
Peg Dundon, PhD, National Program Manager for Health Behavior
VHA National Center for Health Promotion and Disease Prevention
January 16, 2022
VHA Mission
Honor America’s Veterans by providing exceptional health care that **improves their health and well-being.**

VHA Vision
VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both **patient centered, and evidence based.**

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement.

It will emphasize **prevention and population health** and contribute to the nation's well-being through education, research, and service in national emergencies.
VHA National Center for Health Promotion & Disease Prevention (NCP)

NCP is:
VA’s primary source for healthy living, prevention, and health education

NCP does the following:
- Provides evidence-based programs, training, resources, and policy guidance to engage Veterans in Healthy Living
- Promotes whole health and prevention to reduce chronic disease
- Supports Healthy Living Teams and clinicians
WHY HEALTH BEHAVIORS?
2016 Burden of Diseases, Injuries, and Risk - USA (JAMA, 2018)

Risk factors and related deaths

**Risk factors**
- Dietary risks
- Tobacco use
- High systolic blood pressure
- High body mass index
- High fasting plasma glucose
- High total cholesterol
- Impaired kidney function
- Alcohol and drug use
- Air pollution
- Low physical activity
- Occupational risks
- Low bone mineral density
- Residential radon and lead exposure
- Unsafe sex
- Child and maternal malnutrition
- Sexual abuse and violence
- Unsafe water, sanitation, and handwashing

![ диаграмма ]

Deaths, No.

Noncommunicable diseases:
- Neoplasms
- Cardiovascular diseases
- Chronic respiratory diseases
- Cirrhosis and other chronic liver diseases
- Digestive diseases
- Neurological disorders
- Mental and substance use disorders
- Diabetes, urogenital, blood, and endocrine diseases
- Musculoskeletal disorders
- Other noncommunicable diseases
2016 Burden of Diseases, Injuries, and Risk - USA
(JAMA, 2018)

B. Risk factors as a percentage of disability-adjusted life-years

Risk factors
- Tobacco use
- High body mass index
- Dietary risks
- Alcohol and drug use
- High fasting plasma glucose
- High systolic blood pressure
- High total cholesterol
- Impaired kidney function
- Occupational risks
- Air pollution
- Low physical activity
- Child and maternal malnutrition
- Low bone mineral density
- Unsafe sex
- Sexual abuse and violence
- Residential radon and lead exposure
- Unsafe water, sanitation, and handwashing

Disability-Adjusted Life-Years, %

Noncommunicable diseases
- Neoplasms
- Cardiovascular diseases
- Chronic respiratory diseases
- Cirrhosis and other chronic liver diseases
- Digestive diseases
- Neurological disorders
- Mental and substance use disorders
- Diabetes, urogenital, blood, and endocrine diseases
- Musculoskeletal disorders
- Other noncommunicable diseases
Burden of CVDs by State and Risk Factor, 2016

(AJMA Cardiology, 2018)

Age-Standardized CVD Disability-Adjusted Life-Years (DALYs) per 100,000 Persons
Life Expectancy (Years) at Age 50 by Number of Low-Risk Factors
(never smoker, physically active, high-quality diet, moderate ETOH, BMI < 25)
(Li et al, Circulation, 2018)
Gained Life Expectancy (Years) by Number of Low-Risk Factors

(figure adapted from Li et al, Circulation, 2018)

Female

Male

Number of Low-Risk Lifestyle Factors (Ref: Zero)

- Five
- Four
- Three
- Two
- One
Health Behaviors Impact Current Health and Wellbeing \((N=754,584)\)

- Average Future Health score, based on 7 core health behaviors = 4.45/7.
- Only 7% have a Future Health score of 5 to 7.
- A 1-point increase in the Future Health score is associated with a reduction in 13,084 DALYs (current health), an amount greater than the total number of DALYs due to either respiratory or cardiovascular conditions.
- The Wellbeing score increases by more than 1.5 points as the Future Health score increases \((r = 0.296; P < .0001)\).
- Healthy eating offers the greatest opportunity to improve Future Health, followed by Healthy thinking, Adequate sleep, Preventive services and Physical activity.

