPDP Programs had used to expand patients' access to and use of the Arthritis Foundation's **Walk With Ease℠ Program** (WWE).

Program facilitator Randelle Niski reports that WWE has grown significantly since it was rolled out at Bay Pines in August 2011:

"By developing strong relationships with 14 support partners and a robust infrastructure within VISN 8, we've been able to dramatically expand the program's reach and value to Veterans and employees.

Externally, these strategic alliances include United States Automobile Association (USAA), Facebook, the United States Coast Guard (Clearwater), the Army Reserve Center (Tampa), and St. Petersburg College (Veterans Outreach). Within VA, we've partnered with Vocational Rehabilitation's regional and local satellite offices, the James A. Haley Veteran's Hospital, multiple CBOCs in both the HCS and the North Florida/South Georgia Veterans Health System, and two local Vet Centers.

In November 2011, several months after starting the program, 215 WWE books had been distributed to Veterans. As of October 22, 2012, we'd distributed over 14,000 books!

Recently, we started active WWE walking groups for Veterans at the Bay Pines facility, and we've begun conducting a post-clinical assessment of WWE's benefits to participants. So 2013 is shaping up to be another big year for our WWE program!"

What They're Saying About: NCP's HealthPOWER! Newsletter

"HealthPOWER! is useful to me…It's one good way for me to keep on top of things."

"It is informative and I use it as a resource with the Veterans I serve."

"Nice job with the newsletter! I always find it to be informative."

-- Praise for NCP's newsletter from VHA clinicians

TLC Recruitment Success Story: Wilkes-Barre (PA) VAMC

Several months ago, as the Wilkes-Barre VAMC began the TLC pilot program, HBC Dr. Timothy Lomauro began sending staff an informative e-mail to start each month. "I worked with the Chief of Staff's office to send a monthly e-mail to clinicians to inform and update them about this relatively new program," he explains. "Staff members have found these e-mails—which include NCP's comprehensive program information and additional documents like process flow sheets and goal-setting guidance—to be really helpful." Lomauro believes that using e-mail to keep the program "top of mind" for staff has been one of several initiatives that has helped produce the 34 percent increase in TLC recruitment that the facility achieved from June to July of 2012.

Face-To-Face

Lomauro, who is a clinical psychologist as well as the VAMC's Tobacco Cessation Coordinator, has augmented the regular e-mails with face-to-face meetings. "Showing staff how to do a 'good' TLC referral is key, and we've brought this knowledge right to them, in their clinics," he says. "I regularly present in the Primary Care Clinic, have gone to the Mental Health Clinic, visited with individual MOVE!® staff, and met with small groups at departmental service meetings, for example, to educate them on TLC initiation and consultation. I think that this kind of personalized approach and persistence has really paid off in terms of program uptake and success."

Integration

Lomauro has also integrated TLC into the existing HPDP programs offered at the VAMC and its six CBOCs. "I am the facilitator for our *TEACH* and MI training classes, and I always include a segment on TLC," he reports. "I go over the TLC basics and do demos in CPRS to show clinicians how to enter consults. The feedback on this instruction has been very positive." Wilkes-Barre's MOVE!® Program has been another program that lends itself well to TLC promotion. "We often get TLC consults from our MOVE!® Education and Support groups. So we've made it a point to go to the final

(L to R) Dr. Bina Ahmed, Chief, Primary Care Services; Paola Montross, MOVE!® Program Coordinator; Crystal Newcomb, Clinical Social Worker; Dr. Tim Lomauro, HBC; Dr. Jillian Snyder, Clinical Pharmacy Specialist; Tammy Evans, Nurse Manager, Primary Care Services

MOVE!® class that Veterans attend here and present about clinical telehealth and TLC," Lomauro says. "We want Veterans to be aware of the great support that is available from the TLC program, and how it can help them to maintain their healthy lifestyles."

Wired

As at other facilities, Lomauro has found that technology is an effective way to spread the TLC message. "Although I routinely travel to the CBOCs to facilitate education on HPDP activities and programs, including TLC, we're also relying on different media and technologies to get the word out," he explains. "We post TLC information—articles, quotes, slides, etc.—on our facility's Web site, but we also use electronic message boards and TV monitors located around the facility to display basic TLC content and the TLC video." In the future, Lomauro hopes to upgrade these displays in more locations to more dynamically promote TLC along with the HL messages and tobacco cessation activities.

Initial feedback on TLC has been great from both staff and patients at Wilkes-Barre. "Having another effective resource to help patients is something the providers like," says Lomauro. "And TLC provides the outreach that's needed for older and more distant Veterans, with greater convenience for younger Veterans, who are often at work during the day." Lomauro relates that TLC patients also appreciate the coaching interactions. "A Veteran enrolled in the VAMC's Stress Reduction group told me that he really values the personal contact with his TLC coach, in part because he lives alone and appreciates the kind of caring contact he receives," he says.

Push

Moving into 2013, Lomauro has specific plans for continuing to promote TLC at the VAMC and its clinics. He thinks that social media is a great way to advertise TLC, and also envisions it in the new patient orientation. "We want to give Veterans more than just basic information and handouts during the roughly 2-hour new patient orientation that we do here," he explains. "So we'll soon be introducing TLC, the HL messages, and a short wellness goal-setting exercise into the orientation session, to provide Veterans the opportunity to start on improving their health at the outset of their VA care experience."

Lomauro will continue to work with the great team at Wilkes-Barre that has helped ensure TLC's success. "A number of other staff members have been critical to the program," he says. "MOVE!® Program Coordinator Paola Montross, staff psychologist Dr. Christy Rothermel, social worker Crystal Newcomb, and lead Primary Care nurse manager Tammy Evans have all contributed greatly. Also, Leaders such as Chief of Primary Care Dr. Bina Ahmed and Chief of Nutrition and Food Services Melissa Novak have been very supportive of TLC. It's been a truly collaborative effort and great to see staff from different backgrounds working together to improve HPDP services and Veteran health."

CALENDAR *of* EVENTS

NCP Education Conference Call
2nd Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 18987#
• Upcoming calls—February 12, March 12

VISN MOVE!® Coordinators Call
2nd Tuesday of the third month of each quarter
3:00 pm ET
1-800-767-1750, Access Code 59445#
• Upcoming call—March 12

Veterans Health Education Hotline Call
4th Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 16261#
• Upcoming calls—February 26, March 26

Health Promotion/Disease Prevention Conference Call
1st Tuesday of the month
1:00 pm ET
1-800-767-1750, Access Code 35202#
• Upcoming calls—February 5, March 5

VISN/Facility MOVE!® Coordinators and Physician Champions Call
2nd Tuesday of the first and second month of each quarter
3:00 pm ET
1-800-767-1750, Access Code 59445#
• Upcoming call—February 12

National Health Behavior Coordinators Call
2nd Wednesday of the month
12:00 pm ET
1-800-767-1750, Access Code 72899#
• Upcoming calls—February 13, March 13

HealthPOWER! is an award-winning, quarterly publication from the VHA National Center for Health Promotion and Disease Prevention, highlighting health promotion and disease prevention activities in VA.

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NCP MISSION

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

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