Adopting a Healthy Diet Reduces Subsequent Mortality

Risk of Death from Any Cause per 20-Percentile Increase in Diet-Quality Scores

Why Focus on Health Behaviors? Recent (2017) WHO Data and Priorities

• **>36 million worldwide die annually** from noncommunicable diseases (NCDs), including 15 million people who die prematurely (ages 30-70).

• **80% of the premature deaths from (NCDs) result from the four NCDs.**

• **4 key risk factors for NCDs (tobacco, harmful use of alcohol, unhealthy diet and physical inactivity)** greatly increase the risk of dying from a NCD.

• Of course, the pandemic has focused our efforts on a highly communicable disease, but the others have not gone away.

• In all countries, these **deaths disproportionally affect the poorest and most vulnerable.**
WHO Nine Targets for 2025

Successful implementation of the Global Action Plan will contribute to:

- Establish 80% availability of affordable technology and medicine to treat NCDs
- Ensure that 50% of people receive preventive therapy for heart attacks and strokes
- Halt the rise in diabetes and obesity
- 30% reduction in salt intake
- 10% reduction in the harmful use of alcohol
- 25% reduction in prevalence of high blood pressure
- 30% reduction in tobacco use
- 10% reduction in prevalence of insufficient physical activity
- 25% reduction in premature death of people age 30 to 70 from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases
WHO Best Buys Addressed by Health Psychologists

Reduce Tobacco Use
• Eliminate exposure to second-hand tobacco smoke.
• Educate about harms of tobacco use and secondhand smoke.

Reduce Unhealthy Diet
• Reduce salt intake through a behavior change communication campaign.
• Reduce salt intake in institutions (e.g., hospitals) through lower sodium options.

Reduce Physical Inactivity
• Awareness campaign combined with motivational and environmental programs aimed at increasing physical activity levels.

Manage CVD and Diabetes
• Drug therapy for DM and HTN and counseling post heart attack or stroke, and to persons with moderate (≥ 20%) to high risk (≥ 30%) CVD risk in the next 10 years.

Prevent cervical cancer by screening women aged 30–49, either through:
• Pap smear (cervical cytology) every 3–5 years or human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions.
3 USPSTF Recommendations Support Offering Healthy Living Health Coaching To Patients

1. Offer or refer all obese adults to intensive multicomponent behavioral interventions for weight management (“B”; updated 2018). (LeBlanc et al)

2. Offer or refer overweight or obese adults who have additional risk factors for CVD to behavioral counseling to promote a healthful diet and physical activity (“B”; 2014). (Lin et al)

3. Individualize the decision to offer behavioral counseling to promote a healthful diet and physical activity to prevent CVD for adults without other risk factors for CVD (“C”; 2017). (Patnode et al)
USPSTF Evidence Review – 2018
Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity/Mortality (LeBlanc et al, JAMA)

• 79 RCTs involving over 23,000 adults
• Pooled results from 67 of the trials (n = 22,065) found significantly greater weight loss for behavioral weight loss interventions vs. controls at 12-18 mos. (mean difference in weight change, - 2.39 kg) [95% CI. -2.86 to – 1.93]
• Meta-analysis of 38 of the trials (n = 12,231) found intervention participants had a 1.94 greater probability of losing 5% of their initial weight vs control groups over 12-18 mos. (RR, 1.94 [95% CI, 1.70 to 2.22]) (NNT = 8)
• Among 9 trials (n = 3,140) there was a significant reduction in risk of developing diabetes over 1 to 9 years (pooled risk ratio, 0.67 [95% CI, 0.51 to 0.89]).
Counseling for Adults without CVD risk factors
(Patnode et al, JAMA)

- 145 publications, 88 studies with 121,190 participants
- Consistent modest benefits for healthy living counseling across a variety of important intermediate health outcomes at 6 to 12 months, including blood pressure, low-density lipoprotein and total cholesterol levels, and adiposity.
- A dose-response effect was noted; higher intensity interventions conferring greater improvements in intermediate outcomes
- Consistent small benefit for dietary outcomes and a moderate benefit for physical activity.
- Persons who are interested and ready to make behavioral changes may be most likely to benefit from behavioral counseling.
Why Focus on Health Behaviors?

3 Lifestyle Changes for Better Health video

3 Health Behaviors
- Tobacco Use
- Unhealthy Food Choices
- Physical Inactivity

4 Major Chronic Diseases
- Heart Attack, Stroke, High BP
- Type 2 Diabetes
- Chronic Lung Disease
- Many Cancers

50 50% of Deaths Worldwide
- 50 Percent of all Deaths
HOW TO ADDRESS?
First and Ongoing, Evoke Support for the Work!

• Historical mind-body dichotomy continues, in both MH and Medical realms
• Lack of training for MH Leaders in Health Psychology
• Under-appreciation for value of prevention and role of health behavior
• Systemic and cultural dis-incentives to focus on health, and competing priorities to focus only on mental health concerns
• Need to engage leaders, educate leaders, support leaders
• If MH alignment is unrealistic, consider medical alignment such as primary care
Engaging Leaders and Enlisting Support for Health Promotion and Disease Prevention (HPDP)- a tool

Suggestions to foster productive conversations with leaders about the value of Healthy Living work.

The strategies listed are based on OARS strategies from Motivational Interviewing and TEACH. We suggest applying the strategies in the natural flow of your interactions, rather than as a step-by-step script.

Open-Ended Questions:
- What is your vision for patient-centered care (and/or Health Psychology)?
  - What must happen to realize that vision?
  - How does (health psychology) fit with your vision?
  - What is your sense of the role that a Health Psychologist can play in helping you to realize this vision?
- What are some of the challenges and priorities you face as a leader?
  - How are you responding to the current challenges and priorities?
  - How might (Health Psychology) help with (the challenges, priorities, barriers)?
In VHA: The Healthy Living Team
Facility-Based Experts in Health Education and Promotion, Disease Prevention

- Health Behavior Coordinators
- Flu Coordinators
- MOVE! Coordinators
- HPDP Program Managers
- Veterans Health Education Coordinators
<table>
<thead>
<tr>
<th>Behaviors that Matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Well</td>
</tr>
<tr>
<td>Manage Stress</td>
</tr>
<tr>
<td>Get Recommended Screening Tests and Immunizations</td>
</tr>
<tr>
<td>Be Involved In Your Health Care</td>
</tr>
<tr>
<td>Be Tobacco Free</td>
</tr>
<tr>
<td>Limit Alcohol</td>
</tr>
<tr>
<td>Be Safe</td>
</tr>
<tr>
<td>Strive for a Healthy Weight</td>
</tr>
<tr>
<td>Be Physically Active</td>
</tr>
<tr>
<td>Eat Wisely</td>
</tr>
</tbody>
</table>
Follow the Evidence: Clinical Preventive Services

- CPS Guidance Statements promote evidence-based, preventive care. **USPSTF** provides guidance.
- Tools and resources support health education and shared decision making.
Health Promotion and Disease Prevention Program: Train and Support with Tools and Resources

Veteran-Centered Communication Training:
- TEACH for Success (TEACH)
- Motivational Interviewing
- Clinician Coaching

Tools and Resources:
- My Health Choices Goal Setting Tool
- HealtheLiving Assessment (HLA)
- Importance/Confidence Rulers
- Healthy Living Messages
- Engaging Veterans Tools
- Veterans Health Library
Why Train Clinicians in Patient-Centered Communication for Patient Engagement & Activation

Support Self-Care/ Self-Management

Proactively engage Veterans

Personalize care

Enable shared decision making

Evidence-based, Veteran-centered

Build trust, shared understanding

Build healing relationships and healthy partnerships

TEACH, Motivational Interviewing & Clinician Coaching:
NCP’s Communication Training Programs: Train the Trainers and Share the Skills

Patient Education: TEACH for Success (TEACH)
• 4-hour course required for Primary Care clinical staff
• Provides evidence-based, Veteran-centered health education and coaching skills

Motivational Interviewing (MI)
• Two, two-hour training sessions (MI Sessions 1 and 2)
• MI Session 1 required for RN Care Managers
• A clinical method of guiding patients to make changes in the interest of their health by eliciting patients’ own motivation for change.

Clinician Coaching – Follow-up is key!
• Individual or group trainings to help clinicians apply Veteran-centered communication skills within the flow of care and challenging interactions.
## Comparison of Traditional Patient Education and Self-Management Education

<table>
<thead>
<tr>
<th>What is taught?</th>
<th>Traditional Patient Education</th>
<th>Self-Management Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems reflect inadequate control of the disease</td>
<td>Information and technical skills about the disease</td>
<td>Skills for how to act on problems</td>
</tr>
<tr>
<td>The patient identifies problems that he/she experiences that may or may not be related to the disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education is disease-specific and teaches information and technical skills related to the disease</td>
<td>Education provides problem-solving skills that are relevant to the consequences of chronic conditions in general</td>
<td></td>
</tr>
<tr>
<td>Disease-specific knowledge creates behavior change, which in turn produces better clinical outcomes</td>
<td>Greater patient confidence in his/her capacity to make life-improving changes (self-efficacy) yields better clinical outcomes</td>
<td></td>
</tr>
<tr>
<td>Compliance with the behavior changes taught to the patient to improve clinical outcomes</td>
<td>Increased self-efficacy to improve clinical outcomes</td>
<td></td>
</tr>
<tr>
<td>A health professional</td>
<td>A health professional, peer leader, whole health coaches, whole health partners, or other patients, often in group settings</td>
<td></td>
</tr>
</tbody>
</table>
Why Train in Communication Skills?

- Ambivalence is a normal part of preparing for change & a place where people can get stuck.
- When a helper uses a directing style—argues for change with someone who is ambivalent—it naturally brings out the person’s opposite arguments.
- People are more likely to be persuaded by what they hear themselves say.
- Motivation for change is not installed, but is evoked.
- Change is fundamentally self-change and people are the experts on themselves.
- Effective patient education improves health outcomes, patient, provider satisfaction.
- A collaborative approach supports helping patients:
  - become more engaged and involved in their health care
  - partner with us to make good decisions, choices and plans
  - be more successful at their attempts to change.
Many resources for training and coaching

• Training alone insufficient
• Clinicians need practice and feedback, tools to support change
• Psychologists tend to have the communication skills and systems skills to lead this work
• Sample videos for contrast:
  The Ineffective Physician and The Effective Physician

Additional videos modeling MI-consistent interactions:
• Brief Motivational Interviewing in PC Case Vignettes: Diabetes Mr. Hanover
• Brief Motivational Interviewing in PC Case Vignettes: Hypertension Ms. Jennings
Evidence: Impact of Self-Management Support Interventions

Across multiple studies, improved:
- Knowledge and understanding
- Confidence and coping ability
- Health behaviors
- Social support

Limited evidence:
- Increased medication taking and follow-through
- Reduced hospitalizations (CHF)
- Improved illness outcomes (DM)

Motivational Interviewing –
Guiding Veterans Toward Healthy Choices*

www.prevention.va.gov
Moving Veterans to... Tools: Applying MI and TEACH

5 Key Steps to Promote Veteran Engagement in change

• Ask Permission to discuss (vaccines, activity levels, weight management ...)

• Explore readiness and experience (Ask before Tell)

• Support and Affirm ANY interest, benefits, current/past success

• Share Information (with permission)

• Confirm Next Steps

Health Promotion & Disease Prevention - Moving To Tools - All Documents (sharepoint.com)
What is Self-Management Support?

Institute of Medicine Definition:

“The systematic provision of *education* and *supportive interventions* to increase patients’ *skills and confidence* in managing their health problems, including regular *assessment* of progress and problems, *goal setting*, and *problem-solving support.*”

[Adams, IOM, 2003; Pearson, AHRQ, 2007]
Example: Self-Management Support Tasks for Diabetes

- Monitoring
- Diet and healthy eating
- Physical activity
- Medication taking
- Medical and dental visits
- Coping with emotions
- Foot care
- Managing Weight
- Managing symptoms and blood sugars
Patient-Centered Self-Care/Self-Management Support

- Relationship-Based Approach
- Assessment
- Information Sharing
- Shared Decision-Making
- Collaborative Goal-Setting
- Problem Solving and Skill Building

Models of Health Behavior Change

• Multiple models have informed the development of health behavior counseling, health coaching and self-care/self-management support interventions:
  – Health Belief Model
  – Social Cognitive Theory
  – Theory of Reasoned Action
  – Self Determination Theory
  – Shared Decision Making
  – Transtheoretical Model of Change
  – Motivational Interviewing

Which Elements are Most Closely Linked to Outcomes?

• “Core” elements:
  • Assessment (including needs, values, preferences)
  • Goal-setting and action planning
  • Problem-solving, skill building
  • Self-monitoring with feedback
  • Patient Activation/Motivational Strategies
  • Multiple follow-up contacts
  • Group interventions, including peer-led
  • Linkage to community resources

(Barlow et al, 2002; Battersby et al, 2010; CBodenheimer, 2002; Chodosh et al, 2005; Coulter, 2012; Fisher et al, 2005; Glasgow et al, 2003; Hibbard, 2009; Schaefer et al, 2009)
Strategies for Success

- Important to you
- Get Support
- Track Progress
- Manage Roadblocks
- Change Routines
- Stick to it
- SMART Goal
Patient Activation/Self-Care/Self-Management

“Understanding one’s role in the care process and having the knowledge, skill and confidence to manage one’s health and health care”

(Hibbard et al., HSR, 2004; Hibbard and Greene, Health Affairs, 2013)
Patient Activation

Higher Patient Activation scores are associated with:

• Engaging in healthy behaviors; not engaging in health damaging behaviors
• Engaging in preventive visits, screening, immunizations
• Engaging in self-management behaviors, taking medications, visits
• Preparing for health care visits
• Seeking information about health, quality
• Higher quality interpersonal exchanges with clinicians
• Less delay in seeking care

(Hibbard & Greene, Health Affairs, 2013)
Strategies to Employ:
- Apply improvement methods
- Improve verbal interaction
- Improve written communication
- Link to supportive systems
- Engage patients as partners in improvement

Productive Interactions lead to:
- Informed, health literate, activated patient and caregivers/family members
- A prepared, proactive, health literate health care team

Health Literate Systems/Organizations offer:
- Delivery System Design
- Self-Management Support
- Shared Decision-Making
- Health Information Systems
- Links to Community Partners – resources, policies
Sample Clinical Tools to Support Behavior Change

My Health Choices

Choose one healthy living goal you want to work on.

- Manage Stress
- Be Involved in your Health Care
- Limit Alcohol
- Stress for a Healthy Weight
- Eat Wisely
- Sleep Well
- Get Recommended Screening Tests & Immunizations
- Be Tobacco Free
- Be Safe
- Be Physically Active

Or write in your own healthy living goal:

Set a goal to work on and share with your health care team. Remember to make it SMART - Specific, Measurable, Action-oriented, Realistic, Time-based.

My goal for next week is:

Things that might get in my way:

I can overcome these things by:

Confidence in reaching my goal: Circle the number that matches how confident you feel.

- 0 Not at all confident
- 1 A little
- 2 Somewhat
- 3 Very
- 4 Extremely confident

Follow-up Date Follow-up Method: Phone In-person Other

Motivational Interviewing OARS — Strategies for Engaging Veterans

Open-ended questions and statements
- Invite Veterans to share their “story”
- Explore concerns, values, needs, priorities, ideas, feelings, beliefs, and expectations
- Encourage Veterans to share what is most important to them

Examples:
- “What more do you want for your own healing?”
- “What was most important to you?”
- “What are your goals?”
- “What are your most important concerns?”
- “Tell me about something that you are planning to do...”

Affirmations
- Statements that recognize Veteran strengths
- Acknowledge current or past behaviors that reflect positive behaviors or change
- Must be genuine and heartfelt

Examples:
- “It’s important how you feel.”
- “You know what I mean?”
- “You have a good life, don’t you?”
- “You were able to avoid smoking last week...”
- “You have really worked hard on...”

Reflective listening
- Reflect what the Veteran said, expressed, meant:
  - Simple — repeating or paraphrasing the Veteran’s message
  - Complete — reflecting deeper meanings, feelings, values
  - Strategic — simplify, agree with a twist
- Wait, allow the Veteran to connect, confirm, elaborate
- Start to increase the ratio of reflections to questions

Examples:
- “So, what are you thinking...”
- “You're feeling a little...”
- “I’m hearing that you are concerned about...”

Summaries
- A series of reflections you offer the Veteran
- Allow Veteran to connect, elaborate or connect
- May use to selectively maintain change talk
- May use to shift towards planning or taking steps

Examples:
- “So, you have several reasons for wanting to quit smoking, including improving your ability to keep up with your kids, reducing your risk of suffering a heart attack, and being able to speed recovery from items your family needs. Though you are concerned about putting more stress and work when you quit, you have assessed your ability to use coping strategies and the fact that you're ready. Do what would you like to go from here?”

Importance RULER

"On a scale of 0–10, how important do you think it is to...?"

0 1 2 3 4 5 6 7 8 9 10

Not at All Important A Little Somewhat Very Extremely Important

Follow-up Questions
- Explore why not a lower number: e.g., “Why is it 5 and not 6 or 7?”
- Explore how to increase it: e.g., “What would help it move to a 7?”

Importance RULER within a Behavioral Health Care Setting, 2009
NCP Leading Healthy Living Teams During COVID-19 Pandemic

• Healthy Living Teams collaborate with facility Vaccine Coordinators to support vaccination – over **3.9 Million Veterans have been fully vaccinated** (as of January 2022)

• Educate and coach staff to promote productive conversations with Veterans to increase vaccine acceptance and manage discord

• Partner with Public Affairs Officers to provide consistent, evidence-based communications
Post Pandemic Catch Up of Preventive Care Services

- With the shift to virtual care during the pandemic, preventive and chronic illness care metrics have declined.

- Gaps in preventive and chronic illness care lead to increased mortality and greater burden of chronic illness.

- NCP, Healthy Living Teams, Primary Care, and Specialty Care teams are collaborating to support the COVID-19 Preventive Health Initiative and ensure Veterans get needed care/services. All healthcare systems will need to address these issues.

- Pandemic-related delays in cancer screenings raise concerns - CBS News
WHERE DO HEALTH PSYCHOLOGISTS FIT?
In VHA, includes the Health Behavior Coordinator:

ROLES AND RESPONSIBILITIES

• Facilitate integration into care of evidence-based health behavior change, preventive care, and self-management support interventions

• Lead Motivational Interviewing (MI) training and clinician coaching in TEACH and MI skills; co-facilitate TEACH

• Collaborate with PC-MHI staff to integrate health behavior interventions into behavioral health programs (e.g., pain, sleep, stress, biofeedback)

• Support MOVE! Weight Management and tobacco use cessation programs

• Perform specialty health psychology assessments (e.g., pre-bariatric surgery).

• Openings happen periodically across the country. Encourage interested students to set up an alert in USA jobs
Key Healthy Living Areas

- Sleep Well
- Get Recommended Screening Tests and Immunizations
- Be Involved In Your Health Care
- Manage Stress
- Be Tobacco Free
- Limit Alcohol
- Be Safe
- Strive for a Healthy Weight
- Be Physically Active
- Eat Wisely

Be Tobacco Free
Healthy Living Message

What’s Important to Know?
Quitting tobacco is the single most important thing you can do to improve your health and protect your family’s health. If you quit smoking or other forms of tobacco, you and your family will experience short and long-term health benefits. It’s never too late to quit—your health will improve at any age after quitting tobacco!

All forms of tobacco use—cigarettes, cigars, pipes, snuff, snus, chewing tobacco and other tobacco products—are harmful. Tobacco use harms nearly every organ of the body and causes:
- Cancers
- Heart disease and stroke
- Diabetes
- Chronic obstructive pulmonary disease (COPD) and other lung/breathing problems
- Complications in those who are pregnant

Secondhand smoke is the smoke released from a burning cigarette, cigar or pipe, and the smoke exhaled by the smoker. There is no safe level of secondhand smoke. It can have immediate harmful effects on non-smokers’ health and can increase their risk of heart disease, lung cancer, and other health problems by 20-50%.

Tobacco use is the largest cause of preventable illness and death in the United States. Tobacco and secondhand smoke kill approximately 480,000 people in the U.S. each year.

Many good things happen as soon as you quit. You’ll breathe easier, save money, smell better, and have more energy. If you’re pregnant, your baby will be healthier. You’ll also be protecting your health and protecting your family and friends from secondhand smoke.

Want to Know More?
Talk with your VA health care team about help with quitting tobacco. Your team can help you in several different ways. They can provide medications, tips, tools, behavioral counseling and support. They can also help you join other Veterans in a class led by your hospital’s expert in quitting smoking. For more information go to: https://www.prevention.va.gov/Healthy_Living/Be_Tobacco_Free.asp

Resources
- VHA tobacco cessation resources:
  - www.mentalhealth.va.gov/quit-tobacco/
  - smokefree.gov/veterans
- VHA National Tobacco Cessation Quitline for Veterans: 1-855-QUIT-VET (1-855-784-8638). Counseling is available Monday through Friday from 9 am to 9 pm ET.
- SmokefreeVET: Text the word ‘VET’ to 47848 from your mobile phone or visit www.Smokefree.gov/VET for the SmokefreeVET text messaging system.
- Veterans Health Library: www.veteranshealthlibrary.va.gov
### How Can Health Psychologists Support Healthcare Teams?

**Clinic training and coaching** helps clinicians have satisfying, efficient and productive interactions with patients, while building trust and enhancing the patient experience.

**Patient-facing tools and resources** - health literate, with the information and strategies needed to prevent disease and optimize health.

**Clinical programs** that are accessible, evidence-based, and promote measurable improvement in health, while preventing illness and morbidity.

**All of the above** help medical facilities provide personalized, whole health care that empowers and engages patients in their own health.

---

**Bottom-line:**

The Healthy Living Team helps save TIME, reduce WORK, and improve health care and patient health.
Key Health Psychologist knowledge areas

- Population health and stepped care models
- Key concepts in HPDP, including the Healthy Living areas
- Core constructs of Health Behavior Change
- Patient-centered communication skills
- Self-care/self-management skills
- Consulting skills for teams and individuals
- Health Care System organizational culture change & implementation science
- Promotional skills- helping leaders see the value of this work
- Translation of overall healthy living evidence and messaging for effective interactions with PCPs and patients
Teams & Teamwork

• Cross-team operations, defined:
  – The levels of cooperation, coordination and collaboration characterizing the relationships between teams or individuals

• Expert Panel’s General Competency Statement:
  – Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

(Interprofessional Education Collaborative (IPEC) Expert Panel. (May 2011). Core competencies for interprofessional collaborative practice.)

From: Bries Erik Deerrose, PhD, VHA NCOD, 2015
Some keys to Successful Healthcare Systems:
High Reliability Organization & Systems Thinking

• Assumes all processes can be improved ("Continuous Improvement")
• Assumes improvement is a fundamental imperative in delivering quality care to patients ("Improving our work IS our work")
• Presumes that problems and errors are typically system issues, not individual issues
• Understands measurement is crucial to tracking improvement and to sustaining change
• Emphasizes team learning, team function, workgroups, partnerships, networks, collaboration, etc. Thus, by definition is interdisciplinary, depends on a network of stakeholders for success, and is “anti-silo”
Some Key Qualities Health Psychologists Can Bring to Healthcare Success

- Helpfulness and flexibility
- Appreciation/empathy for clinician dilemmas (shadow)
- Time management skills and focus with strong work ethic
- Collaborative style, team orientation
- Engaging presentation/delivery skills
- Broad spectrum knowledge base, similar to PCMHI
- Willingness to learn medical concepts for behavior management
- Resourcefulness for accessing support, latest evidence, mining for promising practices
In sum

- The worldwide pandemic has underlined the critical need to address prevention and healthy living
- People who have healthy lifestyles have fewer risks for severe disease
- Isolation led to delayed preventive care, such as screenings, reduced self-management (HTN, weight) and increased preventable deaths
- Pandemic stress fueled increased substance misuse, depression, anxiety, PTSD, interpersonal discord, healthcare worker burnout, financial strain, insomnia, social isolation etc.
- We have effective interventions to support positive health behaviors
- The need for Health Psychologists has never been more pressing
Comments or Questions?

margaret.dundon@va.gov
www.prevention.va.gov
Select References